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.

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.

<table>
<thead>
<tr>
<th>Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic ointment (e.g. Neosporin)</td>
</tr>
<tr>
<td>Baby powder (that contains talc)</td>
</tr>
<tr>
<td>Energy drinks</td>
</tr>
<tr>
<td>Essential oils</td>
</tr>
<tr>
<td>Herbal remedies</td>
</tr>
<tr>
<td>Hydrogen peroxide (more than 3% strength)</td>
</tr>
<tr>
<td>Ipecac syrup</td>
</tr>
<tr>
<td>Relaxation drinks (e.g. Chillax)</td>
</tr>
<tr>
<td>Rubbing alcohol</td>
</tr>
<tr>
<td>Simethicone gas drops or pills</td>
</tr>
<tr>
<td>Teething gels</td>
</tr>
<tr>
<td>Vapor rubs</td>
</tr>
<tr>
<td>Vitamins</td>
</tr>
<tr>
<td>Weight loss liquid drinks (when labeling implies product is used for weight loss)</td>
</tr>
<tr>
<td>Witch hazel</td>
</tr>
</tbody>
</table>

(1) Nonrefrigerated medications shall be stored at least 48 inches above the floor or shall be locked.

Rationale / Explanation
An estimated 71,000 children are seen in emergency departments each year because of unintentional medication poisonings. Over 80% of these visits were because a child found and consumed a medication without adult supervision. Ensuring that medications are inaccessible to children is a key in preventing medication poisoning. *CFOC 3rd ed. Standard 3.6.3.1. pp.141-142.*

Some medications, such as eye drops or topical ointments, have a localized effect on the body and do not enter the blood stream. Some medications, such as pills, liquids, and some medicine patches, enter the blood stream and act on a specific organ or system of the body. The effects of a medication depend upon various factors – a person’s age, weight, and fluid intake; interactions with food and other substances in the body; and the dosage and strength of the medication.

Compliance Assessment and Guidance
Refer to the following guidelines:

• Medications include employees’ and household members’ medications in accessible purses or backpacks. (A backpack, fanny pack, etc. being worn by an adult is considered inaccessible).
• Medications in first-aid kits must be made inaccessible to children.
Noncompliance Level
Level 2 Noncompliance

(2) Refrigerated medications shall be stored at least 36 inches above the floor or shall be locked, and if liquid, they shall be stored in a separate leakproof container.

Rationale / Explanation
Liquid medication in a refrigerator should be stored in a way that prevents accidental contact with food if the medication were to drip or spill. CFOC 3rd ed. Standard 3.6.3.2. p. 143.

Compliance Assessment and Guidance
Refer to the following guidelines:
- All liquid refrigerated medications (even those that do not need to be refrigerated) can be stored in leakproof containers 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.
- A refrigerated medication in pill or tablet form is not stored in a leakproof container.

Noncompliance Level
Level 2 Noncompliance

(3) All over-the-counter and prescription medications supplied by parents shall:
(a) be labeled with the child’s full name,
(b) be kept in the original or pharmacy container,
(c) have the original label, and
(d) have child-safety caps.

Rationale / Explanation
The purposes of this rule are to avoid harm to children through errors in administering medications, and to prevent children from getting into and ingesting medications by themselves. CFOC 3rd ed. Standard 3.6.3.3. pp. 143-144.

Compliance Assessment and Guidance
Refer to the following 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 cannot be stored in a ziplock bag and a liquid medication cannot 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 all of the children’s first names.
- If medications or medical devices such as an EpiPen have the pharmacy label with the child’s full name on them, they do not need to be also in the original box.
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.
- 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.
- Keep the vial in a labeled container.

**Noncompliance Level**

**Level 1 Noncompliance if:**
- A medication has been given to the wrong child due to noncompliance with this rule.

**Level 2 Noncompliance 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**
Dispensing medication to children affects their health and errors may have legal consequences for the provider. The purpose of this rule is to protect both the children and the provider by ensuring that medication is never given to a child without parental knowledge and permission. *CFOC 3rd ed. Standard 9.4.2.6. p. 391.*

**Compliance Assessment and Guidance**
Refer to the following guideline:
- If a parent requests that an over-the-counter medication be given to their child on an ongoing basis, there must be a written parental permission form that contains all required information.

**Noncompliance Level**

**Level 2 Noncompliance**

5. The medication permission form shall include:
   - (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**
The purposes of this rule are to avoid harm to children through errors in administering medications, and to prevent children from getting into and ingesting medications by themselves. *CFOC 3rd ed. Standard 3.6.3.3. pp. 143-144.*

**Noncompliance Level**

**Level 3 Noncompliance**

6. The instructions for administering the medication shall include:
   - (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 3rd ed. Standard 9.4.2.6. p. 391.**

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).

**Compliance Assessment and Guidance**
Refer to the following guideline:
- 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.

**Noncompliance Level**
Level 2 Noncompliance

(7) If the provider supplies an over-the-counter medication for children’s use, the medication shall not be administered to any child without previous parental consent for each instance it is given. The consent shall be:
(a) prior written consent; or
(b) verbal consent if the date and time of the consent is documented, and is 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. For the protection of the children and the provider, no medication should ever be given to a child without written parental permission. **CFOC 3rd ed. Standard 3.6.3.1. pp. 141-142.**

**Compliance Assessment and Guidance**
Refer to the following guidelines:
- Before applying a topical antibiotic to a child, the provider must obtain prior parental consent. However, this may be a one-time general consent for the provider to use this medication as needed (for example, when applying first aid).

**Noncompliance Level**
Level 1 Noncompliance

(8) The caregiver administering the medication shall:
(a) wash their hands,
(b) check the medication label to confirm the child’s name if the parent supplied the medication,
(c) check 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) administer the medication.

**Rationale / Explanation**
Medications can be very dangerous if the wrong type or wrong amount is given to the wrong person or at the wrong time. Administering medications properly is crucial to the health and wellness of children. **CFOC 3rd ed. Standard 3.6.3.1. p. 141.**
Compliance Assessment and Guidance
Refer to the following guidelines:
• The caregiver administering the medication may use a hand sanitizer instead of washing their hands.
• The caregiver administering the medication may give a medication dosage different than the manufacturer recommends if the parent provides a doctor’s note.
• If the medication does not have a dosage chart, a doctor’s note can be used.
• The caregiver administering the medication may put the medication in a food source such as crushing a pill and putting it in juice or applesauce as instructed by the parent.

Noncompliance Level
Level 1 Noncompliance if 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.

Level 2 Noncompliance otherwise

(9) Immediately after administering a medication, the caregiver giving the medication shall record the following information:
(a) the date, time, and dosage of the medication given;
(b) any errors in administration or adverse reactions; and
(c) their signature or initials.

Compliance Assessment and Guidance
Refer to the following guideline:
• 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.

Noncompliance Level
Level 1 Noncompliance if:
• Failure to document the required information resulted in a child being given an extra dose or missing a needed dose of medication.

Level 2 Noncompliance otherwise

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

Rationale / Explanation
Occasionally, a child may have a negative reaction to medication that was given. Providers need to avoid additional harm to the child by immediately dealing with an adverse reaction or an error in administration, including by calling emergency personnel if necessary.
CFOC 3rd ed. Standard 3.6.3.3. p. 143.

Noncompliance Level
Level 1 Noncompliance
(11) If the provider chooses not to administer medication as instructed by the parent, the provider shall notify the parent of their refusal to administer the medication before the time the medication needs to be given.

**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.

**Noncompliance Level**
Level 1 Noncompliance if:

- The provider chooses not to administer a medication to a child and fails to inform the parent of their refusal before the medication needs to be given, and the child’s condition is life-threatening without the medication.

Level 2 Noncompliance 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 specific information regarding each child be kept at the facility and available to staff on a need-to-know basis. Information about each child's health status and needed medications ensures that caregivers meet the needs of each individual child. On occasion, the child’s primary care provider can use the records as an aid in diagnosing health conditions. *CFOC 3rd ed. Standards 9.4.2.1. pp. 386-387.*

**Noncompliance Level**
Level 3 Noncompliance