



EARLY CARE & EDUCATION LAW UNIT

Publication Date: June 2016

ADMINISTERING MEDICATION AND INCIDENTAL MEDICAL SERVICES

Child care providers must follow certain requirements when administering prescription and non-prescription medications and providing incidental medical services to children in their care. Please be aware that as a child care provider, you must comply with state and federal disability laws which require you to make reasonable accommodations for children with disabilities. Providing reasonable accommodations may require you to administer medication and/or incidental medical services to children in your care who have disabilities and your decision of whether or not to make such reasonable accommodations must be based on an individualized assessment of each child's particular needs. For more information on your obligations as a provider when it comes to accommodating children with disabilities, please visit our publication on "The Americans with Disabilities Act & Child Care" [here](#) and a publication by the United States Department of Justice on "Commonly Asked Questions about Child Care Centers and the Americans with Disabilities" [here](#).

This handout is intended to provide an overview of the Community Care Licensing ("Licensing") guidelines for administering and storing medications, health related services, and incidental medical services.

PRESCRIPTION MEDICATIONS*

A licensee may administer prescription medications if:

The medication is given in accordance with the label directions as prescribed by the child's physician,

AND

For each prescription medication, the licensee obtains a written form of approval and instructions from the child's parents or legal guardians. The instructions from the child's authorized representative may not conflict with the label directions as described by the child's physician. Please keep this documentation in the child's file. Instructions from parents or legal guardians should not conflict with the label directions as prescribed by the

child's physician. The parents' or guardians' written form of approval may be obtained on the Licensing form entitled "Parent Consent for Administration of Medications and Medication Chart" (Form LIC 9221), which can be found here:
<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC9221.pdf> .

NON-PRESCRIPTION MEDICATIONS*

A licensee may administer non-prescription medications without a physician's instruction and approval if:

Medications are given in accordance with the product label directions on the medication container,

AND

For each non-prescription medication, a written form of approval and instructions from the child's parents or legal guardians is obtained. Please keep this documentation in the child's file. Instructions from parents or legal guardians should not conflict with the label directions. The parents' or guardians' written form of approval may be obtained on the Licensing form entitled "Parent Consent for Administration of Medications and Medication Chart" (Form LIC 9221), which can be found here:
<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC9221.pdf>.

*For prescription and non-prescription medications, the licensee shall develop and implement a written plan to record the administration of medications and to inform the child's authorized representative daily when such medication has been given.

STORAGE OF MEDICATIONS

- Medications must be kept in a safe place that is inaccessible to children.
- Each container must have an unaltered label.
- A refrigerator shall be used to store any medications that require refrigeration.
- All prescription and nonprescription medications shall be maintained with the child's name and dated.

UNUSED MEDICATIONS

When medication is no longer needed by the child, or when the child withdraws from the family child care or child care center, all medications should be returned to the child's parents or legal guardians or disposed of after an attempt to reach the child's parents or legal guardians has been made. In order to record the medications that are centrally stored and destroyed, licensees may use the Licensing form entitled "Centrally Stored Medication and Destruction Record" (LIC 622), which can be found here: <http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC622.PDF>.

HEALTH-RELATED SERVICES

Illness or Injury

- A licensee must immediately notify the child's parent or authorized representative if the child becomes ill or sustains an injury more serious than a minor cut or scratch. The licensee shall obtain instructions from the authorized representative regarding what actions to take.
- The licensee is responsible for daily inspection of children, ensuring that children with obvious symptoms of illness are not accepted. Further, the licensee must develop and implement a written inspection procedure that must include that no child will be accepted without contact between staff and the person bring the child to the facility and the licensee must require that the person bringing the child to the facility remain at the facility until the child is accepted, at which point this person is required to sign the child in.
- In the case of less serious injuries, such as a minor cut or scratch, that require administration of first-aid by the staff, the licensee must document the injury in the child's record and notify the child's authorized representative when the child is picked up.
- A center shall be equipped to isolate and care for any child who becomes ill during the day in an isolation area that can be easily supervised by staff and is equipped with a mat, cot, couch, or bed for each ill child. The child's authorized representative shall be notified immediately when the child becomes ill enough to require isolation, and shall be asked to have the child removed from the center as soon as possible.

Emergency Treatment

The licensee shall obtain emergency medical treatment without specific instructions from the child's authorized representative if the authorized representative cannot be reached immediately, or the nature of the child's illness or injury is such that there should be no delay in getting medical treatment for the child. Providers may find the Licensing form entitled "Consent for Emergency Medical Treatment" here: <http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC627.PDF>.

First Aid Supplies

Licenseses must maintain the following first-aid supplies in a location accessible to staff but inaccessible to children:

- A current edition of a first-aid manual.
- Sterile first-aid dressings.
- Bandages or roller bandages.
- Adhesive tape.
- Scissors.
- Tweezers.
- Thermometer.
- Antiseptic solution.

Incidental Medical Services

Child care providers can provide nonmedical care and some incidental medical services to children in their care, including blood-glucose monitoring, administering inhaled medication, administering EpiPen and EpiPen Jr., glucagon administration, gastrostomy tube care, emptying an ileostomy bag, and carrying out the medical orders of a child's physician.

Intent to provide these services must be included or updated in a child care center's Plan of Operation or in a family child care home facility's Plan to Provide Incidental Medical Services.

Blood-Glucose Monitoring

Providers may administer blood glucose testing for the purposes of monitoring a minor child diagnosed with diabetes, which allows a blood specimen to be obtained by skin puncture by a trained layperson. For a layperson to administer a blood glucose test, the following conditions must be met:

- Child care staff performing the test must be entrusted with the child's care by the child's parent or authorized representative.
- The test must be approved by the Federal Food and Drug Administration for over-the-counter sale to the public without a prescription.
- Staff performing the test must have written permission from the child's parent or authorized representative to administer the test to the child.

- Staff performing the test must comply with written instructions from the child’s physician. These written instructions must include instructions on how to:
 - Handle blood glucose tools.
 - Determine the range of test results.
 - Identify the symptoms of hypoglycemia or hyperglycemia, and actions to take when results are not within the normal range for the child and any restrictions on activities or diet that may be necessary.
 - The written instructions must include the telephone numbers of the child’s physician and parent or authorized representative.
- Staff performing the test must record test results and provide them to the child’s authorized representative daily.
- Child care staff must comply with universal precautions and facilities must post a list of universal precautions in a prominent place in the area where the test is performed.

Administering Inhaled Medication

Inhaled medication refers to medication prescribed for the child to control lung-related illness, including, but not limited to local held nebulizers (a type of breathing treatment machine). Licensees and staff of a child day care facility may administer inhaled medication to a child if all of the following requirements are met:

- The licensee has written authorization from the child’s authorized representative to administer inhaled medication and authorization to contact the child’s health care provider. The authorization should include the telephone number and address of the child’s parent or legal guardian.
- The licensee must comply with specific written instructions from the child’s physician. The instructions must contain all of the following:
 - Instructions for administering the medication.
 - Potential side effects and expected response.
 - Dose-form and amount to be administered.
 - Actions to be taken in event of side effects incomplete treatment response.
 - Instructions for proper storage of medication.
 - The telephone number and address of the child’s physician.
 - Instructions must be updated annually.

- The licensee or staff person that administers the inhaled medication to the child must record each instance and provide a record to the minor's parent or legal guardian on a daily basis.
- A licensee or staff person who obtains or renews a pediatric first-aid certificate must complete formal training on administering inhaled medication to children with respiratory needs. Any training materials must be kept on file at the child care facility and be made available to a staff person who administers inhaled medication.

EpiPen Jr. and EpiPen

Both EpiPen and EpiPen Jr. are disposable, pre-filled automatic injection devices designed to deliver a single dose of epinephrine for allergic emergencies. They should only be used by or administered to a hypersensitive (allergic) person in the event of an allergic emergency as prescribed by a physician. The use of these devices serves as emergency supportive therapy only and is not a replacement for immediate medical or hospital care.

In using the EpiPen or EpiPen Jr., the following applies:

- Use in accordance with directions and as prescribed by a physician.
- Keep ready for use at all times.
- Protect from exposure to light and extreme heat.
- Note the expiration date, and replace prior to that date.
- Replace auto injector if solution is discolored or contains a precipitate (liquids separated by a chemical process or a solid that has formed from the liquid solution).
- Call 911 and the child's parent or legal guardian immediately after administering the EpiPen or EpiPen Jr.

Glucagon Administration

Glucagon is an emergency intervention injected into a child diagnosed with diabetes in the event of a severely low blood sugar level resulting in disorientation, seizures, convulsions, or unconsciousness. Without this intervention, a diabetic child could sustain brain damage or die. Licensees who choose to administer glucagon to a child in care must comply with the following conditions:

- Written permission must be obtained from the child's authorized representative.
- Staff administering glucagon must be trained by a competent person designated by the child's physician. Verification of the training must be kept in staff files. The person designated by the physician to provide the training may be the child's parent or authorized representative.
- At least one staff person trained to administer the glucagon must be available any time a child requiring glucagon is in care, including activities away from the facility.

- Staff administering glucagon must comply with written instructions from the child's physician regarding how to:
 - Recognize the symptoms of hypoglycemia and take appropriate action.
 - Properly administer the glucagon.
 - Call 911 and the child's authorized representative immediately after administering the glucagon.
 - Recognize potential side effects of glucagon.
 - Review the glucagon for expiration.
 - Document the child's file each time glucagon is administered.

Carrying Out Medical Orders of a Physician

Non-licensed medical professionals can carry out the following medical orders as prescribed by a licensed physician:

- Insulin administration by injection/pump.
- Emergency anti-seizure medication.
- Other incidental medical services.

The following safety procedures must be met:

- Parent or authorized representative's written permission (Form LIC 9221): <http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC9221.pdf>
- Physicians written medical orders, which must include:
 - A description of the incidental medical service needed, included identification of any equipment and supplies needed.
 - A statement by the child's physician that the medical orders can be safely performed by a layperson.
 - Description of the training required of the facility licensee or staff to carry out the physicians' medical orders for a specified child.
 - If medical orders include the administration of medication it should include the name of the medication, proper dosage, the method of administration, time schedules by which the medication is to be administered, description of the potential side effects and the expected protocol.
- The licensee will be responsible for ensuring the facility is in compliance:

- The licensee must comply with all of the physicians' orders including completing any training required.
 - The person designated to carry out the medical orders shall not in any way assume to practice as a nurse or medical professional.
 - At least one person designated and trained to carry out the physician's medical orders must be on site or present at all times when the child is in care.
 - The person designated to carry out the physician's medical orders shall comply with proper safety precautions.
- The licensee will be responsible for facility record keeping and notification by ensuring the following:
 - Include plans to provide this care in a center's plan of operation or a family home child care facility's Plan for Providing Incidental Medical Services, and update these plans if the licensee decides to provide any additional care.
 - 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.
 - Notify the Department of any unusual incident or child absence that threatens the physical or emotional health or safety of any child. Include in the written report the child's name, age, sex, and date of admission; date and nature of the event; attending physician's name, findings and treatment; and a disposition of the case.¹
 - The Centrally Stored Medication and Destruction Records form (LIC 622) is available for maintaining records:
<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC622.PDF>.
 - In the child's file, maintain a copy of the parent/authorized representative's written authorization, and a copy of the written medical orders of the physician.
 - In personnel files, maintain a copy of written verification that the designated licensee or staff have completed the training required by the physician's medical orders.

Plan of Operation/ Plan for Providing Incidental Medical Services

A child care center that intends to provide incidental medical services must include this intent in its Plan of Operation, and a family child care facility must identify those services it chooses to provide in its Plan for Providing Incidental Medical Services. A new applicant for a child care center that chooses to provide Incidental Medical Services shall submit the information when submitting their licensing application. Currently licensed centers shall

¹ Required by California Code of Regulations, Title 22, Section 101212(d)(1)(C)

submit the proposed change via a revised written Plan of Operation. A new applicant for a family child care facility that chooses to provide incidental medical services should submit the Plan for Providing Incidental Medical Services when submitting their licensing application, and currently licensed family child care facilities shall submit the plan with a copy of their original application.

Topics to be covered in the Plan of Operation or Plan for Providing Incidental Medical Services include, but are not limited to:

- Types of incidental medical services to be provided.
- Records to be obtained/maintained.
- Storage requirements for medication, equipment, and supplies.
- Training requirements.
- Staffing Requirements.
- Plan for ensuring proper safety precautions are in place.
- Plan for transporting medication, equipment, and supplies.
- Explanation of how authorized representatives will be informed of each occurrence of incidental medical service to their child.
- Reporting requirements to Department of Social Services including serious incidents, as well as, any changes to the Plan of Operation or Plan for Providing Incidental Medical Services.

This document was prepared by Public Counsel's Early Care & Education Law Unit in June 2016 and is meant to provide general information. This document is not all-inclusive and is not intended to provide any individual or entity with specific legal advice. Receiving this document does not create any lawyer-client relationship. For questions or comments, please call the ECE Law Unit's Intake line at 213/ 385 2977 ext. 300.

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