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**“where kids count”**

# Drug and Medication Administration Policy and Procedures

Date Policy and Procedures Updated: March 2018.

**Purpose**

The purpose of this policy and the procedures outlined within is to provide clear direction for staff, students and volunteers to follow for administering drugs or medication to children at the child care centre and for appropriate record-keeping.

Where the term drugs and/or medications is used in this policy, the term refers to any product with a drug identification number (DIN), with the exception of sunscreen, lotion, lip balm, bug spray, hand sanitizer and diaper cream that is not used for acute, symptomatic treatment. For the purpose of this policy, drugs and medications fall into the following two categories, unless otherwise specified:

* Prescription, intended for acute, symptomatic treatment; and
* Over-the-counter, intended for acute, symptomatic treatment.

*Drug Identification Number (DIN): An eight-digit number assigned by Health Canada to a drug product prior to being marketed in Canada. It uniquely identifies all drug products sold in a dosage form in Canada and is located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for sale in Canada.*

The policy and procedures support children’s health, safety and well-being by setting out measures to:

* ensure children receive only those drugs or medications deemed necessary and appropriate by their parents;
* reduce the potential for errors;
* ensure medications do not spoil due to improper storage;
* prevent accidental ingestion;
* administer emergency allergy and asthma drugs or medications quickly when needed; and
* safely administer drugs and medications according to established routines.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for the administration of drugs and medication in a child care centre.

## Policy

### Parental Authorization to Administer Medication:

Whenever possible, parents will be encouraged to administer drugs or medications to their children at home if this can be done without affecting the child’s treatment schedule.

Prescription and over-the-counter medications for acute, symptomatic treatment will only be administered to a child where a parent of the child has given written authorization to do so by completing the child care centre’s Medication Information and Consent Form.

There must a be one Medication Information and Consent Form for each medication prescribed. All pertinent sections must be completed. There must be one form for each child taking the prescribed medication; in the case of siblings being prescribed the same medications there must be separate medication administration forms completed. The medication container must have the name of the child for whom the medication is prescribed.

Where a Medication Information and Consent Form for over-the-counter medications has been completed and symptoms have been persistent for more than three days in the case of fever, colds, teething etc. further follow up with the parent will occur. Authorization from a medical professional may be requested.

The Medication Information and Consent Form must include a schedule that sets out the times the drug or medication is to be given and the amounts to be administered.

Where a drug or medication is to be administered to a child on an “as needed” basis (i.e. there is no specific schedule or time of the day for administration), the drug or medication must be accompanied by the Medication Information and Consent Form outlining signs and symptoms for administering the drug or medication and the appropriate dosage.

In addition, the Medication Information and Consent Form must clearly indicate the situations under which the medication is to be given as outlined in the doctor’s note, including observable symptoms.

Examples may include:

* ‘when the child has a fever of 39.5 degrees Celsius’; ‘when the child has a persistent cough and/or difficulty breathing’; and ‘when red hives appear on the skin’, etc.

Medication Information and Consent Forms will be reviewed with parents each time the staff portion of the current med form is complete or annually in the case where the “as needed” medication was not administered to ensure the dosage continues to be accurate (e.g. based on the child’s age or weight).

A long as lotion, lip balm, bug spray, hand sanitizer and diaper cream are non-prescription and/or are not for acute (symptomatic) treatment, and due to their longer-term daily usage, these products:

* must have a blanket authorization from a parent on the enrolment form;
* can be administered without an Authorization for Medication Administration form; and
* do not require record-keeping

**Ongoing Illness:**

In the case of an ongoing illness such as ASTHMA where wheezing may develop without notice and the child requires the administration of bronchial dilators. The parent may bring in the required PUFFERS and specify on the MEDICATION INFORMATION AND CONSENT FORM that medication is to be given if the child begins to wheeze. The parent may also sign a Self-Carry Acknowledgement and Permission Form for the child to carry their puffers on their person in a belt or fanny pack.

The exact instructions will be completed in case of an asthma attack. Authorization must be renewed if requirements around administration change.

In the case where an illness develops while the child is at the centre staff will call the parent immediately. Centre staff will NOT take direction from a parent or guardian over the telephone to administer medication from another source.

In the case where a fever develops and no medication form has been completed by the parent or guardian, the centre will:

* Remove some of the child's clothes
* Urge the child to drink fluids liberally
* Sponge child with tepid water

ASA (e.g. Aspirin) will not be administered unless written consent has been given by a physician that its use has been recommended on each occasion. Children under the age of 19 who have fever and are given ASA may develop RHYE'S SYNDROME.

### Drug and Medication Requirements

All drugs and medications to be administered to children must meet the following requirements:

All drugs and medications must be stored in their original containers as supplied by a pharmacist, or their original packages. ***Medications that have been removed from their original package or transferred into a different container will not be accepted or administered to children.***

***All drug or medication containers must be clearly labelled with:***

* The child’s full name;
* The name of the drug or medication;
* The dosage of the drug or medication;
* Instructions for storage;
* Instructions for administration;
* The date of purchase of the medication for prescription medications; and
* The expiry date of the medication, if applicable.

The information provided on the written Medication Information and Consent Form must match with all the requirements listed above.

Where information is missing on a drug or medication label and/or the Medication Information and Consent Form does not match the label on the labelled container, the child care centre will not accept or administer the medication until the label and/or Medication Information and Consent Form accurately contains all the required information.

Over-the-counter epinephrine purchased for a specific child can be administered to a child with an individualized plan and emergency procedures for an anaphylactic allergy as long as it is clearly labeled with the child’s name, the name of the drug or medication, the dosage, the date of expiration and the instructions for storage and administration.

Drugs or medications purchased by staff, students or volunteers for their own use will be kept inaccessible (e.g. stored in locker versus left in a purse in the classroom) to children and will not be administered to children at any time, except where written parental authorization to administer has been obtained (e.g. hand sanitizer).

### Drug and Medication Handling and Storage:

All drugs or medications will be kept inaccessible to children at all times in a locked container or area (e.g. in a refrigerator, cabinet, cupboard or drawer).

There are exceptions for emergency medications as outlined below:

*Emergency medications are prescription drugs/medications that are used in case of an urgent medical reaction that requires immediate treatment. Emergency medications include medications used to treat asthma (e.g. puffers) and anaphylactic allergies (e.g. epinephrine).*

* Emergency medications will never be locked up and will be made easily accessible to all staff while being kept out of the reach of children, including during outdoor play periods and off-premises activities.
* Where a child has written permission to carry their emergency allergy or asthma medication, precautions will be taken to ensure that these medications are not accessible to other children. Parents must complete a Self-Carry Acknowledgement and Permission Form when carrying their emergency medications in their back packs for transportation to and from school or on their person in either a belt or fanny pack.
* a Self-Carry Acknowledgement and Permission Form when carrying their emergency medications on their person in either a belt or fanny pack.

In case of an emergency, all staff, students and volunteers will be made aware of the location of children’s emergency medications at all times.

Emergency medications will be brought on all field trips, evacuations and off-site activities.

Any topical products or drugs/medication in the first aid kit will not be used on children to clean or treat wounds. Children’s cuts and wounds will be disinfected in accordance with local public health recommendations and Standard First Aid practices.

All drugs and medications for children will be stored in accordance with the instructions for storage on the label. Medication requiring refrigeration will be stored in the refrigerator in a locked container according to the instructions given on the label. The locked container should only contain current medications for children attending the centre and nothing else.

Where drugs or medications are past their expiry date, they will be returned to the parent of the child, where possible, and this will be documented on the Medication Information and Consent Form.

Any drugs or medications remaining after the treatment period will be returned to a parent of the child, where possible, and this will be documented on the Medication Information and Consent Form.

***Parents do not have access to medicine that is stored in the medicine box. Staff is responsible for depositing and retrieving all medications from the storage box.***

Where attempts have been made to return a drug or medication to a parent and the parent has not taken the medication home, the person in charge of drugs and medications will ensure that the efforts made to return the drug or medication have been documented in the appropriate staff communication book (e.g. daily written record), and the drug or medication must be returned to a pharmacist for proper disposal.

### Drug and Medication Administration:

Drugs or medications will be administered according to the instructions on the label and only with written parental authorization on the Medication Information and Consent Form.

All medications should be administered by one staff member in each program. No other staff member will administer medication without approval from the Program Manager. Designated person(s)in charge of medications will deal with all drugs and medications to reduce the potential for errors, whether on or off the premises.

A drug or medication will only be administered from its original container as supplied by a pharmacist or its original package, and where the container is clearly labelled as outlined under the Drug and Medication Requirements section of this policy.

A drug or medication will only be administered using the appropriate dispenser (e.g. syringe, measuring spoon/cup, etc.).

Centre staff will not administer medications, which are considered intrusive to the child; medications involving excessive demands, which would interfere with supervision duties of staff. Intrusive medications are defined as, but not limited to suppositories, such as, Gravol or those that correct constipation. Intrusive procedures are defined as but not limited to taking a child's temperature rectally.

To support the prompt administration of emergency medication:

* Emergency medications may be administered to a child by any person trained on the child’s individualized plan at the child care centre; and
* Children will be allowed to carry their own asthma or emergency medication in accordance with this policy, the drug and medication administration procedures, and the child’s individualized plan, where applicable.

Drugs or medications that are expired (including epinephrine) will not be administered at any time.

***Before giving each dose:***

* Read both the medication sheet and the label, twice.
* Check the expiry date. Do not give expired medications.
* Use a proper measuring spoon or other measuring device (obtainable from a pharmacy) for measuring liquids; clean thoroughly between uses.
* Report at once any condition which might be a side effect of a medication.

**Record all medications given on the Medication Information and Consent Form (except sunscreen, diaper cream, etc.) located on the attendance binders of each program:**

* Use one sheet for each medication for each child.
* Enter sheet number if you require more than one page per child and sign your name.
* Insert all dates from consent form.
* Write STOP after the last date and draw a line down all other boxes.
* Initial each box after giving the medication.
* After completion, return to the office to be put in the child's file.

All Medication Information and Consent Forms must be retained in the children's files.

In addition, information with respect to the illness and/or medication administered will be entered on the child's RECORD OF ILLNESS kept in the Record of Illness Binder. This information can then be used for the tracking of illnesses and medications in consultation with the parents and medical personnel.

#### Record-Keeping:

Records of medication administration will be completed on the Medication Information and Consent Form each and every time drugs or medications are administered. Completed records will be kept in the child’s file.

Where a child’s medication administration form includes a schedule setting out specific times to administer the medication and the child is absent on a day medication would have been administered, the child’s absence will be documented on the medication administration record to account for all days during the treatment period (excluding weekends, holidays and planned closures).

If a dose is missed or given late, reasons will be documented on the record of medication administration and a parent will be notified as soon as possible as it may impact the treatment schedule or the child’s health.

Where a drug or medication is administered ‘as needed’ to treat specific symptoms outlined in a child’s medication administration form or individualized plan and emergency procedures for an anaphylactic allergy (e.g. asthma, fever, allergic reaction), the administration and the reason for administering will be documented in the appropriate staff communication book (e.g. daily written record) and in the child’s symptoms of illness record. A parent of the child will be notified.

### Confidentiality

Information about a child’s medical needs will be treated confidentially and every effort will be made to protect the privacy of the child, except when information must be disclosed for the purpose of implementing the procedures in this policy and for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children’s Aid Society).