



Administration of Medication and Medical Supports Policy and Procedure

Revised: October 7, 2016

Revised October 10, 2017

Reference: Child Care and Early Years Act, 2014

Approved by Board of Directors: October 18, 2017

Policy

Orde Day Care has developed and implemented a **policy to comply with the Drug and Medication Administration** in accordance with section 40 (1) O. Reg 137/15 under the Child Care and Early Years Act, which requires that a written procedure is established for the administration of drug or medications, and the keeping of records with respect to the administration of drugs and medications.

Procedure

Medication either prescribed or over the counter will be administered by the designated RECE staff or Ministry Approved staff in each program room. **The most senior RECE staff in each program room will administer medication to ensure compliance with the instructions.**

Upon receipt of the medication, the staff are required to check and observe the following:

1. Medication is prescribed by a doctor.
2. Medication is in its original container.
3. The label specifies;
 - The correct name of the child,
 - The dispensed date and date of expiry,
 - The amount of each dose to be given,
 - The number and time of day the dose(s) are to be given.
 - Parent or guardian has completed the Medication Administration Authorization Form
 - Parent has been informed where the medication will be upon pick up- refrigerated or a locked cabinet in the classroom.
4. Refrigerated Medication
 - Will be stored in the medication box in the refrigerator at each respective site.
 - Orde Site -The key can be found in the medication binder in Room 28
 - Satellite Site – The key can be found on the side of the refrigerator in the kitchen
5. Non- Refrigerated Medication
 - For infant to preschool programs medication is stored in the lock cupboard or first aid box in each room. Keys to access the medication can be found in the respective rooms
 - For kindergarten to school age programs medication is stored in the medication box in room 28. The key to access the medication is located in the medication binder.

Emergency allergy and asthma medication shall not be locked up with other medication.



Prescription Medication -Non-Life Saving

Staff must ensure the following

1. Medication must be locked up at all times.
2. Staff must ensure that the parental written instructions match any instructions printed on the original container and the medication is not expired
3. **If medication is administered on an “as needed” basis, the parents written instructions must clearly indicate the situations under which the medication should be administered – e.g., behavior child must exhibit or child’s temperature.**
4. For all over the counter medication, a doctor’s note must accompany the medication
5. Medication that does not require refrigeration must be stored in locked cupboard.
6. All medication requiring refrigeration must be stored in a locked medication box in the refrigerator.
7. The parent must sign a medication form before staff can give any medication.
8. Staff will check the form and sign and date the time that they have administered.
9. Staff will complete the medication form until the medication is no longer required.
10. **Staff will note in the daily written record every day that medication was administered, by whom and to whom.**
11. Staff will return medication to the parent when the administration of the medicine is completed
12. When the administration of the medicine is completed, staff will put an end date on the medication form and forward to the office

Supervisors will ensure

1. All medications no longer being administered or expired are returned to the parent or guardian or disposed of in an appropriate manner, such as returning it to the local pharmacy for disposal.
2. All medication forms are returned to the office with the end date of the medication and are placed in the child’s file
3. Medication forms are completed as required

Non-prescription Medication

Non-prescription medication such as tempera, Tylenol, Benadryl, etc, may only be given if received in the original package and the medication is accompanied by a doctor’s note. The doctor’s note must state that the medication can be administered as per the parent’s instructions. The parent completes and signs a medication form prior to administration of the medication. The medication must then be clearly marked with that child’s name. The same procedures for administration of prescription medication must then be followed.

If a child develops a fever while in attendance and is administered fever reducing medication, the parent is still obligated to come to pick up their child as soon as possible. Staff should note temperature and times the medication was taken until the parent arrives.

Individuals with Ongoing Medical needs

For children who have one or more acute or chronic medical conditions such that he/she requires additional support, accommodation or assistance the procedure below will be followed

1. **Individualized Plan for child with Medical Needs is completed and signed- see attached**
2. A separate medical authorization form is completed and signed if the administration of



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medications is included in the Individualized Plan

Staff will check the form and sign it if they have administered that day. Medications for occasional use such as asthma or fever reducing medication will be confirmed with a telephone call provided a medication form and instructions from a health care provider in fever reducing medication is already on site.

Life Saving Medication

1. Parent must complete *medication form* and *access to lifesaving medication form*.
2. Lifesaving medication is kept with the attendance binder of the room, emergency/trip bag, or directly on the child, if appropriate.
3. Lifesaving medication must follow the child when they go including field trips.
4. Older children can carry their own asthma or emergency allergy medication as permitted by their parent
5. Any self-administration of medication must be noted on a medication form and in the daily written record

Any accidental administration of medication (wrong child/ incorrect dosage) should be recorded and reported to the Supervisor.

The Supervisor will then notify the parent of the child. If adverse symptoms are evident upon the accidental administration of the medication, staff must call 911 immediately.

Staff Name:	Supervisor Name:
Staff Signature:	Supervisor Signature:
Date:	Date:

Please note that sunscreen and diaper creams have Drug Identification numbers but do not require a medication form to be completed. The permission to apply these items are items can be found in our registration packages.



INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS

This form must be completed for a child who has one or more acute or chronic** medical conditions such that he or she requires additional supports, accommodation or assistance.*

Child's Full Name:
Child's Date of Birth:

Date Individualized Plan Completed:
Medical Condition(s):

- Diabetes Asthma
 Seizure Other:

Photo of Child
(Recommended)

A. Prevention and Supports

STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S): <i>[Include how to prevent an allergic reaction/other medical emergency; how not to aggravate the medical condition (e.g. pureeing food to minimize choking)]</i>
LIST OF MEDICAL DEVICES AND HOW TO USE THEM (if applicable): <i>(e.g. feeding tube, stoma, glucose monitor, etc.; or not applicable (N/A))</i>
LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S) (if applicable): <i>(e.g. glucose monitor is stored on the second shelf in the program room storage closet; or not applicable (N/A))</i>
SUPPORTS AVAILABLE TO THE CHILD (if applicable): <i>(e.g. nurse or trained staff to assist with feeding and/or disposing and changing of stoma bag; or not applicable (N/A))</i>

B. Symptoms and Emergency Procedures

SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY: <i>[include observable physical reactions that indicate the child may need support or assistance (e.g. hives, shortness of breath, bleeding, foaming at the mouth)]</i>
PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY: <i>[Include steps (e.g. Administer 2 puffs of corticosteroids; wait and observe the child's condition; contact emergency services/parent or guardian, parent/guardian/emergency contact information; etc.)]</i>
PROCEDURES TO FOLLOW DURING AN EVACUATION: <i>(e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate)</i>



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PROCEDURES TO FOLLOW DURING FIELD TRIPS: *(e.g. how to plan for off-site excursion; how to assist and care for the child during a field trip)*

Additional Information Related to the Medical Condition (if applicable):

This plan has been created in consultation with the child's parent / guardian.

Parent/Guardian Signature:

Print name:	Relationship to child:
Signature:	Date: (dd/mm/yyyy)

The following individuals received training and will provide training to the other staff members

First and Last Name	Position/Role	Signature

Frequency at which this individualized plan will be reviewed with the child's parent/guardian as required or annually thereafter:

The following individuals have received training on the required medical support

First and Last Name	Position/Role	Signature	Date



Orde Day Care

18 Orde Street Toronto, ON M5T 1N7 416.598.3412 fax 416.598.3625
 132 St. Patrick Street Toronto, ON M5T 1V1 416.591.0040 fax 416.595.9916

Medication Administration Authorization Form

Child's Name:	Name of Medication:	Prescription number:	Expiration date:
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Please provide the following information about your child's medication

Start date:	Dosage:	Times to administer; a.m. _____ p.m. _____	Refrigeration Required? yes___ no___	Possible side effects
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Please indicate any reactions to the medication that would necessitate stopping the medication

I authorize the administration of the above-mentioned medication to the above mentioned child by the staff of Orde Daycare for the period indicated.

NOTE: Orde Daycare staff will not administer medication to your child unless this form is completed and signed

Signature of Parent/Guardian:	Date:
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Medication Administration Record

Date:	Time/Given (a.m./p.m.)	Amount given	Staff Signature:	Comments:

Date Medication was Returned:

Please mark on form any days the child was absent during the administration of this medication

Turn over to continue record if needed

Date:	Time/Given (a.m./p.m.)	Amount given	Staff Signature:	Comments:

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Date Medication was Returned: