



**Umbrella Family and  
Child Centres of Hamilton**

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**4.5 ADMINISTRATION OF MEDICATION POLICY**

<b>MANUAL</b>	<b>Child Care Centre Program Policy Manual</b>
<b>SECTION</b>	<b>4- Health and Well-Being</b>
<b>POLICY</b>	<b>4.5 Administration of Medication Policy</b>
<b>LAST REVISED</b>	<b>June 19, 2024</b>

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**RATIONALE**

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The health and well-being of children in our care is of importance to all UFCC staff members. When a child requires medication, our procedures establish safe processes for its administration, storage and record keeping. These procedures are based on the Child Care and Early Years Act and Regulations.

Where the term drugs and/or medications is used in this policy, the term refers to any product with a drug identification number (DIN). For the purpose of this policy, drugs and medications fall into the following two categories:

- Prescription, intended for acute, symptomatic treatment; and
- Over-the-counter, intended for acute, symptomatic treatment

**RESPONSIBILITY**

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All staff.

**POLICY**

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In the event of conditions requiring medication on site, staff, under particular circumstances can administer medication to children. Medications will not be administered in the event of any illness for which the child would require exclusion from the child care centre (e.g. Tylenol for a fever without risk of febrile seizures). The following items are not considered drugs or medication for the purposes of this policy, except where the item is a drug, as defined in the *Drug and Pharmacies Regulation Act*, prescribed for a child by a health professional:

- Sunscreen
- Moisturizing skin lotion
- Lip balm
- Insect repellent
- Hand sanitizer
- Diaper cream

These over-the-counter products may only be administered in accordance with the following rules:

All policies and procedures are reviewed regularly to reflect Umbrella's most current practice.



- Must have written authorization by a parent.
  - This can be in the form of a “blanket authorization” on the enrolment form. It does not require a “Consent to Administer and Record of Drug/Medication Form”, described in this policy.
  - If a parent does not provide written authorization for the use of these items at the child care centre, licensees must communicate this to their staff (e.g., information will be included on the centre’s allergy list where applicable or a separate list of names of the children where written authorization was not given by the parent will be provided).
- Must be stored in accordance with the instructions for storage on the label and the container or package must be clearly labelled with the child’s name and the name of the item.
- A container or package does not need to be labelled with a child’s name where items are shared (if appropriate), such as hand sanitizer located at entrances and exits.
- Must be administered to a child only from the original container or package and in accordance with any instructions on the label and any instructions provided by the parent of the child.

## PROCEDURE

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1. Designated UFCC staff will administer medications, if necessary. It is preferred that medication is administered at home.
2. Medication must be given directly to a staff member to ensure that it is properly stored and inaccessible to children.
3. Non-prescription medications (e.g., Tylenol, cough syrup, Benadryl) may be administered by staff if the following conditions are met:
  - a. The parent provides the drug or medication in the original container and fills out a UFCC provided label which includes child’s name, name of drug or medication, dosage, date of purchase, expiration date (if applicable) and instructions for storage and administration. (See “Printable Label for Administering Medication”)
  - b. The medication is not used to improve symptoms of an illness in which a child would typically be excluded from program (except for in the event of risk of febrile seizure).
  - c. The over-the-counter medication is accompanied by a doctor’s note
  - d. An administration of medication form is filled out.
4. The Supervisor will designate one staff member per group of children to administer medication. This person will be identified in the classroom as the designated person to give medications. If this person is not available to administer the medications, there will be a secondary person designated for that group of children.
5. The staff member will only administer prescription drugs to children in accordance with provincial legislation. This requires that parents provide:
  - a. Written instructions on “Consent to Administer and Record of Drug/Medication Form” including the name of the medication, the dosage, and times that the medication is to be given.
  - b. Medication in the original container, clearly labeled with the child’s name, date, name of medication, instructions for storage and administration of the drug.



6. In case of an administration error, this should be recorded, and the Supervisor and the parent notified. If a child has an adverse reaction to accidental administration, 911 will be called.
7. All medication, except epi-pens and rescue inhalers, are to be stored in a locked container, as stated in the Child Care and Early Years (CCEYA) Regulations 137/15 S. 40 (1) (b).
8. As per Section 40 (1) (b) CCEYA Regulations, the operator may permit a child to carry their own asthma medication or emergency allergy medication in accordance with the written procedures agreed upon for individual children (e.g., carrying an epi-pen or asthma medication in a waist pouch).
9. If a child self-administers allergy medication, the standard medication record will be completed by a centre staff member.
10. Before administering a medication, the staff member will read the label of the medication container to verify the identifying information and the expiry date.
11. The staff member will record the administration of the medication on the “Consent to Administer and Record of Drug/Medication Form” and sign their full name.
12. When administering a drug/medication that is “as needed”, it will be recorded in the daily journal.
13. Leftover or surplus medications should be returned to the parent in the original container or safely discarded with parental permission. Do not flush any drugs or medications down the toilet or sink or throw them in the garbage.
14. Any drug/medications brought in for a child attending, P.A. day or camp care (March break, summer or winter break) will be returned to the parents/guardians on the last day of the break.

Note: sunscreen, diaper creams, lip balms and hand sanitizers intended for long term use may be authorized on the “Topical Creams/Lotions” form.

**Scenario A: A parent requests that a drug or medication (prescription or over-the-counter) be administered to their child and provides the drug or medication.**

Staff must:

1. Provide the parent with the appropriate form to complete to obtain written authorization to administer the medication from (see “Consent to Administer and Record of Drug/Medication Form”) as applicable;
2. Verify that drug or medication:
  - a. is accompanied by a doctor’s note (for over-the-counter medications);
  - b. is in its original container as prescribed by the pharmacist or in the case of over-the counter medications, is in its original package; and
  - c. is not expired.
3. Obtain the appropriate dispenser (e.g. teaspoon, syringe, aero chamber), where applicable;
4. Review the medication administration form and (and doctor’s note, where applicable), and the label to verify that all sections are complete and accurate, and that the information in the authorization matches the medication label.



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- a. Where errors are found on the form or the label is incomplete, the form/medication must be returned to the parent to make and initial corrections;
5. Label the medication container (if there is no prescription label), with the child's name, without covering other pertinent information (such as dose and expiration date).
6. Sign the form once it is complete and accurate;
7. Take the drug or medication and dispenser and store it in the designated locked storage space in accordance with the instructions for storage on the label; and
8. Log the receipt of the authorization form and the drug or medication for the child in the daily journal.

**Scenario B: A child is authorized to carry their own emergency allergy medication.**

Staff must:

1. Ensure that written parental authorization is obtained to allow the child to carry their own emergency medication;
2. Ensure upon entry to the program, the child has their emergency allergy medication, and that it matches the information on the Individual Plan and the authorization form (e.g., the expiry dates match).
3. Ensure that the medication remains on the child (e.g., fanny pack, holster) and is not kept or left unattended anywhere at the child care centre (e.g., in the child's cubby or backpack);
4. When the child is not in program, their medication goes with them, or it is inaccessible to other children.
5. Ensure that appropriate supervision is maintained of the child while they are carrying their medication and children in their proximity so that other children do not have access to the medication; and
6. Where there are safety concerns relating to the child carrying their own medication (e.g., exposure to other children), notify the centre supervisor/designate and the child's parent of these concerns and discuss and implement mitigating strategies. Document the concerns and resulting actions in the appropriate staff communication book (e.g., daily written record).

**Scenario C: A prescription or over-the-counter drug or medication must be administered to a child.**

Where a non-emergency medication must be administered, the person in charge must:

1. Prepare the medication dosage in a well-lit area in the appropriate measuring device/dispenser, where applicable (e.g., do not use a household spoon for liquid medications);
2. Where possible, remove the child from the activity area to a quiet area with the least possible interruption;
3. Administer the medication to the child in accordance with the instructions on the label and the written parental authorization;



4. Document the administration of the drug or medication and any comments/observations on the medication administration record after it has been administered;
5. Store the medication in the designated storage space in accordance with the instructions on the label and the parental authorization received on the medication administration form; and
6. Where applicable, document any symptoms of ill health in the child's health check.
7. Where a medication is administered on an "as needed" basis, notify a parent of the child's symptoms and that the medication was administered.
8. When administering a drug/medication that is "as needed", it will be recorded in the daily journal and the child's individual health check.
9. Where a child is absent, document the absence on the "Consent to Administer and Record of Drug/Medication Form."

Where an emergency allergy medication must be administered due to a severe allergic reaction, the staff who becomes aware of the emergency situation must immediately:

1. Administer the emergency medication to the child in accordance with the emergency procedures on the child's individualized plan;
2. Administer first aid to the child, where appropriate;
3. Contact or have another person contact emergency services, where appropriate; and
4. Contact or have the supervisor/designate contact a parent of the child.

After the emergency situation has ended:

1. Document the administration of the drug or medication on the "Consent to Administer and Record of Drug/Medication Form").
2. Document the incident in the Daily Journal.
3. Document any symptoms of ill health in the child's records, where applicable.
4. Supervisor will collect all information and will follow the Policy and Procedures for reporting a Serious Occurrence to the Ministry of Education.

Where a child is authorized to self-administer their own drug or medication, the person in charge must:

1. Supervise and observe the child self-administer the drug or medication to ensure that the proper dosage and procedure for administration is being followed;
2. Where the child asks for help, assist the child in accordance with the parent's written authorization;
3. Document the administration of the drug or medication and any comments/observations on the medication administration record after it has been administered;
4. Store the medication in the designated storage space in accordance with the instructions on the label and the parental authorization received on the medication administration form, unless the child is authorized to carry their own emergency allergy medication (in such cases, follow the steps outlined in Scenario B [a child is authorized to carry their own emergency allergy medication]);
5. Where applicable, document any symptoms of ill health in the child's records; and



6. Where there are safety concerns relating to the child's self-administration of drugs or medications, notify the centre supervisor/designate and the child's parent of these concerns, and discuss and implement mitigating strategies. Document the concerns and resulting actions in the appropriate staff communication book (e.g., daily written record).

**Scenario D: A child has a reaction to an administered drug or medication.**

Where adverse symptoms appear upon medication administration, the person in charge must immediately:

1. Administer first aid to the child, where appropriate;
2. Contact emergency services, where appropriate and send the drug/medication and administration information with the child if they are leaving the premises to seek medical attention;
3. Notify a parent of the child;
4. Notify the supervisor/designate;
5. Document the incident in the Daily Journal;
6. Document any symptoms of ill health in the child's records, where applicable.

**Where the reaction results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.**

**Scenario E: A drug or medication is administered incorrectly (e.g., at the wrong time, wrong dosage given).**

The person in charge must immediately:

1. Where applicable, follow the steps outlined in Scenario D (a child has a reaction to administered medication); and
2. Contact the parent of the child to report the error;
3. Report the error to the supervisor/designate;
4. Document the actual administration of the drug or medication on the medication administration record; and
5. Document the incident in the appropriate staff communication book (e.g., daily written record).

**Where any reaction to a drug or medication results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.**

**Scenario F: A drug or medication is administered to the wrong child.**

The person in charge must immediately:



1. Where applicable, follow the steps outlined in Scenario D (a child has a reaction to administered medication); and
2. Contact the parents of the children affected to report the error;
3. Report the error to the supervisor/designate;
4. Document the incident in the appropriate staff communication book (e.g., daily written record); and
5. Administer the medication to the correct child per Scenario C (a drug or medication must be administered to a child).

**Where any reaction to a drug or medication results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.**

**Policy Attachments:** Consent to Administer and Record of Drug/Medication Form