

# MONTESSORI EDUCATION CENTER

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

February, 2016

All intermittent health care shall be provided by office staff of the Montessori Education Center including but not limited to:

- Executive Director
- Director
- Qualified Teachers

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

At this time, Montessori Education Center will not administer Glucose monitoring, Glucagon, G-tube feeding or ileostomy bags.

**All medicines and medical equipment** shall be kept in our medicine closet and inaccessible to children. The notebook with authorizations and medicine logs shall be kept there, as well as the log in and out form.

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.

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.

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

## **Administering Inhaled Medication**

- 1) The licensee or staff person has been provided with written authorization from the minor's parent or legal guardian to administer inhaled medication and authorization to contact the child's health care provider. The authorization shall include the telephone number and address of the minor's parent or legal guardian.
- 2) The licensee or staff person complies with specific written instructions from the child's physician to which all of the following shall apply:
  - a. The instructions shall contain all of the following information:
    1. Specific indications 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. Action 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.
  - b. The instructions shall be updated as often as needed or at time of new prescription.
- 3) The licensee or staff person that administers the inhaled medication to the child shall record each instance and provide a record to the minor's parent or legal guardian on a daily basis.

## **Nebulizers**

Parents must supply Nebulizer, tubing, mouthpieces and all required equipment for use in treatment. Parents will be responsible for updating or replacing any equipment needed.

The following applies to use of Nebulizers:

- 1) The Licensee or staff person has been provided with Nebulizer consent form (lic9166) written authorization from the minor's parent or legal guardian to administer inhaled medication and authorization to contact the child's health care provider. The authorization shall include the telephone number and address of the minor's parent or legal guardian.
- 2) The licensee or staff person complies with specific written instructions from the child's parent to which all of the following shall apply:
  - a. The instructions shall contain all of the following information:
    1. Specific indications or schedule for administering the medication pursuant to the physician's prescription.
    2. Duration of treatment.
    3. Potential side effects and expected response.

4. Dose-form and amount to be administered pursuant to the physician's prescription.
  5. Actions to be taken in the event of side effects or incomplete treatment response pursuant to the physician's prescription.
  6. Instructions for proper storage of the medication.
  7. The telephone number and address of the child's physician.
  8. Instructions on how to clean and store machine.
  9. The licensee or staff person will clean mouth pieces and cups after each use with mild warm soapy water unless parents instruct differently, in which parent will have to supply any special cleaning solutions.
- b. The instructions shall be updated as often as needed or at time of new prescription.
- 3) The licensee or staff person that administers the inhaled medication to the child shall record each instance and provide a record to the minor's parent or legal guardian on a daily basis.

### **EpiPen Jr. and EpiPen**

The following applies to the use of the EpiPen Jr. or the EpiPen

1. Use in accordance with the direction and as prescribed by a physician.
2. Keep ready for use at all times  
EpiPens are kept in Medicine Closet in a first aid kit that is out of reach of children, but accessible to adult staff.
3. Protect from exposure to light and extreme heat.
4. Note the expiration date on the unit and replace the unit prior to that date.
5. Replace any auto-injector if the solution is discolored or contains a precipitate.  
(Both the EpiPen Jr. and EpiPen have a see-through window to allow periodic examination of its contents. The physician may recommend emergency use of an auto-injector with discolored contents rather than postponing treatment.)
6. Call 911 and the child's parent/authorized representative immediately after administering the EpiPen Jr. or the EpiPen.
7. Call CCL to communicate the incident.
8. File a Lic 624 to report incident and keep in child's file.

### **Carrying out the Medical Orders of a Child's Physician/Medication**

1. Parent/Authorized Representative Written Permission
  - The licensee obtains express written consent from the child's parent/authorized representative to permit the licensee or designated facility staff to carry out the physician's medical orders for a specified child.

## 2. Physician's Medical Orders

- The licensee has obtained from the child's parent/authorized representative a copy of written medical orders prescribed by the child's physician. The medical orders will include:
  1. A description of the incidental medical service needed, including identification of any equipment and supplies needed.
  2. A statement by the child's licensed physician that the medical orders can be safely performed by a layperson.
  3. Description from the child's licensed physician of the training required of the facility licensee or staff to carry out the physician's medical orders for a specified child and whether the training can only be provided by a licensed medical professional.
  4. 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.

## 3. Compliance

The licensee will be responsible to ensure the following:

- The facility has obtained from the parent/authorized representative of the child the medication, equipment and supplies necessary to carry out the medical orders of the child's physician.
- The person(s) designated to carry out the medical orders prescribed by the child's licensed physician will not in any way assume to practice as a professional, registered, graduate or trained nurse.
- At least one of the persons 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.
- The persons designated to carry out the physician's medical orders have completed the training indicated by the child's physician.
- The person designated to carry out the physician's medical orders shall comply with proper safety precautions, such as, wearing gloves during any procedure that involves potential exposure to blood or body fluids, performing hand hygiene immediately after removal and disposal of gloves, and disposal of used instruments in approved containers.

## 4. Facility Record Keeping and Notification

- Maintain a written record of when the medical orders have been performed, including if medications have been administered and inform the parent/authorized representative of each occurrence when the medical orders have been carried out.

- The Centrally Stored Medication and Destruction Records form (LIC622) is available for maintaining records.
- Maintain, in the child's file, a copy of the parent/authorized representative written authorization.
- Maintain, in the child's file, a copy of written medical orders of the physician.

### **Prescription Medications Policy**

In centers where the licensee choose to handle medications, the licensee 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.

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

Student Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_