

R430-50-17: 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.

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

(1) All medications shall be inaccessible to children.

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. Other 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 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.
- Medications stored inside refrigerators must be at least 36 inches high.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(2) All liquid refrigerated medications 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 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.
- A refrigerated medication in pill or tablet form is not stored in a leakproof container.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning

(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 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.

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.

High Risk Rule Violation

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.

Moderate Risk Rule Violation

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 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. Dispensing medication to children affects their health and errors may have legal consequences for the provider. *CFOC 3rd ed. Standard 9.4.2.6. p. 391.*

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 ongoing basis, only one completed permission form is required as long as the administration instructions do not change.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

- (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 purpose of this rule is to avoid harm to children through errors in administering medications. *CFOC 3rd ed. Standard 3.6.3.3. pp. 143-144.*

Low Risk Rule Violation

Corrective Action for 1st Instance

Warning

- (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 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.

Moderate Risk Rule Violation

Corrective Action for 1st Instance

Citation Warning

- (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.*

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

- (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 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.

High Risk Rule Violation
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.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning 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 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.

High Risk Rule Violation
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.

Moderate Risk Rule Violation
Corrective Action for 1st Instance

Citation Warning 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.

High Risk Rule Violation
Corrective Action for 1st Instance

Citation and CMP Warning

- (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.

High Risk Rule Violation
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.

Moderate Risk Rule Violation
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

For each child’s health and safety, specific information should 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 the children’s individual needs are met. On occasion, the child’s health care provider may use the records as an aid in diagnosing health conditions. *CFOC 3rd ed. Standards 9.4.2.1. pp. 386-387.*

Low Risk Rule Violation
Corrective Action for 1st Instance
Warning