Medication management

Purpose

This is not a legal document. This manual is provided as guidance and does not override or replace the need to be familiar with rules. Current rules may be found on the **DLBC website**.

This document provides guidance for child care programs on the safe use of medications. Proper storage and administration prevents unauthorized access and accidental ingestion.

Child care programs are responsible to establish their own medication service policies, adjusting those policies as necessary to comply with **ADA requirements**.

Table of contents

Purpose
Table of contents
Proper labeling
Safe storage
Parental permission
Provider-supplied medication
Administration procedures
Errors and adverse reactions
Documentation

Proper labeling

All medications supplied by parents, prescription or over-the-counter, must:

- Be kept in the original or pharmacy container.
    - Life-saving medications, such as epinephrine auto-injectors and rescue inhalers, do not have to be kept in the original or pharmacy container, but must be clearly stored and labeled with the child's name, medication name, and usage instructions.
- Be labeled with the child's full name.
- Have the original label attached or be accompanied by the pharmacist instructions.

Safe storage

All medications, regardless of type or who they belong to, must be stored out of reach of children. Minimum storage requirements are based on rules and the child care setting.

Licensed preschools, hourly centers, out-of-school-time programs, child care centers, and license exempt afterschool programs	
Medication type	**Storage instructions**
Non-refrigerated	**Locked** or stored at least **48 inches above the floor**.
Refrigerated	**Locked** or stored at least **36 inches above the floor**.

Licensed families, residential certificates, DWS FFN providers, and license exempt preschools	
Medication type	**Storage instructions**
Non-refrigerated	**Locked**, secured with a **child safety device**, or stored at least **36 inches above the floor**.
Refrigerated	**Locked** or stored at least **36 inches above the floor**.

Liquid medications must be stored in leak-proof containers to prevent the contents from spilling.

Original or pharmacy medication containers may be stored in a secondary container, such as placing a pill bottle in a plastic bag. The medication itself may not be removed from the primary container and placed into a secondary container though, such as putting pills into a pill organizer or plastic baggie.

Parental permission

Do not give a child medication without getting permission from their parents first. In most situations permission must be provided in a written format.

The most ideal way to collect written permission from parents is using a formal medication permission form. The information parents must provide as part of their written permission includes:

- The child's name.
- The medication's name.
- Instructions*, including:
    - The condition being treated.
    - The times/dates to give the medication.
    - The dosage/or amount required.
    - The method of administration.
- The parent's signature and date they signed.

**Parental instructions shall align with manufacturer and/or pharmacist instructions. Always reference the original instructions that came with the medication in addition to any instruction provided by the parent to ensure a safe dosage is administered and in the correct timeframe.*

Provider-supplied medication

As long as parental permission is obtained ahead of time, facilities may give children over-the-counter medication supplied by their program.

It is strongly preferred that parents provide written consent before their child is given a provider-supplied medication. Parents may provide verbal consent for their child to be given a provider-supplied medication, but the parent must provide some form of documentation stating that they provided verbal consent when they arrive to pick up their child.

Administration procedures

1. Check the label for the child's name (parent-supplied medications) and dosage instructions.
2. Wash your hands thoroughly before handling the medication. *Wearing gloves is permitted, but may not be used as a substitute for washing your hands.*
3. Give the child the medication as instructed. *Always reference the original instructions that came with the medication in addition to any instruction provided by the parent to ensure a safe dosage is administered and in the correct timeframe.*
4. Immediately document the date, time, dosage, any error or adverse reaction, and include your signature or initials.

Errors and adverse reactions

Notify emergency services: immediately if a child is ever experiencing a life-threatening reaction.

Notify the parent: immediately if there is an error (e.g. medication is provided at the wrong time) or if their child begins experiencing an adverse reaction. If, for any reason, you choose not to administer a medication as instructed by the parent, you must notify them before the scheduled dosage time.

Notify DLBC: within one business day if there is a medication administration error or a child experiences an adverse reaction after taking a medication. This requires the submission of a critical incident report through the provider portal.

Documentation

Keep at least a **six-month record** of all medication permission and administration forms on-site. These records need to be available for review by the Division of Licensing and Background Checks (DLBC).