

## **Plan of Operation for Incidental Medical Services**

### **Nebulizer & Inhaled Medication**

Adventures In Learning, LLC is choosing to administer Nebulizer/Inhaled Medications 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:

- 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

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.

### **Epi-Pens**

Adventures In Learning, LLC is choosing to administer Epi-Pens to the intended child 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:

- 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>
Fabiola Duran	08/2015 - 08/2017
Angela Leon	04/2016 - 04/2018
Susana Mendoza	08-2015 - 08/2017
Judy Moss	08/2015 - 08/2017
Angelica Morales	10/2015 - 10/2017
Lindsay Murata	08/2015 - 08/2017

### **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



## 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>
Fabiola Duran	08/2015 - 08/2017
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Judy Moss	08/2015 - 08/2017
Angelica Morales	10/2015 - 10/2017
Lindsay Murata	08/2015 - 08/2017

### **Medication Precautions & Communication**

- Epi-Pens will be delivered each day 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.



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## 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



## 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_