

Community Action Team, Inc.
CHILD & FAMILY DEVELOPMENT PROGRAMS
Medication Labeling & Storage

Related Information: Performance Standard 1302 .90(b)(7)(iv) for additional information on the storage of medications.

Guidance: In developing procedures and techniques for labeling and storing medication, it is important for both the agency and families to keep the following in mind:

- **Instructions and information.** Prescription medications must be in the original prescription bottle. To ensure the safety of children, prescribed medication is labeled by a pharmacist, with the child's first and last names, the name of the medication, the date the prescription was filled, the name of the health care provider who wrote the prescription, the medication's expiration date, and administration, storage, and disposal instructions.

Non-prescription medications must be authorized by a physician or health care provider and be in the manufacturer's original container with a label. Parents should provide instructions and information on the label, including: the child's first and last names; specific, legible instructions for administration and storage authorized by the health care provider; and the name of the health care provider who recommended the medication to the child.

Medications administered "as needed" ("PRN" medications) have specific directions for administration, including minimum time between doses, maximum number of doses, and criteria for administration. Medication required for use by staff and volunteers is clearly labeled with their first and last names.

- **Storage and inaccessibility to children.** Medication of any kind needs to be kept away from food, and stored in sturdy, child-resistant, closed containers that are both inaccessible to children and prevent spillage. If medication requires refrigeration, a small lock box designated for storing medication may be kept in the refrigerator.

Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers

- **Expiration dates.** Medication should not be used beyond the date of expiration on the container, or beyond the expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions that state the medication may be used "whenever needed" should be reviewed by the physician at least annually.

- **Transportation.** Efforts should be made to minimize the transportation of medication. If, however, medication does need to be transported, staff ensure that there are measures to keep it temperature-controlled, if necessary, and that there is a responsible adult in charge of the medication (e.g., the bus monitor, if a child requiring medication takes the bus).
- **Training:** Child medications are handled by designated staff, selected and trained. The designated individual(s) may be someone who is at the program regularly, so that all children may become comfortable with him or her. A back-up staff member also is designated and kept informed of all current procedures. If State law requires that an individual be licensed to administer medication, a reasonable accommodation may be to obtain the services of a nurse or a nurse practitioner for this purpose.
- **Instructions:** A physician or other person legally authorized to prescribe medication provides instructions for the dose, frequency, method to be used (e.g., before meals, tilting head), and duration of administration in writing by a signed note or a prescription label. These instructions are legible and easily understood. The program provides training for the staff person(s) administering medication.
- **Documentation:** Each time medication is dispensed during program hours, the amount of medication given, the time and date of administration, and the name of the person administering each dose is recorded on the child's medication log. Special circumstances, such as spills, responses, reactions, and refusals to take medication, also are included on the medication log. This information is then reported to and reviewed by the parent and the individual who prescribed the medication. If there are consistent administration problems, an experienced health professional should be consulted. Medication administration should to be double checked and witnessed by second staff person when possible. **Children who receive medication will have an event for a Care Plan documented in Child Plus in the Health module.**

In cases when medication is needed for emergency treatment, it is administered only if authorized by a local poison control center or a physician.

Rationale: Information pertaining to the dispensation of medication should be well-documented, so that administration is accurate and accomplishes its intended purpose. Changes in a child's behavior, or physical symptoms, may indicate a need to communicate with the physician to alter the dosage or type of medication.

Signed parent authorization forms are kept with the medication and **uploaded to Child Plus in the Health module when completed**. The Health Services Advisory Committee may assist in the development of these authorization forms.