

MEDICATION POLICY

MEDICATION POLICY



POLICY

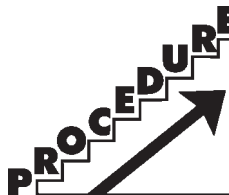
Medication is given at this facility only by trained staff with written parent/guardian permission.

All medication will be in its original container with the child's name, doctor's name, date, expiration date and directions of how much medicine and times of day to give medicine.

All over the counter medication and ointments will only be given if the dose written by the parent/guardian matches the over the counter manufacturer's dose on the label for the age and/or weight of the child.

All medication whether prescription or over the counter, including ointments and sunscreen are kept in a locked box or cabinet, out of children's reach.

All refrigerated medication will be in a locked box in the refrigerator.



TRAIN AND ASSIGN STAFF

1. _____ will train staff to give
staff title/name
medicine.



2. _____ will assign staff weekly to give
staff title/name
medicine.

3. _____ will attach the "5 RIGHTS"
staff title/name
tag to the locked medication box or cabinet.
See "5 RIGHTS" page in back pocket of this manual.



EACH DAY

1. Parents will

- check all medication in at the "Medication Station" located _____
location



- fill out and sign the MEDICATION LOG page F29.

2. _____ will complete a "Safety Check" on all
staff title/name
medication before parent/guardian leaves.

Continued

Safety Check

1. Child resistant container
2. Original prescription or manufacturer’s label and physician’s directions for use. (phone or written)
3. Name of child on container.
4. Current expiration date on prescription label.
5. Name and phone number of doctor on prescription medicine.



NOTE! Staff will not accept or place any medicine in baby bottles.

Steps for Giving Medicine

1. Compare MEDICATION LOG with the medication label and check for name of medication, amount and times.
2. Bring the child and the medicine to a quiet area away from other children.
3. Wash your hands.
4. Check the “5 RIGHTS”.



5. Give child the medicine.
6. Complete staff section on MEDICATION LOG. (This log will be kept in a note book next to the locked box after giving medicine.)
7. Return medicine to locked cabinet or box.
9. Get next child’s medicine.
10. Lock cabinet and/or box.
11. Return the child to his/her group.
12. Get the next child.
13. Repeat 3-12.

NOTE! Do not use a household teaspoon to measure.

NOTE! See TIPS ON GIVING MEDICATION page F33.



ERROR IN GIVING MEDICINE

1. _____ will call 911 if accidental overdose or the wrong medication was given to the child.
staff title/name
2. _____ will immediately contact the child’s parent/guardian if there is an error in giving or applying medicine.
staff title/name

3. _____ will fill out an INCIDENT REPORT form page F35.
 - a. Give a copy to the child's parent/guardian.
 - b. Place a copy in the child's file.
 - c. Place the original in the 'Incident Report' file.

SIDE EFFECTS

1. The child's provider will watch for any side effects or allergic reaction.



2. _____ will notify 911 if a severe side effect or allergic reactions occurs.
staff title/name

3. _____ will contact the child's parent/guardian if any side effects or allergic reactions occur.
staff title/name

NOTE! If staff has any question about the medicine or its use _____ will call the parent/guardian to contact their physician. (ie. Dose on label does not match dose on MEDICATION LOG.)
staff title/name



STORAGE OF MEDICATION



1. _____ will store medication in a locked box or cabinet.
staff title/name
2. All medication will be returned immediately.
3. All refrigerated medicines will be stored in a locked container in the refrigerator away from food.

FILE MEDICATION LOGS

_____ will place all completed MEDICATION LOGS in a 'Medication Log' file.
staff title/name

(BLANK PAGE)

(BLANK PAGE)

(BLANK PAGE)

TIPS ON GIVING MEDICINE



- Only trained staff should give a child medicine.
- Ask parent/guardian what the medication is for and specific instructions of how and when to give the medicine. (e.g., before or after meals, with or without water)
- Ask the parent/guardian to get an extra labeled medicine bottle from the pharmacist.
- Wash your hands before and after giving any medicine.
- Be gentle, yet firm, when giving a child medicine. He or she may not want to take it.
- Follow all written instructions.
- Children will not take medicine without supervision.

Giving Medicine:

By Mouth

Shake if necessary and use a dropper, syringe, medicine cup or measuring spoon to give liquids. Give the liquid slowly and wait for the child to swallow. Break large pills into smaller pieces if there is a score line on the pill. Only smash pills if directions allow it. (Some pills are to be chewed instead of swallowed whole.)

By Ear

Pull the ear toward the back of the head for ear drops.

By Eye

Gently pull out the lower eyelid and put the drops in the 'cup' of the lower lid.

By Nose

Lay the child on his or her back for nose drops.
The child can stand or sit up for nose sprays.
Ask the child to 'sniff' after drops or sprays have been given.

TIPS ON GIVING MEDICINE

- We encourage parent/guardians to give the first dose of medicine at home. This is important because if side effects or allergic reactions occur the parent/guardian can take care of it before bringing the child the next day.
- Check the **EXCLUSION GUIDELINES** to make sure when the child may return. (i.e. pinkeye medication is to be used for 24 hours before child may return.) See *Child Exclusion Policy* page F7.
- Do not give more medication without the approval of the parent/guardian or child’s physician.
- Store medicine that does not need to be refrigerated in a cool, dark, dry area that is locked.



ALWAYS READ THE LABEL CAREFULLY BEFORE YOU GIVE ANY MEDICINE; BOTTLES OFTEN LOOK THE SAME.

- Always check the “5 RIGHTS”.



- Keep all medications locked up, even in the refrigerator.
- When you answer the phone or leave the room, put the medicine away.

INCIDENT REPORT



DATE: ___ / ___ / ___ TIME: _____

NAME(S): _____

DESCRIBE INCIDENT: _____

ACTION TAKEN: _____

FOLLOW-UP: _____

REPORT TAKEN BY: _____

SIGNATURE: _____

Print Name

INCIDENT REPORT



DATE: ___ / ___ / ___ TIME: _____

NAME(S): _____

DESCRIBE INCIDENT: _____

ACTION TAKEN: _____

FOLLOW-UP: _____

REPORT TAKEN BY: _____

SIGNATURE: _____

Print Name

