

Plan of Operation for Incidental Medical Services

Kinderwood Child Development Inc

Facility 430710484 & 430710483

The following policies and procedures are related to the provision of Incidental Medical Services in Child Care Centers and have been updated by Community Care Licensing. Kinderwood Child Development Inc is choosing to provide Incidental Medical Services. All Services are identified in our 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.

Nebulizer/Inhaled Medication or Epi-Pens:

Kinderwood Child Development Inc is choosing to administer Nebulizer/Inhaled Medications and Epi- Pens upon request and approval. The administrative staff is to be notified that a student needs 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 inhale 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 Kinderwood Child Development Inc be able to administer any incidental medication. The parent or guardian will be notified of any emergency use pertaining to this incidental

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medication. The parent or guardian may receive a copy of their child's medication log upon request.

All intermittent health care shall be provided by office staff of Kinderwood Child Development Inc including but not limited to:

- Director
- Qualified Teachers

All staff including the above shall be instructed on Inhaled medications and Epi-Pens at scheduled First Aid & CPR recertification. Therefore, there shall always be trained staff on campus. Training of Nebulizers and Epi-Pens will also be performed by the parent of the child in need of this type of treatment.

All staff has been instructed in Universal precautions and shall be followed in the administration of all medicines, intermittent healthcare and first aid.

Plan for ensuring proper safety precautions are in place, such as, wearing gloves during any procedure that involves potential exposure to blood or body fluids, performing hand hygiene immediately after removal and proper disposal of gloves, and proper disposal of used instruments in approved containers.

Prescription Medications Policy

Kinderwood Child Development Inc chooses to handle medications and is required to obtain written approval and instructions from a child's parent/authorized representative prior to administering any physician-prescribed medication to a child. In addition to obtaining written approval and instructions from the child's parent/authorized representative to administer medication; prescription medication shall be administered in accordance with the label directions as prescribed by the child's physician.

Parents of children taking ongoing medication (daily) will have access to medicine log in office to follow the dispensing of medication.

Parents of children receiving emergency medication shall be notified by phone call at the time and given a written report at pickup.

Upon any evacuation, the Director will be responsible for taking medication from medicine closet and keeping it safe and away from children until evacuation is lifted and able to return to medicine closet.

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Upon completion of medication or expiration of prescription, the director will return medication to parent.

Please sign below indicating that you have read, understand and agree to the information in the preceding pages.

Blood Glucose Monitoring / Glucagon

Before any blood glucose monitoring can be done at Kinderwood Child Development Inc, the staff of the Kinderwood Child Development Inc and the parents will sit down together and discuss the child's needs and any behaviors or signs we should be aware of if the child should experience high or low blood sugars.

Parents are to supply any and all necessary equipment to monitor blood glucose levels. Written instructions from the child's doctor must include directions for testing, possible side effects, expected responses, actions to be taken if a reaction should occur and how medications and equipment should be stored as well as phone numbers for the child's doctor. Equipment for blood monitoring will be stored out of reach of the children and per the guidelines the child's doctor provides in his / her written instructions. Parents will provide a container for the disposal of used needles and lancets and will take them home weekly for proper disposal. A phone call to 911 will be given anytime Glucagon is administered.

- Form LIC 9222 – Blood Glucose Testing Consent / Verification form – will be filled out for each person authorized in the facility to perform the blood glucose monitoring.
- Form LIC 9221 – Parent Consent for Administration for Medications and Medication Chart will also be filled out for each diabetes medication needed for the child.
- A notebook will also be kept listing the date, time and blood sugar levels with a signature of the person conducting the test.

Student Name: _____ **DOB:** _____

Parent/ Authorized Representative's Signature

Date

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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 Kinderwood Child Development Inc is not legally obligated to administer medications to my child and that Kinderwood Child Development Inc employees administer medications to my child according to my physician's written instructions. I agree to hold Kinderwood Child Development Inc 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. Kinderwood Child Development Inc employees will not in any way assume to practice as a professional, registered, graduate or trained nurse.

Parent/ Authorized Representative's Signature

Date

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PHYSICIANS INSTRUCTIONS FOR EPI-PEN

TO BE COMPLETED BY PEDIATRICIAN:

**Physician may use their own form in lieu of Kinderwood Child Development Inc form, providing all required information is on physician's form.*

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: _____

Address: _____

Telephone: _____

Date this form completed: _____

Physician Signature

Date

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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 Kinderwood Child Development Inc is not legally obligated to administer medications to my child and that Kinderwood Child Development Inc employees administer medications to my child according to my physician's written instructions. I agree to hold Kinderwood Child Development Inc 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. Kinderwood Child Development Inc employees will not in any way assume to practice as a professional, registered, graduate or trained nurse.

Parent/ Authorized Representative's Signature

Date

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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:

**Physician may use their own form in lieu of Kinderwood Child Development Inc form, providing all required information is on physician's form.*

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: _____

Address: _____

Telephone: _____

Date this form completed: _____

Physician Signature

Date