R381-70-17. MEDICATIONS.

This section provides rules and information about storing and administering medication to children in care. The intent of these rules is to help providers avoid harm to children caused by an error in administering medication, and to prevent children from accessing and ingesting a medication without adult supervision. A provider's policies on administering medications should comply with the requirements of the American with Disabilities Act (ADA). For more information about this law, refer to: www.ada.gov.

Consider a substance (other than food and water) to be a medication if it is taken into or placed on the body in order to:
- Affect how the body functions,
- Treat or cure a medical condition,
- Relieve pain or symptoms of illness, and/or
- Prevent infection, illness, or disease.

With a few exceptions, CCL considers a substance that meets any of the above criteria to be a medication. In addition to all prescription medications and typical over-the-counter medications, the following are examples of products that are considered to be medications because they affect how the body functions.

- Baby powder (that contains talc)
- Energy drinks
- Essential oils
- Herbal remedies
- Hydrogen peroxide (more than 3% strength)
- Ipecac syrup
- Relaxation drinks (e.g. Chillax)
- Rubbing alcohol
- Simethicone gas drops or pills
- Teething gels
- Vitamins
- Weight loss liquid drinks (when labeling implies product is used for weight loss)
- Witch hazel

(1) The provider shall lock nonrefrigerated medications or store them at least 48 inches above the floor.

Rationale/Explanation

Medicines can be crucial to the health and wellness of children. They can also be very dangerous if the wrong type or wrong amount is given to the wrong person or at the wrong time. Prevention

is the key to prevent poisonings by making sure medications are inaccessible to children. CFOC 4th ed. Standard 3.6.3.1 p.p.153.

Compliance Guidelines

• All medications must be stored according to rule including:
- Medications in first aid kits.
- Employees' and household members' medications.
- Medications in purses, backpacks, diaper bags, etc.

• The purse, backpack, etc. must be inaccessible or the medication should be removed and made inaccessible.
• A backpack, fanny pack, etc. being worn by an adult is considered inaccessible.
• A medication's child-resistant packaging, such as a safety cap, does not make the medication inaccessible to children.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(2) The provider shall lock refrigerated medications or store them at least 36 inches above the floor and, if liquid, store them in a separate leakproof container

Rationale/Explanation

Child-resistant safety packaging has been shown to significantly decrease poison exposure incidents in young children. Proper disposal of medications is important to help ensure a healthy environment for children in our communities. There is growing evidence that throwing out or flushing medications into our sewer systems may have harmful effects on the environment. CFOC 4th ed. Standard 3.6.3.2 p.p. 154.

Compliance Guidelines

• Each liquid medication in the refrigerator (even one that does not require refrigeration) must be stored in a separate leakproof container such as a:
- Plastic container with a lid,
- Closed ziplock bag, or
- Refrigerator drawer if all sides of the drawer are taller than its surface and able to contain a spill, there are no openings or cracks in the drawer, and nothing else is stored in the drawer.

It is acceptable if:
• A vial of medication is not in a separate leakproof container if the medication can only be removed with a hypodermic needle.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(3) If parents supply any over-the-counter or prescription medications, the provider shall ensure those medications are:

- **(a) labeled with the child's full name;**
- **(b) kept in the original or pharmacy container;**
- **(c) have the original label; and**
- **(d) have child-safety caps.**

Rationale/Explanation

Caregivers/teachers need to know what medication the child is receiving, who prescribed the medicine and when, for what purpose the medicine has been prescribed and what the known reactions or side effects may be if a child has a negative reaction to the medicine. A child's reaction to medication can be occasionally extreme enough to initiate the protocol developed for emergencies. The medication record is especially important if medications are frequently prescribed or if long-term medications are being used. CFOC 4th ed. Standard 3.6.3.3 p.p. 154-155.

Compliance Guidelines

• The child's full name can be on the medication, on a bag containing the medication, or on a medication permission form attached to a bag containing the medication.
• Loose pills may not be stored in a ziplock bag and a liquid medication may not be mixed with another liquid in a bottle.
• If a medication is in the original container without a child-safety cap (such as eye drops or nasal spray) it must still have the original label and be labeled with the child's name.
• If a parent supplies an over-the-counter medication for several of their children, the medication needs to be labeled with the last name and the first name of each child who may be given the medication.
• A medication or medical device (such as an inhaler) that has the pharmacy label, with the child's full name on it, does not need to be kept in the original box.
• Epinephrine injectors (commonly referred to as EpiPens) provided by parents must be properly labeled.

The following are suggestions for labeling a small container of medication, such as a small vial:
• Keep the container in the box that has the required information on it.
• Write the name on the bottom of the medication container.

• Use a clear address label.
• Attach a label to a twist tie or zip tie and attach the tie around the neck of the medication container.
• Keep the vial in a labeled container.

Risk Level
High
Corrective Action for 1st Instance
Citation and CMP Warning when:
A medication has been given to the wrong child due to noncompliance with this rule.

Risk Level
Moderate
Corrective Action for 1st Instance
Citation Warning otherwise.

(4) The provider shall have a written medication permission form completed and signed by the parent before administering any medication supplied by the parent for their child.

Rationale/Explanation
The file for each child should include a medication record maintained on an ongoing basis by designated staff for all prescription and non-prescription (over-the-counter [OTC]) medications. State requirements should be checked and followed. CFOC 4th ed. Standard 9.4.2.6 p.p. 422.

A curriculum for child care providers on safe administration of medications in child care is available from the American Academy of Pediatrics.

Compliance Guidelines
• There must be a written permission form signed by the parent for each medication to be given to their child. This applies to both over-the-counter and prescription medications, whether they will be administered one time or on an ongoing basis.
• If the same medication will be administered on an going basis, only one completed permission form is required as long as the administration instructions do not change.
• The permission form may be hardcopy or electronic.
• The signature may be handwritten or digital.

Risk Level
Moderate
Corrective Action for 1st Instance
Citation Warning

(5) The provider shall ensure that the medication permission form includes at least:

- **(a) the name of the child;**
- **(b) the name of the medication;**
- **(c) written instructions for administration; and**
- **(d) the parent signature and the date signed.**

Rationale/Explanation

Administration of medicines is unavoidable as increasing numbers of children entering child care take medications. National data indicate that at any one time, a significant portion of the pediatric population is taking medication, mostly vitamins, but between 16% and 40% are taking antipyretics/analgesics. Safe medication administration in child care is extremely important and training of caregivers/teachers is essential. CFOC 4th ed. Standard 3.6.3.3 p.p. 155.

Risk Level

Low

Corrective Action for 1st Instance

Warning

(6) The provider shall ensure that instructions for administering the medication include at least:

- **(a) the dosage;**
- **(b) how the medication will be given;**
- **(c) the times and dates to administer the medication; and**
- **(d) the disease or condition being treated**

Rationale/Explanation

Before assuming responsibility for giving any medication to a child, the provider must have clear, accurate written instructions on how the medication should be administered and information about the child's disease or condition. CFOC 4th ed. Standard 9.4.2.6 p.p. 420-421.

Compliance Guidelines

• The provider may use two separate forms or combine the medication permission form and the medication administration form into a single form as long as the combined form has all required information.

• A medication's method of administration means the way the medication is given. Examples are orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nose).

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning

(7) If the provider supplies an over-the-counter medication for children's use, the provider shall ensure that the medication is not administered to any child without previous parental consent for each instance it is given. The provider shall ensure that the consent is:

- **(a) written; or**
- **(b) verbal, if the date and time of the consent is documented and signed by the parent upon picking up their child.**

Rationale/Explanation

Over the counter medications, such as acetaminophen and ibuprofen, can be just as dangerous as prescription medications and can result in illness or even death when these products are misused or unintentional poisoning occurs. Many children's over the counter medications contain a combination of ingredients. It is important to make sure the child isn't receiving the same medications in two different products which may result in an overdose. Facilities should not stock OTC medications. CFOC 4th ed. Standard 3.6.3.1 p.p. 153.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning

(8) The provider shall ensure that the staff administering the medication:

- **(a) washes their hands;**
- **(b) check the medication label to confirm the child's name if the parent supplied the medication;**
- **(c) checks the medication label or the package to ensure that a child is not given a dosage larger than that recommended by the health care professional or manufacturer; and**
- **(d) administers the medication.**

Rationale/Explanation

All medicines require clear, accurate instruction and medical confirmation of the need for the medication to be given while the child is in the facility. CFOC 4th ed. Standard 3.6.3.1 p.p. 153.

Compliance Guidelines

The caregiver administering the medication may:

• Give a medication dosage different from the manufacturer recommendation if the parent provides a doctor's note confirming the dosage.

• Refer to a doctor's note if the medication does not have a dosage chart.

• Put the medication in a food source, such as crushing a pill and putting it in juice or applesauce, as instructed by the parent.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when any of the following occurs due to noncompliance with this rule:

• Medication is given to the wrong child.
• A child misses a dose of medication.
• A child receives more medication than what is recommended by the health care professional or manufacturer.

Risk Level

Moderate

Corrective Action for 1st Instance

Citation Warning otherwise.

(9) The provider shall ensure that immediately after administering a medication, the staff giving the medication records the following information:

(a) the date, time, and dosage of the medication given;
(b) any error in administering the medication or adverse reactions; and
(c) their signature or initials.

Compliance Guidelines

• If a provider cares for a child with diabetes who uses an insulin pump, the caregiver must document each time they deliver medication with the pump. If the pump keeps records of the dosage and time the dosage is given, the provider will not be required to document each time the insulin is administered.
• Records may be hardcopy or electronic.
• The signature or initials may be handwritten or digital.
• If an app is used and the individual who enters information into the app is available within the app, that will satisfy the need for a signature or initials.

Risk Level

High

Corrective Action for 1st Instance

Citation and CMP Warning when:
Failure to document the required information resulted in a child being given an extra dose or missing a needed dose of medication.

Risk Level
Moderate
Corrective Action for 1st Instance
Citation Warning otherwise.

(10) The provider shall report to the parent a child's adverse reaction to a medication or error in administration the medication immediately upon recognizing the reaction or error, or after notifying emergency personnel if the reaction is life-threatening.

Rationale/Explanation
Caregivers/teachers need to know what medication the child is receiving, who prescribed the medicine and when, for what purpose the medicine has been prescribed and what the known reactions or side effects may be if a child has a negative reaction to the medicine. A child's reaction to medication can be occasionally extreme enough to initiate the protocol developed for emergencies. The medication record is especially important if medications are frequently prescribed or if long-term medications are being used. CFOC 4th ed. Standard 3.6.3.3 p.p. 155.

Risk Level
High
Corrective Action for 1st Instance
Citation and CMP Warning

(11) The provider shall notify the parent before the time a medication needs to be given to a child if the provider chooses not to administer medication as instructed by the parent.

Rationale/Explanation
The intent of this rule is to prevent miscommunication between the provider and parent that could jeopardize the child's health. For example, a parent could drop their child off at the facility thinking that their child will receive a needed medication while in care, but in fact the child will not be given the medication. Medication that a child needs due to a chronic medical condition or disability must be accommodated by the provider.

Risk Level
High
Corrective Action for 1st Instance
Citation and CMP Warning when:
The provider fails to inform the parent of their refusal to administer a medication before it needs to be given to the child, and the child's condition is life-threatening without the

medication.

Risk Level
Moderate
Corrective Action for 1st Instance
Citation Warning otherwise.

(12) The provider shall keep a six-week record of medication permission and administration forms on-site for review by the department.

Rationale/Explanation
The health and safety of individual children requires that information regarding each child in care be kept and made available on a need-to-know basis. Prior informed, written consent of the parent/guardian is required for the release of records/information (verbal and written) to other service providers, including process for secondary release of records. Consent forms should be in the native language of the parents/guardians, whenever possible, and communicated to them in their normal mode of communication. CFOC 4th ed. Standards 9.4.2.1 p.p. 418-419.

Compliance Guidelines
Records may be kept as a hard copy or electronically.

Risk Level
Low
Corrective Action for 1st Instance
Warning