



# Incidental Medication Policy

## Nebulizer & Inhaled Medication

Coastline Christian Preschool is choosing to administer Nebulizer/Inhaled Medications upon request and approval. The administrative staff is to be notified that a student is in need of an incidental medication and the following steps are to be taken prior to medication being approved and administered:

- 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 inhaled medication

Once these items have been turned into the administrative office and approved, only then will Coastline Christian Preschool be able to administer any incidental medication. The parent or guardian will be notified of any emergency use pertaining to this incidental medication. The parent or guardian may receive a copy of their child's medication log upon request.

## Epi-Pens

Coastline Christian Preschool is choosing to administer Epi-Pens to the intended child upon request and approval. The administrative staff is to be notified that a student is in need of an incidental medication and the following steps are to be taken prior to medication being approved and administered:

- 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 Coastline Christian Preschool be able to administer any incidental medication. The parent or guardian will be notified of any emergency use pertaining to this incidental medication. The parent or guardian may receive a copy of their child's medication log upon request.



Coastline Christian Preschool  
 Facility #: 300607148  
 Administrators: Olivia Woerz

# Incidental Medication – Plan of Operation Change

## Nebulizer/Inhaled Medication

Coastline Christian Preschool will only assign staff members that are qualified to administer incidental medication. Staff to administer inhalers and nebulizers as well as dates of CPR/First aid training which include inhaled medication training, are as follows: (copy of cards provided)

### Staff To Administer IMS

### CPR/First Aid Training Dates

(Includes Nebulizer/Inhaled Medication Training)

Olivia Woerz	_____
Joleen Williams	_____
Laura Wise	_____
Cathy Hammerton	_____
Jacquie Fleming-Smith	_____
Peggy Young	_____
Laura Garcia	_____
Erica Hanson	_____
Lindsay Benjamin	_____
Melinda Knight	_____
Betty Espinoza	_____

## Medication Precautions & Communication

- Nebulizers/Inhaled Medications will be delivered each day by the parent/guardian and stored in our front office in a medical supply container.
- LIC 9166 form will be completed by the parent/guardian, written instruction from the child’s doctor, and written consent from the child’s parent/guardian prior to medication being approved or administered.
- Each time the medication is used it will be logged on a Medication Treatment Log for Nebulizer/Inhaled medications, which will include: times, dates, reactions (if any) & staff who administered medications. A parent will receive a copy of this form each day medication is administered. Should there be any emergencies, 911 will be called and the parent/guardian will be notified immediately, including CCL.
- Any medication that requires to be thrown out will be discarded in a biohazard medical waste container and removed daily. There will be a Universal Precaution Sign listed above the container to maintain health and safety.
- The employees trained to administer medication will wear gloves at the time of any procedure as well as follow the Universal Precaution Instructions and discard of any



supplies used in the biohazard medical waste container adequately.

## **Incidental Medication 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 Coastline Christian Preschool is not legally obligated to administer medications to my child and that Coastline Christian Preschool employees administer medications to my child according to my physician's written instructions. I agree to hold Coastline Christian Preschool 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. Coastline Christian Preschool employees will not in any way assume to practice as a professional, registered, graduate or trained nurse.

\_\_\_\_\_  
Parent/ Authorized Representative's Signature

\_\_\_\_\_  
Date



## Nebulizer/Inhaled Medication Treatment Log

Child's Name: \_\_\_\_\_

Medication Administered: \_\_\_\_\_

The following time(s) and was administered by the following employee(s):

\_\_\_\_\_  
Time/Date: \_\_\_\_\_ Employee Signature

\_\_\_\_\_  
Time/Date: \_\_\_\_\_ Employee Signature

\_\_\_\_\_  
Time/Date: \_\_\_\_\_ Employee Signature

\_\_\_\_\_  
Time/Date: \_\_\_\_\_ Employee Signature

\_\_\_\_\_  
Time/Date: \_\_\_\_\_ Employee Signature

Additional Information Regarding Reactions (if any):

\_\_\_\_\_  
\_\_\_\_\_



Coastline Christian Preschool  
 Facility #: 300607148  
 Administrators: Olivia Woerz

# Incidental Medication – Plan of Operation Change

## Epi – Pen

Coastline Christian Preschool will only assign staff members that are qualified to administer incidental medication. Staff to administer Epi-pens as well as dates of CPR/First aid training which include Epi-Pen training, are as follows: (copy of cards provided)

### Staff To Administer IMS

Olivia Woerz  
 Joleen William  
 Laura Wise  
 Cathy Hammerton  
 Jacquie Fleming-Smith  
 Peggy Young  
 Laura Garcia  
 Erica Hanson  
 Lindsay Benjamin  
 Melinda Knight  
 Betty Espinoza

### CPR/First Aid Training Dates

(Includes Nebulizer/Inhaled Medication Training)

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_____
_____
_____

## Medication Precautions & Communication

- Epi-Pens will be stored in our front office in a medical supply container
- LIC 9221 form will be completed, written instruction from the child’s doctor, and written consent from the child’s parent/guardian prior to medication being approved or administered.
- Written verification of staff training will be provided
- Each time the medication is used it will be logged on a Medication Treatment Log for Epi-Pens, which will include: times, dates, reactions (if any) & staff who administered medications. A parent will receive a copy of this form each day medication is administered. Should there be any emergencies, 911 will be called and the parent/guardian will be notified immediately. CCL will be called immediately and LIC 624 will be submitted in case of such an event.
- Once the medication is required to be thrown out, it will be discarded in a biohazard medical waste container and removed daily. There will be a Universal Precaution Sign listed above the container to maintain health and safety.
- The employees trained to administer medication will wear gloves at the time of any procedure as well as follow the Universal Precaution Instructions and discard of any supplies used in the biohazard medical waste container adequately.



## Incidental Medication Epi-Pen Parental Consent Form

Name of Child: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Medication Dosage: \_\_\_\_\_

Time(s) to Administer Medication: \_\_\_\_\_

Additional Information: \_\_\_\_\_

I understand that Coastline Christian Preschool is not legally obligated to administer medications to my child and that Coastline Christian Preschool employees administer medications to my child according to my physician's written instructions. I agree to Coastline Christian Preschool 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 9221, provided written consent and written instructions from my child's physician. Coastline Christian Preschool employees will not in any way assume to practice as a professional, registered, graduate or trained nurse.

\_\_\_\_\_  
Parent/ Authorized Representative's Signature

\_\_\_\_\_  
Date



## Epi-Pen Medication Treatment Log

Child's Name: \_\_\_\_\_

Medication Administered: \_\_\_\_\_

Medication Dosage: \_\_\_\_\_

The following time(s) and was administered by the following employee(s):

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Time/Date:	Dosage	Employee Signature
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Time/Date:	Dosage	Employee Signature
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Time/Date:	Dosage	Employee Signature
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Time/Date:	Dosage	Employee Signature
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Additional Information Regarding Reactions (if any):

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