

Dear CPCC Parents:

Due to changes in state requirements for the administration of medication by non-medical personnel, we have adopted the following policies and procedures. We appreciate your prompt attention and compliance with the policies of CPCC.

Please note the following 3 categories of medication and the various requirements for each type of medication or medical service to be administered by the non-medical staff of CPCC.

1. **OVER THE COUNTER MEDICATIONS** – including but not limited to homeopathic remedies, pain relievers, antihistamines, cough drops, etc.

* At no time will any medication be dispensed without the original packaging, a labeled liquid measurement dispenser if needed, AND the required consent form (LIC9221).

* Medication will only be administered according to the instructions on the product's label.

* Pain relief medications left on file for the year will require parental consent via personal contact each time they will be administered.

* Product expiration dates will be strictly adhered to.

* Any medication not picked up within 7 days of the administration termination date will be properly disposed of by CPCC.

* Only adults will be allowed to drop off or pick up medication.

2. **PRESCRIPTION MEDICATION** – including but not limited to antibiotics, inhalers, or other daily prescriptions, etc. which contain specific dosing instructions per the physician's orders on the label.

* At no time will any medication be dispensed without the original packaging, a labeled liquid measurement dispenser if needed, AND the required consent form (LIC9221).

* Medication will only be administered according to the physician's orders indicated on the original pharmacy label.

* Any physician order which indicates administration of medication "as needed" will require an Incidental Medical Service Plan.

* Product expiration dates will be strictly adhered to.

* Any medication not picked up within 7 days of the administration termination date will be properly disposed of by CPCC.

* Only adults will be allowed to drop off or pick up medication.

3. **INCIDENTAL MEDICAL SERVICES AND MEDICATIONS** – nebulizers, Epi Pens, inhalers labeled use as needed, etc.

* At no time will any medication be dispensed without the original packaging, a labeled liquid measurement dispenser or other medical supplies if needed, AND the required consent forms (LIC9221, LIC9166 for nebulizers).

* Medication will only be administered according to the physician's orders.

* Product expiration dates will be strictly adhered to.

* Any medication not picked up within 7 days of the administration termination date will be properly disposed of by CPCC.

* Only adults will be allowed to drop off or pick up medication.

* An Anaphylaxis Emergency Action Plan must be filled out by the child's doctor and parent for Epi Pens and Epi Pen Jr.

CrossPoint Children's Center

Incidental Medical Services Plan

In accordance with Health and Safety regulations CCC sections 101126, 101173, and FCHH section 102417 CrossPoint Children's Center agrees to provide Incidental Medical Services (IMS) to its students for the following conditions.

- Administering inhaled medications
- EpiPen Jr. and EpiPen
- Prescribed and over the counter medications
- Application of sunscreen (afternoon only). Parents should apply before dropping their child off in the morning.

All medications (i.e. prescription medications, over the counter medications, lotions/ointments, chap stick, cough drops, etc.) will be stored in a locked cupboard either in the preschool student's classroom or in the school office. Parents will complete an IMS instruction form prior to the first service given. All medications must be administered in accordance with the pharmacy or manufactures label. Staff administering approved IMS will be trained either by the student's parent or professional medical personnel prior to administering any IMS. Safety precautions will be taken (i.e. using gloves, a sharps container, etc.). All necessary disposal equipment will be provided by the student's parent. An IMS log will be used to record any services given to a student and will include the date, time, and administering staff's signature.

All medication for children with an IMS Plan will be transported for field trips or any school evacuation to ensure the safety of the child. A field trip form must be signed by the parent prior to the field trip.

All prescription medication must be in the original containers from the pharmacy. All over the counter medication's must be in the original manufactures container. Homeopathic ointments must be in a sealed container and a list of ingredients must be kept with the ointment.

I have read and understand the IMS policy for CrossPoint Children's Center. By signing below I agree to follow stated policy.

Date: _____ Child's Name: _____

Phone #: _____ Parent's Name: _____

Phone #: _____ Parent's Signature: _____

**NEBULIZER CARE CONSENT/VERIFICATION
CHILD CARE FACILITIES**

This form may be used to show compliance with Health and Safety Code Section 1596.798 before a child care licensee or staff person administers inhaled medication to a child in care. A copy of the completed form should be filed in the child's record and in the personnel file. ***A separate form must be filled out for each person who administers inhaled medication to the child.***

I, _____, give my consent for _____
(PRINT NAME OF AUTHORIZED REPRESENTATIVE) (PRINT NAME OF LICENSEE OR STAFF PERSON)

who work(s) at 6950 Edison ave. Chino, CA 91710
(PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)

to administer inhaled medication to my child, _____, and to contact my child's health care
provider. (PRINT NAME OF CHILD)

In addition, I certify that I have personally instructed the above-named licensee or staff person on how to administer inhaled medication to my child.

I have also provided the child care facility with written instructions from my child's physician, or from a health care provider working under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner or registered nurse). These instructions include:

- Specific indications (such as symptoms) for administering the inhaled medication in accordance with the physician's prescription.
- Potential side effects and expected response.
- Dose form and amount to be administered in accordance with the physician's prescription.
- Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician's prescription. This includes actions to be taken in an emergency.
- Instructions for proper storage of the medication.
- The telephone number and address of the child's physician.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

ADDRESS OF AUTHORIZED REPRESENTATIVE

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

CrossPoint Children's Center
Anaphylaxis Emergency Action Plan

Patient Name: _____ Age: _____

Allergies: _____

Asthma: _____ Yes (*high risk for severe reaction*) _____ No

Additional health problems besides anaphylaxis: _____

Concurrent medications: _____

Symptoms of Anaphylaxis

MOUTH:	Itching, swelling of lips and/or tongue
THROAT:*	Itching, tightness/closure, hoarseness
SKIN:	Itching, hives, redness, swelling
GUT:	Vomiting, diarrhea, cramps
LUNG:*	Shortness of breath, cough, wheeze
HEART:*	Weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of symptoms can change quickly.

Some symptoms can be life-threatening. **ACT FAST!*

Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):

- | | |
|--|---|
| <input type="checkbox"/> Adrenaclick (0.15 mg) | <input type="checkbox"/> Adrenaclick (0.3 mg) |
| <input type="checkbox"/> Auvi-Q (0.15 mg) | <input type="checkbox"/> Auvi-Q (0.3 mg) |
| <input type="checkbox"/> EpiPen Jr (0.15 mg) | <input type="checkbox"/> EpiPen (0.3 mg) |
- Epinephrine Injection, USP Auto-injector-authorized generic:
- | | |
|--|---|
| <input type="checkbox"/> (0.15 mg) | <input type="checkbox"/> (0.3 mg) |
| <input type="checkbox"/> Other (0.15 mg) | <input type="checkbox"/> Other (0.3 mg) |

Specify others: _____

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: Home: _____ Work: _____ Cell: _____

Emergency contact #2: Home: _____ Work: _____ Cell: _____

Emergency contact #3: Home: _____ Work: _____ Cell: _____

Comments: _____

Doctor's Signature/Date/Phone Number

Parent's Signature (for individuals under age 18 yrs)/Date