



**COUNTY OF SAN BERNARDINO
PRESCHOOL SERVICES DEPARTMENT
POLICY**

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SUBJECT: ADMINISTERING PRESCRIBED MEDICATION

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PURPOSE

The administration of medicine to young children is a responsibility that should always be taken seriously. Careful administration, handling, and storage of medication are needed to safeguard the health of children and staff.

POLICY

All prescribed medication will be administered only by a designated trained staff, (Site Supervisor, Teacher in Charge, Teacher, or Health Specialist). A written statement from the prescribing physician (Physician's Statement for Medication/Medical Equipment) and a signed consent from the parent/guardian authorizing PSD's staff to administer prescribed medication/or use of medical equipment (Medical Consent/Medical Equipment) are needed.

For an inhaler or nebulizer the Licensing Care Form must be completed, one for every staff member who administers inhaler medications and an Asthma Health Packet must be filled out by a doctor. Health Services will be notified immediately when a parent first informs you that their child needs to have medication given at the site.

Site Supervisor and/or Lead Teacher will accept medications, except for Epi-Pen which needs to be cleared through the Health Education Specialists. Site Supervisor will submit a referral through COPA informing the Health Specialist that a child requires medication and will submit the appropriate forms and documentation within 72 hours. The Health Education Specialist will review forms and make sure all paperwork is in order. The Health Specialist will set up any needed training with the Site Supervisor.

Prescribed medication must be provided in an original child resistant container prescribed by the doctor and labeled by a pharmacist who states:

1. Child's first and last name
2. Name of the medication
3. The name of the doctor or health care provider who wrote the prescription
4. The method of administration (ex: per oral, topical)
5. The proper dosage
6. The time and date of administration
7. The date the prescription was filled
8. Name and phone number of pharmacy
9. Medication expiration date

PRN medication administered “as needed” should specify criteria for administration (ex: Proventil Inhaler 2 puffs PNR for shortness of breath), including time between doses (ex: every 6 hours) and maximum number of doses (ex: not to exceed 8 puffs in 24 hours).

Designated trained staff (Site Supervisor, Teacher in Charge) will answer all five questions in Part II on the Medical Consent/Medical Equipment form. If all answers are “Yes,” give the medication. If the answer to any of these questions is “no” do not give the medication. Report it to your Site Supervisor and the Health Specialist immediately.

REFERENCE

Head Start Performance Standards **1304.22 (c)**

PROCEDURE

Site Supervisor will be back-up for administering medications. When the child’s teacher is unavailable, the Lead Teachers are third alternate.

The first dose of medication should be given by parent/guardian at home and observed for any reaction or side effects and let staff know.

TRAINING

- A. Designated staff will be trained by the Health Specialists to ensure proper administration of medication which includes side effects, labeling, storing under lock and key, and refrigerating as necessary.
- B. Monitoring by the Health Specialists will be on-going to ensure procedures are being followed.

MEDICAL CONSENT/MEDICAL EQUIPMENT, NEBULIZER CARE CONSENT VERIFICATION AND PHYSICIAN’S STATEMENT FOR MEDICATION/MEDICAL EQUIPMENT FORM(S)

- A. Forward copies of the Medical Consent/Medical Equipment form, the Nebulizer Care Consent Verification form, Physician’s Statement for Medication/Medical Equipment, and any asthma health plans by the physician to the administrative office attention Health Services immediately upon receiving them from the parent. If the child is certified with a disability, provide copies of the Medical Consent/Medical Equipment form and Nebulizer Care Consent Verification form, and Physician’s Statement for Medication/Medical Equipment forms to the Disabilities Coordinator and Health Specialists.
- B. Place the original Physician’s Statement for Medication/Medical Equipment and a photo copy of the Medical Consent/Medical Equipment in the child’s file.
- C. Place the original Medical Consent/Medical Equipment and a photo copy of the Physician’s Statement for Medication/Medical Equipment with the medication.
- D. Place the original Nebulizer Care Consent Verification form with the medication, and a

copy in the child's file.

- E. If it is an Asthma Plan from the doctor place the original in the child's file.

STORING PRESCRIBED MEDICATION

- A. All labeled medication shall be stored in a container with a lock and key and outside label marked "Medication," and placed in an area inaccessible to children. No other materials should be placed in a medication box.

Place medication with completed forms in a clear Zip Lock bag labeled with child's name. The Health Specialist will take a picture of the child and store it with the medication for I.D. purpose.

- B. A refrigerator shall be used to store any medication which requires refrigeration. This medication must be placed on the door shelf by itself and labeled "Medication."

STORING PRESCRIBED MEDICATION FOR STAFF AND VOLUNTEERS

- A. All labeled medication shall be stored in a container with lock and key and outside label marked "Adult and Volunteer Medication," and placed in an area inaccessible to children

Place medication with completed forms in a Zip Lock bag labeled with the adult/volunteer name.

- B. A refrigerator shall be used to store any medication which requires refrigeration. This medication must be placed on the door shelf by itself and labeled "Medication"

DOCUMENTATION

- A. The designated staff person will record the medication and the dose given on the original medication log sheet and make a notation in COPA.
- B. Record the effect/reaction once the medication has been given (ex: Did it stop the wheezing?)
- C. If the child refused the medication, state the reason on the Medication Log Sheet and notify the Site Supervisor, Health Specialist, Disabilities Coordinator and parent/guardian.
- D. If changes are needed at any time during medication administration (Ex: signs of lethargy, moodiness, aggressiveness, or allergic reactions such as rashes) document and immediately bring to the attention of the child's parent/guardian.

TRANSPORTING MEDICATION/MEDICAL EQUIPMENT

- A. A child will never be allowed to carry or handle any type of medication or medical equipment.

- B. No medication will be transported via school bus.
- C. Parent/guardian will be responsible for transporting all medication to school site.

PROCEDURE FOR RETURNING MEDICATION TO PARENT/GUARDIANS

- A. When medications are discontinued or when the child drops from the program, all medications shall be returned to the parent. The parent must sign Part III of the Medical Consent/Medical Equipment form before a medication can be returned.
- B. Do not give Medical Consent/Medical Equipment form or Physician's Statement for Medication/Medical Equipment back to the parents. These forms are our official records and will remain in the child's file permanently. If a parent is unable to be reached after three documented attempts, the medication must be turned in to the Site Supervisor. It is the responsibility of the Site Supervisor to notify the Health Specialist and/or Disabilities Coordinator for proper disposal of the medication.