

Plan of Operation for Incidental Medical Services

The policies and procedures related to the provision of Incidental Medical Services in Child Care Centers and Family Child Care Homes have been updated by Community Care Licensing and are now in effect. Child Care Centers that choose to provide Incidental Medical Services must identify those services in their facility's Plan of Operation. This includes handling prescription medications.

Parents/guardians assume the responsibility of administering any necessary medications their child may require and informing the teaching staff what they have been given prior to drop-off. You may consider asking your physician or health care provider for prescriptions with 12-hour dosages. We further expect that the first dose of any new medication given at home be observed at home so that side effects (i.e. drowsiness, diarrhea etc.) can be identified and communicated to us prior to care. We discourage use of "over-the-counter" medications that only treat symptoms of illness, when a day or two of rest at home might be what is needed most.

The only exception is: Nebulizer/Inhaled Medication or Epi-Pens

Adventures In Learning, LLC is choosing to administer Nebulizer/Inhaled Medications and Epi-Pens upon request and approval. The administrative staff is to be notified that a student is in need of an incidental medication and the following steps are to be taken prior to medication being approved and administered:

Nebulizer & Inhaled Medication

- LIC 9166 form is to be filled out by the parent or guardian
- Written instructions from the child's physician
- Written instructions and consent from the parent or guardian to administer inhaled medication

Epi-Pens

- LIC 9221 form is to be filled out by the parent or guardian
- Written instructions from the child's physician
- Written instructions and consent from the parent or guardian to administer inhaled medication

Once these items have been turned into the administrative office and approved, only then will Adventures In Learning, LLC be able to administer any incidental medication. The parent or guardian will be notified of any emergency use pertaining to this incidental medication. The parent or guardian may receive a copy of their child's medication log upon request.

Incidental Medication – Plan of Operation Change

Nebulizer/Inhaled Medication

Adventures In Learning, LLC will only assign staff members that are qualified to administer incidental medication. Staff to administer inhalers and nebulizers as well as dates of CPR/First aid training which include inhaled medication training, are as follows:

<u>Staff to Administer IMS</u>	<u>CPR / First Aid Training Dates</u>
Darcie Cahill	08/2015 - 08/2017
Raquel Alvarez	10/2014 - 10/2016
Nora Zatarain	10/2014 - 10/2016
Nicole Robbins	10/2014 - 10/2016
Melinda Frizzell	10/2014 - 10/2016

Medication Precautions & Communication

- Nebulizers/Inhaled Medications will be delivered each day by the parent/guardian and stored in our front office in a medical supply container.
- LIC 9166 form will be completed by the parent/guardian, written instruction from the child's doctor, and written consent from the child's parent/guardian prior to medication being approved or administered. The instructions shall contain all of the following information:
 1. Specific indication for administering the medication pursuant to the physician's prescription
 2. Potential side effects and expected response.
 3. Dose---form and amount to be administered pursuant to the physician's prescription.
 4. Actions to be taken in the event of side effects or incomplete treatment response pursuant to the physician's prescription.
 5. Instructions for proper storage of the medication.
 6. The telephone number and address of the child's physician.
- Each time the medication is used it will be logged on a Medication Treatment Log for Nebulizer/Inhaled medications, which will include: times, dates, reactions (if any) & staff who administered medications. A parent will access to and receive a copy of this form upon request. Should there be any emergencies, 911 will be called and the parent/guardian will be notified immediately, including CCL.
- The employees trained to administer medication will wear gloves at the time of any procedure as well as follow the Universal Precaution Instructions.



Incidental Medication Nebulizer/Inhaled Medication Parental Consent Form

Name of Child: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Name of Medication: _____

Time(s) to Administer Medication: _____

Additional Information: _____

I understand that Adventures In Learning, LLC is not legally obligated to administer medications to my child and that Adventures In Learning, LLC employees administer medications to my child according to my physician's written instructions. I agree to hold Adventures In Learning, LLC free from any responsibility and liability in the administration of this medication. I have aided and trained the authorized employees on how to use or administer all medications. I have completed and submitted LIC 9166, provided written consent and written instructions from my child's physician. Adventures In Learning, LLC employees will not in any way assume to practice as a professional, registered, graduate or trained nurse.

Parent/ Authorized Representative's Signature

Date



PHYSICIANS INSTRUCTIONS FOR INHALER OR NEBULIZER CARE

A new form must be completed if there are any changes in dosage or frequency of treatments

TO BE COMPLETED BY PEDIATRICIAN:

Name of Inhaled Medication: _____

This medication is to be administered by: (Check **ONE**) Nebulizer Inhaler

Specific indications (such as symptoms) for administering the inhaled medication in accordance with the prescription: _____

Dosage: _____

How often is the treatment to be given?: _____

Potential side effects and expected response: _____

Actions to be taken in the event of side effects or incomplete treatment response. This includes actions to be taken in an emergency: _____

Instructions for proper storage of the medication: _____

Physician: _____

Date this form completed: _____

Address: _____

Telephone: _____

Physician's Signature: _____



Nebulizer/Inhaled Medication Treatment Log

Child's Name: _____

Medication Administered: _____

The following time(s) and was administered by the following employee(s):

Time/Date: Employee Signature

Time/Date: Employee Signature

Time/Date: Employee Signature

Time/Date: Employee Signature

Time/Date: Employee Signature

Time/Date: Employee Signature

Time/Date: Employee Signature

Time/Date: Employee Signature

Additional Information Regarding Reactions (if any):

Incidental Medication – Plan of Operation Change

Epi-Pen

Adventures In Learning, LLC will only assign staff members that are qualified to administer incidental medication. Staff to administer inhalers and nebulizers as well as dates of CPR/First aid training which include inhaled medication training, are as follows:

<u>Staff to Administer IMS</u>	<u>CPR / First Aid Training Dates</u>
Darcie Cahill	08/2015 - 08/2017
Raquel Alvarez	10/2014 - 10/2016
Nora Zatarain	10/2014 - 10/2016
Nicole Robbins	10/2014 - 10/2016
Melinda Frizzell	10/2014 - 10/2016

Medication Precautions & Communication

- Epi-Pens will be delivered by the parent/guardian and stored in our front office in a medical supply container.
- LIC 9221 form will be completed by the parent/guardian, written instruction from the child's doctor, and written consent from the child's parent/guardian prior to medication being approved or administered. The instructions shall contain all of the following information:
 1. Specific indication for administering the medication pursuant to the physician's prescription.
 2. Potential side effects and expected response.
 3. Dose---form and amount to be administered pursuant to the physician's prescription.
 4. Actions to be taken in the event of side effects or incomplete treatment response pursuant to the physician's prescription.
 5. Instructions for proper storage of the medication.
 6. The telephone number and address of the child's physician.
- Each time the medication is used it will be logged on a Medication Treatment Log for Epi-Pens, which will include: times, dates, reactions (if any) & staff who administered medications. A parent will access to and receive a copy of this form upon request. Should there be any emergencies, 911 will be called and the parent/guardian will be notified immediately, including CCL.
- The employees trained to administer medication will wear gloves at the time of any procedure as well as follow the Universal Precaution Instructions.



Incidental Medication Epi-Pen Parental Consent Form

Name of Child: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Name of Medication: _____

Time(s) to Administer Medication: _____

Additional Information: _____

I understand that Adventures In Learning, LLC is not legally obligated to administer medications to my child and that Adventures In Learning, LLC employees administer medications to my child according to my physician's written instructions. I agree to hold Adventures In Learning, LLC free from any responsibility and liability in the administration of this medication. I have aided and trained the authorized employees on how to use or administer all medications. I have completed and submitted LIC 9166, provided written consent and written instructions from my child's physician. Adventures In Learning, LLC employees will not in any way assume to practice as a professional, registered, graduate or trained nurse.

Parent/ Authorized Representative's Signature

Date



PHYSICIANS INSTRUCTIONS FOR EPI-PEN

TO BE COMPLETED BY PEDIATRICIAN:

Name of Medication: _____

This medication is to be administered by: _____

Specific indications (such as symptoms) for administering the inhaled medication in accordance with the prescription: _____

Dosage: _____

How often is the treatment to be given?: _____

Potential side effects and expected response: _____

Actions to be taken in the event of side effects or incomplete treatment response. This includes actions to be taken in an emergency: _____

Instructions for proper storage of the medication: _____

Physician: _____

Date this form completed: _____

Address: _____

Telephone: _____

Physician's Signature: _____



Epi-Pen Treatment Log

Child's Name: _____

Medication Administered: _____

The following time(s) and was administered by the following employee(s):

Time/Date: Employee Signature

Time/Date: Employee Signature

Time/Date: Employee Signature

Time/Date: Employee Signature

Time/Date: Employee Signature

Additional Information Regarding Reactions (if any):

