



ADMINISTRATIVE POLICY

“Assisting with the administration of *medically necessary* prescribed medications to participants in *custodial care* programs.”

SCOPE: This policy addresses the assistance in administering medication that may be needed so that minor participants in custodial care programs can be safely included. The medication must be prescribed by a physician for a condition that could otherwise prevent the minor's participation in the program.

This policy requires the completion of the **PARENTAL CONSENT & DIRECTIONS TO STAFF FOR THE SELF-ADMINISTRATION OF MEDICINES** or its equivalent for each participant in the program. Retention of this form shall be the same as for other forms of its nature.

Not Addressed in This Policy: General emergency first aid treatment, which is already a covered exposure under the MPA Memorandum of Coverage.

DEFINITIONS:

Assistance in administering medication: This policy applies to general actions of city/town staff that allow minor participants to *self-administer* prescribed medications.

Medically necessary: This policy applies to prescribed medications that a physician or licensed healthcare provider recommends in writing that a participant has available and/or take during their actual participation in the custodial care program.

Custodial care programs: This policy applies **only** to those programs operated by a Member where the participants are registered by parents or guardians and the participants care is accepted as being under those charged with managing the program. Examples are: preschool, before and after school programs, day care, summer camps, extended care and overnight trips managed by Member operated programs.

Employee Training: All employees who staff custodial care programs must be trained and certified in 1st Aid, CPR and Automated External Defibrillators (where applicable). Additionally, specific training in the dosage and purpose of the medication (i.e. to address allergies / use of epipens etc.) shall be provided to all affected employees. This information shall be listed on the **PARENTAL CONSENT & DIRECTIONS TO STAFF FOR THE SELF-ADMINISTRATION OF MEDICINES** form or its equivalent.

POLICY

The City of Pinole is committed to complying with all applicable laws and regulations pertaining to those with special needs. With respect to minors who desire to participate in our custodial care programs, but otherwise may not be able to because of a need for medically necessary medications during program hours, it shall be the Policy of the City of Pinole to allow staff to assist those participants who need to self-administer their medications.



However, prior to a covered participant being accepted into and/or participate in a custodial program, all of the following criteria must be met:

- The **PARENTAL CONSENT & DIRECTIONS TO STAFF FOR THE SELF-ADMINISTRATION OF MEDICINES** form (appendix) or its equivalent shall be completed and signed by the parent/guardian.
- All medication must be in their original containers, identifying the prescribing physician, name of medication and recommended dose, in English.
- Participants are responsible for arriving at the program with all necessary medications, supplies, pumps, back-up medications and any other equipment necessary for the participant to safely self-administer their medications.
- Medications and related supplies that must be stored on behalf of the participant shall be done so in a secured, controlled & accessible manner, by staff.
- Medical monitoring of blood sugar levels must be done by parents or guardians prior to attending the program each day, to ensure that they are within their target range.
- Staff will not be responsible for identifying symptoms of hyperglycemia or hypoglycemia, but can assist the participant in checking blood sugar levels with proper training provided by parents or guardians.
- Parents / guardians are responsible for providing all necessary information regarding dietary restrictions, food allergies or special diet considerations to staff.
- Participants and parents / guardians shall be advised and reminded that it is the participant's responsibility to administer the medication and that staff will only assist as needed. Staff will not give scheduled injections.
- It is the responsibility of the parent / guardian to pick up any medication that remains at the conclusion of the program. Any medication not picked up will be disposed of in a safe manner.
- A copy of this policy shall be made available to parents and guardians of affected participants.

APPENDIX

PARENTAL CONSENT & DIRECTIONS TO STAFF FOR THE SELF-ADMINISTRATION OF MEDICINES.

Belinda B. Espinosa

Approved by Belinda B. Espinosa
 City Manager

3-10-10

Date

CITY OF PINOLE

PARENTAL CONSENT & DIRECTIONS TO STAFF FOR THE SELF-ADMINISTRATION OF MEDICINES.

Child's Name _____ DATE OF BIRTH _____ PROGRAM / CLASS _____

Medical Condition: _____

Asthmatic: Yes No

Allergies [NOTE SEVERITY, FOOD RESTRICTIONS ETC]

Allergic Reactions, Signs or Symptoms to Look For: _____

Medications: Kept at Site Brought Daily in Child's Back Pack

Name of Medication: _____ Form: (liquid, pill etc) _____

All medications, prescription and over the counter, must be provided to the Pinole Recreation Department Site Location (Youth Center, Tiny Tots or School of Performing Arts) in their original packaging, with your child's full name written on the container. Remember to provide medication cups, spoons or other instruments for the medication's administration. The medication dosage must be completed below in the INSTRUCTION section. **If the additional instructions are required, please attach another sheet.**

INSTRUCTIONS: Parents/Guardians - *Please write specific step-by-step instructions for staff to follow in the event your child has an allergic reaction or displays symptoms of a medical condition. You must confirm these steps with your child's physician or health care provider. By providing these instructions, you are consenting to staff's ASSISTANCE with medical treatment of your child.*

For example: 1. Administer Epi-Pen 2. Administer 2 teaspoons of liquid Benadryl
3. Call 911 4. Call Parents at _____

1. _____

2. _____

3. _____

4. _____

AUTHORIZATION, WAIVER AND RELEASE

I authorize any City of Pinole employee to perform emergency procedures, including assisting with the administration of epi-pens, injections or self-administered medications (whether over the counter or prescription) or any other steps that I have described above to treat any illness, medical condition, allergic reaction, or injury that my child may experience.

CITY OF PINOLE

AUTHORIZATION, WAIVER AND RELEASE - continued

I recognize and acknowledge that there are certain risks of injury in connection with administration of medication to any minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I hereby authorize City of Pinole employees or staff to assist in the administration of medication on my behalf or allow my child to self-administer (if permitted by my child's physician) the lawfully prescribed Epi-Pen or other medication in the event of an allergic reaction by my child.

I acknowledge the assistance in administration of the Epi-Pen or other medication to my child by an individual who is not a nurse or medical professional may be necessary, and I specifically consent to such practice. I hereby waive any claim for myself, my heirs, executors, assigns or personal representatives that I may have against the City of Pinole, its officials, officers, employees, agents or volunteers, from any and all claims for damages arising out of or in any way connected to the self-administration, assist-in-administration, failure to administer or attempt to administer any medication to my child. I further agree to protect, indemnify, defend and hold harmless the City of Pinole, its officials, officers, employees, agents and volunteers, for any claims for damages, including attorney fees, arising out of or in any way connected to the self-administration, assist-in-administration, failure to administer or attempt to administer medication to my child.

I also give my permission to the City of Pinole staff to contact emergency services or obtain emergency medical treatment if necessary. I agree to be wholly responsible to payment of any and all medical and emergency services rendered to my child.

Signature of Parent/Guardian: _____ **Date:** _____

REMINDERS:

- Participants are responsible for arriving at the program with all necessary medications, supplies, pumps, back-up medications and any other equipment necessary for the participant to safely self-administer their medications.
- Medical monitoring of blood sugar levels must be done by parents or guardians prior to attending the program each day, to ensure that they are within their target range.
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