

# **Medication Administration Policy**

The Gathering Academic Preschool has made the following decision regarding the administration of medication:

**I (or my staff) WILL administer prescription and non-prescription medications.**

The Gathering Academic Preschool will administer prescription and non-prescription medication by all routes covered in the MAT course (oral, topical, eye, ear, patches, and inhaled, medications and epinephrine via an auto-injector device).

The program will administer medication in accordance with VDSS child day program regulations pertaining to the administration of medication in a child day program. Only a provider who has completed the appropriate training or has appropriate licensure will be permitted to administer medication in the program, with the exception of over-the-counter topical ointments/lotions, sunscreen and topically applied insect repellent.

## **Authorized Staff to Administer Medication**

It is understood that any individual authorized as a medication administrator is approved to administer medication using the following routes: topical, oral, inhaled, eye, and ear, medication patches and epinephrine using an auto-injector device.

It is understood that if a child in our program requires medication rectally, vaginally, by injection or by another route not listed above our staff will not be able to administer it.

I understand that to be approved to administer medication, other than over-the-counter topical ointments/lotion, sunscreen and topically applied insect repellent, individuals must have valid:

- Medication Administration Training (MAT) certificate
- CPR certificate which covers all ages of the children my program is approved to care for as listed on my registration/license
- First aid certificate which covers all ages of children my program is approved to care for as listed on my registration/license

It is understood that the individuals who are certified as medication administrators may only administer medication when the medication labels, inserts, instructions and all related materials are written in the language indicated on the MAT certificate.

## **Handling Storage and Disposal of Medication**

All medication must be properly labeled with the child's first and last name and be accompanied by the necessary parent permission and, when applicable, health care provider instructions in accordance with VDSS regulations before it will be accepted from the parent or parent representative.

All medication MUST be kept in its original labeled container.

All leftover or expired medication will be given back to the child's parent for disposal. Medication not picked up by the parent within one week will be flushed down the toilet or disposed of in a garbage container that is not accessible to children.

**Medication Errors**

If a medication error occurs in my program, I will notify the child’s parent immediately. I will maintain confidentiality of all children involved.

When any medication error occurs, I will do the following: • I will encourage the child’s parent to contact the child’s health care provider when the error occurs. • I will complete the VDSS form Medication Error Report Form to report all medication errors that occur in my program. If more than one child is involved in the error, I will complete a Medication Error Report Form for each child involved.

**Confidentiality Statement**

Information about any child in my program is confidential and will not be given to anyone except VDSS designees or other person authorized by law unless the child’s parent gives written permission.

Information about any child in my program will be given to the local department of social services if the child receives a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

**ADA Statement for Programs**

My program will comply with the provisions of the Americans with Disabilities Act. If any child enrolled in my program now or in the future is identified as having a disability covered under the Americans with Disabilities Act, I will assess the ability of the program to meet the needs of the child. If my program can meet the needs of the child without making a fundamental alternation to the program, I will not exclude the child from my program.

**Provider Statement**

The Gathering Academic Preschool understands that it is our responsibility to follow my Medication Administration policies and all health and infection control regulations applicable to child day programs.

We will verify and document the credentials for all new staff certified to administer medication before the staff is allowed to administer medication to any child in the child day program.

The Medication Administration Policy will be made available to parents at enrollment, whenever changes are made and upon request.

**Parent Statement**

I have read and understand all of the information listed above. I have also reviewed the medication procedures in the Parent Handbook. I understand the policies and procedures and agree to follow them if my child should need medication while enrolled at The Gathering Academic Preschool.

**CHILD’S NAME:**

---

**PARENT SIGNATURE:**

**DATE:**

---

