

Incidental Medical Services

In accordance to health and Safety Code Section 1596.750, child care centers provide non-medical care and supervision to children. However as stated, use of the term “non-medical” does not preclude the provision of some (outlined below) incidental medical services to a child in a child day care facility as specified; this could include handling prescription medications, non-prescription medications, and providing other incidental medical services.

In accordance to California Code of Regulations, Title 22, Sections 101214,101215, 101216, 101218, 101218.1, 101219, 101226, and 101226.3) the licensee will ensure that the child’s needs can be met at the time of admission by utilizing assessment tools to address possible medical conditions and/or chronic illness. If identified at the point of admission as a result of admission assessment tools, incidental medical services will be activated to follow protocol as outlined herein.

Policy:

Incidental medical services will be arranged so that services provided, specifically medication administered will not need to be given during school hours. If medication must be given or made available during school hours, written requests from the child’s physician and parent/guardian must be identified on the Medication Administration form and submitted with either a routing or referral (on an Internal Request for Follow-up Services form). Neither the child nor the medication may be present at the center until a care plan is in place and staff has been trained (if necessary). This policy includes all prescription medications (temporary and long-term) and non-prescription medications, as well as administering inhaled medication, Epi Pen and Epi Pen Jr. Injection, and carrying or complying with medical orders.

Rationale: Head Start Performance Standard 45 CFR Section 1304.22(c)(1-6), Title 22, Division 12 – Section 1596.81, California Child Care Center General Licensing Requirements.

Incidental Medical Services

Procedure

Guidance: If medication must be given at or made available at the center, written request from the child's physician and parent/guardian must be identified on the Medication Administration form and submitted with either a Routing or Referral (on an Internal Request for Follow-up Services form). Neither the child nor the medication may be present at the center until a care plan is in place and staff has been trained (if necessary).

Procedure:

The following procedures will be followed to provide Incidental Medical Services to Children at Head Start/Early Head Start centers for prescription medications (temporary and long-term) and non-prescription medications, as well as administering inhaled medication, EpiPen and EpiPen Jr. injection, and carrying or complying with medical orders:

1. Once it has been identified that a child will require prescription or non-prescription medication at the center, center staff will give the parent/guardian the Medication Administration form. This form must be completed by both the parent/guardian and the prescribing medical provider. The Medication Administration form will remain current until the parent/guardian identifies a new/different medication or states medication is no longer needed. **Note:** If a new medication is required, the parent/guardian and prescribing physician must complete a new Medication Administration form. If medication is no longer needed, a notice must be received by the Child's medical provider.
2. Once the Medication Administration form has been completed by the parent/guardian and prescribing medical provider, the Designated EHS Staff/Family Services Worker (FSW)/Site Supervisor (SS) will submit either a Routing (if the need for medication is identified at enrollment) or a Referral (if the need for medication is identified after enrollment) to SOP Health/Nutrition Services. A care plan will be generated by SOP Health/Nutrition Services. All necessary medication administration trainings will be provided by SOP Health/Nutrition Services.
3. The center will receive from SOP Health/Nutrition Services the care plan and a labeled medication storage bag along with copies of the medical provider's administration directions. Upon receipt of the medication storage bag, center will place the child's medication in the bag and store in locked medication box.
4. All center staff will receive intermittent health care training on incidental medical services provided. Whenever possible, Center staff will include the child's family

and/or other medical personnel including but not limited to SOP Health/Nutrition/Safe Environments unit, to provide additional support for training.

5. Once the care plan has been received by the center and necessary trainings completed, the family will be notified that the child can start or return to the center. The family will also be instructed that the medication will be reviewed to ensure the following:
 - The medication matches the medication identified on the classroom care plan and the Medication Administration form.
 - The medication is current and not expired.
 - The medication has the child's name listed (if the medication is not an over-the-counter medication).
 - The medication is in its original box/container with either the original pharmacy label or the manufacturer's label (if the medication is over-the-counter).
6. The teacher will receive the medication prior to the child being signed-in by the parent/guardian. The Medication Checklist will be completed by the teacher. If any answer is "no" on the checklist, the medication will not be accepted by the teacher. The child will be excluded until all medication requirements on the checklist can be met. If the medication meets the requirements and all medication aids (i.e. aerochambers) will be accepted and immediately placed in a medication lock box.
7. All medication administrations must be documented on the Medication Administration log. This log will be submitted to the SOP Health/Nutrition Services on a monthly basis.
8. A parent/guardian may elect to administer medications to a child during the school day. This may be done without having a Medication Administration form on file. The child may remain in the classroom while the parent administers the medication. The administration must be documented by staff on the Medication Administration log. The documentation should reflect the parent administered the medication to the child. If the medication given is to relieve respiratory distress (i.e. an inhaler treatment), the parent/guardian must stay 20 minutes after the administration to ensure the child is well enough to remain at the center. If the medication given is for a long-term diagnosed medical condition (i.e. asthma, seizures, etc.), a care plan must be on file.
9. Expiration dates on medication will be checked every two months by the SOP Health/Nutrition Services Unit unannounced. Site Supervisors will be responsible for filling out the Quarterly Medication Check and submitting it to the SOP Health/Nutrition Unit. If an expired medication is identified, the child will be

excluded until the parent/guardian can provide a current replacement. The replacement must meet all requirements on the Medication Checklist form.

10. Expired medication, medication belonging to children who no longer attend the program or are dropped, and when medication is no longer required must be returned to the child's parent/guardian. If that is not possible, the medication must be hand delivered to the SOP Health/Nutrition Service Unit.
11. All medicines and medical equipment including EpiPens will be located in the classroom under adult supervision and inaccessible to children.
12. Universal precautions shall be followed in the administration of all medications, intermittent healthcare and first aid.
13. Plan for ensuring proper safety precautions are in place, such as, wearing gloves during any procedure that involves potential exposure to blood or body fluids, performing hand hygiene immediately after removal and disposal of gloves, and disposal of used instruments in approved containers.
14. Parents of children taking ongoing medication (daily) will have access to medicine log in office to follow the dispensing of medication.
15. Parents of children receiving emergency medication shall be notified by phone call at the time and given a written report at pickup.
16. Medication shall be taken from secured storage. Teachers shall take any medication needed for children under their supervision on any activity, event or field trip away from campus. See special EpiPen instructions under EpiPen section.

Administering Inhaled Medication

The licensee or staff person has been provided with written authorization from the minor's parent or legal guardian to administer inhaled medication and authorization to contact the child's health care provider. The authorization shall include the telephone number and address of the minor's parent or legal guardian.

- 1) The licensee or staff person complies with specific written instructions from the child's physician to which all of the following shall apply:
 - a. The instructions shall contain all of the following information:
 - i. Specific indications for administering the medication pursuant to the physician's prescription.
 - ii. Potential side effects and expected response.
 - iii. Dose-form and amount to be administered

pursuant to the physician's prescription.

iv. Actions to be taken in the event of side effects or incomplete treatment response pursuant to the physician's prescription.

v. Instructions for proper storage of the medication.

vi. The telephone number and address of the child's physician.

b. The instructions shall be updated annually.

2) The licensee or staff person that administers the inhaled medication to the child shall record each instance and provide a record to the minor's parent or legal guardian on a daily basis.

EpiPen Jr. and EpiPen

The following applies to the use of the EpiPen Jr. or the EpiPen:

1. Use in accordance with the direction and as prescribed by a physician.
2. Keep ready for use at all times
 - a. EpiPens are kept in each classroom in a first aid kit that is out of reach of children, but accessible to adult staff.
 - b. Teachers take first aid kits with them to any event, outside activity or field trip and keep them under their immediate supervision and availability.
3. Protect from exposure to light and extreme heat.
4. Note the expiration date on the unit and replace the unit prior to that date.
5. Replace any auto-injector if the solution is discolored or contains a precipitate. (Both the EpiPen Jr. and the EpiPen have a see-through window to allow periodic examination of its contents. The physician may recommend emergency use of an auto-injector with discolored contents rather than postponing treatment.)
6. Call 911 and the child's parent/authorized representative immediately after administering the EpiPen Jr. or the EpiPen.

Carrying Out the Medical Orders of a Child's Physician/Medication

1. Parent/Authorized Representative Written Permission
 - The licensee obtains express written consent from the child's parent/authorized representative to permit the licensee or designated facility staff to carry out the physician's medical orders for a specified child.
2. Physician's Medical Orders
 - The licensee has obtained from the child's parent/authorized representative a copy of written medical orders prescribed by the child's physician. The medical orders will include:

- i. A description of the incidental medical service needed, including identification of any equipment and supplies needed.
- ii. A statement by the child's licensed physician that the medical orders can be safely performed by a layperson.
- iii. Description from the child's licensed physician of the training required of the facility licensee or staff to carry out the physician's medical orders for a specified child and whether the training can only be provided by a licensed medical professional.
- iv. If the medical orders include the administration of medication by a designated lay person, the physician's orders shall include the name of the medication; the proper dosage; the method of administration; the time schedules by which the medication is to be administered; and a description of any potential side effects and the expected protocol, which may include how long the child may need to be under direct observation following administration of the medication, whether the child should rest and when the child may return to normal activities.

3. Compliance

The licensee will be responsible to ensure the following:

- The facility has obtained from the parent/authorized representative of the child the medication, equipment and supplies necessary to carry out the medical orders of the child's physician.
- The person(s) designated to carry out the medical orders prescribed by the child's licensed physician will not in any way assume to practice as a professional, registered, graduate or trained nurse.
- At least one of the persons designated and trained to carry out the physician's medical orders will be onsite or present at all times when the child is in care.
- The persons designated to carry out the physician's medical orders have completed the training indicated by the child's physician.
- The person designated to carry out the physician's medical orders shall comply with proper safety precautions, such as, wearing gloves during any procedure that involves potential exposure to blood or body fluids,

performing hand hygiene immediately after removal and disposal of gloves, and disposal of used instruments in approved containers.

4. Facility Record Keeping and Notification

- Maintain a written record of when the medical orders have been performed, including if medications have been administered and inform the parent/authorized representative of each occurrence when the medical orders have been carried out.
- The Centrally Stored Medication and Destruction Records form (LIC622) is available for maintaining records.
- Maintain, in the child's file, a copy of the parent/authorized representative written authorization.
- Maintain, in the child's file, a copy of the written medical orders of the physician.

Prescription Medications Policy

In centers where the licensee chooses to handle medications, the licensee is required to obtain written approval and instructions from a child's parent/authorized representative prior to administering any physician-prescribed medication to a child.

In addition to obtaining written approval and instructions from the child's parent/authorized representative to administer medication; prescription medication shall be administered.

Staff will ensure to follow the aforementioned procedure to create a routing and referral for a

Care Plan to be in place prior to admittance into the facility and/or returning to school.

The following incidental medical services have not been identified; however, if identified at the point of admission as a result of admission assessment tools, incidental medical services will be activated to follow protocol as outlined herein:

- Blood-Glucose Monitoring for Diabetic Children
- Glucagon Administration
- Gastrostomy Tube Care
- Emptying an Ileostomy Bag

Should a child be identified with the aforementioned medical needs, the incidental medical services procedure will be updated and filed in accordance with California Child Care Licensing regulations.