

Montessori In The City, Inc

Incidental Medical Services (IMS)

All Medication

- If at all possible, dispense medications prior to arriving or after leaving school, and request prescriptions with 12-hour dosages from your physician or health care provider.
- To authorize the dispensing of prescription medications, nonprescription medications, and topical-nonprescription medications at school, you must complete **Form LIC9221 Request for Medication** indicating the frequency and number of days the child is to receive the medication.
- Provide all information on possible side effects of the medication.
- Bring medication in its original container in a clear bag.
- Ensure that prescription medication includes a prescription label with specific dispensing instructions and a current date.
- Do not store medication in diaper bags, lunch bags, backpacks, or any other personal belongings.
- Take unused medications home every Friday or on the child's last day of the week. Medications cannot be stored at our centers over the weekend with the exception of emergency medication and medication needed by school-age children who do not arrive with their parents and guardians on their first day of the week.
- Any time the manufacturer's instructions require physician dosage or differ from the age and weight information on the label, a physician's written instructions are required.
- A log will be kept at the center in the child's file for the duration of enrollment, and shared with the authorized representative indicating who administered the medication, dose and time.
- All medication will be in a locked medication box. If the medication requires refrigeration, the locked storage box will be placed in the school refrigerator.

Special Medical Needs

Our employees do not provide invasive medical treatments, nor do they determine the dosage of medication. If your child requires the use of a nebulizer and/or inhaler, glucose monitoring, EpiPen®, etc., licensing regulations require the parent/guardian to provide the supervising staff with demonstration of proper use of the equipment. These items can be administered on an as needed basis once the parents provide proper documentation and instruction from the attending physician.

First Aid Supplies

Supplies will be stored out of reach of children. In the event they are stored in an area children have access to, they will be in a locked cabinet and or container.

The program is required to follow the policies and procedures put in place by the State Licensing Agency. Any such services requires written authorization and obtained written instructions from the child's physician. Below are the policies and procedures for IMS.

Blood-Glucose Monitoring for Diabetic Children: Blood glucose testing for the purposes of monitoring a minor child diagnosed with diabetes may be performed using the following steps:

- PROGRAM staff performing the test must be entrusted with the child's care by the child's parent or authorized representative (officially enrolled in the program)
- The test must be approved by the Federal Food and Drug Administration for over-the-counter sale to the public without a prescription
- PROGRAM staff performing the test must have written permission from the child's parent or authorized representative to administer the test to the child using LIC 9222 Form, *BLOOD GLUCOSE TESTING CONSENT/VERIFICATION*
- PROGRAM staff performing the test must comply with written instructions from the child's physician (or designee, such as a nurse practitioner)
- PROGRAM staff performing the test must obtain written instructions from the child's physician or designee regarding how to:
 - Properly use the monitoring instrument and handle any lancets, test stripes, cotton balls, or other items used while conducting the test. (All this must be in accordance with the manufacturer's instructions).
 - Determine if the test results are within the normal or therapeutic range for the child, and any restrictions on activities or diet that may be necessary.
 - Identify the symptoms of hypoglycemia or hyperglycemia, and actions to take when results are not within the normal or therapeutic 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
- PROGRAM staff performing the test must record the test results and provide them to the child's parent or authorized representative on a daily basis. Copy of the results should be kept in the child's file for the duration of their enrollment at the program.
- PROGRAM will post a list of universal precautions in a prominent place in the area where the test is performed.
- PROGRAM staff will comply with the below universal precautions:
 - Staff wash hands prior to and after administering test
 - Gloves are to be worn by staff while test is administered
 - Gloves and any used testing materials are to be discarded in a trash receptacle marked "Bio Hazard". Bio hazard trash to be emptied by staff daily.

Glucagon Administration

Glucagon is an emergency intervention injected into a child diagnosed with diabetes in the event of a severely low blood sugar level.

PROGRAM will administer Glucagon and abide by the following:

- Written permission must be obtained from the child's parent or authorized representative.
- PROGRAM staff administering glucagon must be trained by a person designated in writing by the child's physician (PROGRAM will make staff available for such training)
 - The person designated by the physician to provide the training may be the child's parent or authorized representative
 - PROGRAM will ensure at least one staff person trained to administer the glucagon will be available any time a child requiring this emergency intervention is in care, including activities away from the facility
- Written instructions from the child's physician or designated person shall include:
 - Recognize the symptoms of hypoglycemia and take appropriate action
 - Properly administer the glucagon
 - Recognize potential side effects of glucagon such as nausea and vomiting and the need to place the child on his or her side to prevent choking
- Call 911 and the child's parent or authorized representative immediately after administering the glucagon
- Review the glucagon for expiration
- Document the child's file each time glucagon is administered

Inhaled Medication

- PROGRAM must be provided with written authorization from the child's parent or legal guardian to administer inhaled medication using form LIC 9166 *NEBULIZER CARE CONSENT/VERIFICATION* which gives authorization to contact the child's health care provider.
- The authorization shall include the telephone number and address of the child's parent or legal guardian
- The PROGRAM staff will record each instance and provide a record to the parent or legal guardian daily and a copy kept in the child's file for the duration of enrollment.
- PROGRAM must comply with specific written instructions from the child's physician, the instructions shall include:
 - Specific indications for administering the medication pursuant to the physician's prescription
 - Potential side effects and expected response
 - Dose-form and amount to be administered pursuant to the physician's prescription
 - Instruction should include what action to take in the event of a side effect or when treatment is not completed as instructed by physician.
 - Instructions for proper storage of the medication
 - The telephone number and address of the child's physician
 - The instructions must be updated annually

EpiPen Jr. and EpiPen

PROGRAM staff may administer the EpiPen Jr. Auto-Injector or the EpiPen Auto Injector as prescribed by a physician and in ***emergencies only***. They only are used in the event of an allergic emergency as prescribed by a physician. PROGRAM must handle and administer both of these devices as specified in California Code of Regulations and will also obtain emergency medical treatment (call 911) for the child. The use of these devices are emergency supportive therapy only and is not a replacement or substitute for immediate medical or hospital care.

PROGRAM will comply with the following:

- Use in accordance with the directions and as prescribed by a physician
- Keep ready for use at all times (stored in the medication box located in the program office as well as in the emergency backpack)
- Protect from exposure to light and extreme heat.
- Note the expiration date on the unit and inform the parent when it need to be replaced prior to that date
- If the solution in the auto-injector appears to be going bad (looks discolored and or is hardening) discard and use a differing injector.
- Call 911 and the child's parent/authorized representative immediately after administering the EpiPen Jr. or the EpiPen.

Gastrostomy Tube Care

PROGRAM can administering routine gastrostomy tube (G-tube) feeding, or administer routine LIQUID medication through a G-tube, to a child in care who is in stable condition If all of the requirements outlines in this policy are met.

PROGRAM must notify the Licensing Department with a written plan each time we accept a child who needs G-tube care.

Administering a G-Tube requires the following:

- Written permission from the child's authorized representative including their telephone numbers (both home and work) and address
- Parent/guardian must complete LIC 701B, "*Gastrostomy-Tube Care Consent/Verification form*"
- Designated PROGRAM staff must receive instruction in G-tube feeding/administration of liquid medication by a competent person designated by the child's physician. The designated person may be the child's authorized representative if the physician deems the authorized representative competent to provide the instruction.
- Instruction in G-tube care is to include:
 - How to administer G-tube feeding to the child
 - How to administer liquid medication to the child through a G-tube
 - Trouble-shooting, including actions to take in an emergency
- The child's physician must designate in writing the person authorized to provide instruction in G-tube care by completing LIC 701A, "*Gastrostomy-Tube Care: Physician's Checklist*".
- Written instructions from the child's physician (updated annually) to include:
 - Any limitations or modifications to normal activity required by the presence of the G-tube.

- Frequency of feeding and amount/type of formula or liquid medication to be administered to the child in accordance with the physician's prescription.
- Hydration of the child with water or other liquids as determined by the child's physician.
- Method of feeding, administering liquid medication or hydrating the child, including how high the syringe is to be held during the feeding. If applicable, this includes how to use an enteral (means "into the stomach") feeding pump.
- Positioning of the child.
- Potential side effects
- Specific actions to be taken in the event of specific side effects or an inability to complete a feeding
- How and when to flush out the G-tube with water
- Specific instructions on how many cc's of water to use when flushing out the G-tube
- Instructions for proper sanitation, including care and cleaning of the stoma site
- Instructions for proper storage of the formula or the liquid medication
- Instructions for proper care and storage of equipment
- The telephone number and address of the child's physician or designee.

Emptying an Ileostomy Bag

An ileostomy bag is a bag attached to the outside of the abdomen that may be emptied of feces and re-sealed while remaining attached to the abdomen of the child. After consultation with the Board of Registered Nursing, it is determined that emptying the ileostomy bag is not considered a medical procedure. It is equivalent to changing a diaper and may be done by the licensee or staff in a licensed child care facility.

Carrying Out the Medical Orders of a Child's Physician

The following may be provided by a day care center facility licensee or staff who is not a licensed medical professional, provided that it is to carry out medical orders prescribed by a licensed physician:

- Insulin administration by injection or pump.
- Emergency anti-seizure medication, such as diazepam (generic for Diastat), rectal gel, as an emergency intervention for a child experiencing an epileptic seizure.

A licensee or facility staff person who is not a licensed medical professional or nurse may elect to administer insulin, emergency anti-seizure medication, or provide other incidental medical services only when carrying out medical orders as prescribed by a licensed physician and all of the following safety procedures are met:

- Parent/Authorized Representative Written Permission
- PROGRAM obtains express written consent from the child's parent/ authorized representative to permit PROGRAM staff to carry out the physician's medical orders
- PROGRAM must be provided with a copy of written medical orders prescribed by the child's physician.

- The medical orders will include
 - A description of the incidental medical service needed, including identification of any equipment and supplies needed
 - A statement by the child's licensed physician that the medical orders can be safely performed by a layperson
 - Description from the child's licensed physician of the training required of the PROGRAM staff
 - 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.
- PROGRAM will be responsible to ensure the following
 - Obtained the medication, equipment, and supplies necessary to carry out the medical orders of the child's physician (from the parent or guardian)
 - At least one staff 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