

## **NCC IMS PLAN (INCIDENTAL MEDICAL SERVICES)**

### **ALL MEDICATIONS**

- Only NCC Office Staff and Master Teachers may administer medications. All NCC Staff are trained annually in administering EpiPen Auto-Injectors and may administer them when necessary.
- An NCC Office Staff member will accompany students requiring Incidental Medical Services on any field trips or during a disaster requiring relocation and will adhere to prescribed storage requirements.
- Start & end dates and expiration dates are kept in an electronic calendar with reminders for NCC Staff and parents.
- If at all possible, dispense medications prior to arriving or after leaving school, and request prescriptions with 12-hour dosages from your physician or health care provider.
- To authorize the dispensing of prescription medications, nonprescription medications, and topical-nonprescription medications at NCC, you must complete **NCC's Consent for Administration of Medications Form** indicating the frequency and number of days the child is to receive the medication.
- Provide all information on possible side effects of the medication.
- Bring medication to the NCC Office in its original container in a clear bag clearly labeled with child's name. ONLY NCC Office Staff may approve and accept medications.
- Ensure that prescription medication includes a prescription label with specific dispensing instructions and a current date.
- Do not store medication in diaper bags, lunch bags, backpacks, or any other personal belongings.
- Take unused medications home every Friday or on the child's last day of the week. Medications cannot be stored at NCC over the weekend with the exception of emergency medication, e.g. EpiPens.
- Any time the manufacturer's instructions require physician dosage or differ from the age and weight information on the label, a physician's written instructions are required.
- A log will be kept at NCC in the Incidental Medical Services (IMS) binder for the duration of enrollment, and shared with the authorized representative indicating who administered the medication, dose and time.
- All medication will be in a locked medication box. If the medication requires refrigeration, the locked storage box will be placed in the school refrigerator.

### **SPECIAL MEDICAL NEEDS**

NCC employees do not provide invasive medical treatments, nor do they determine the dosage of medication. If your child requires the use of a nebulizer and/or inhaler, glucose monitoring, EpiPen®, etc., licensing regulations require the parent or guardian to provide the NCC Office Staff with demonstration of proper use of the equipment. These items can be administered on an as needed basis once the parents provide proper documentation and instruction from the attending physician.

### **FIRST AID SUPPLIES**

Supplies will be stored out of reach of children. In the event they are stored in an area children have access to, they will be in a locked cabinet and or container. NCC is required to follow the policies and procedures put in place by the State Licensing Agency. Any such services requires written authorization and obtained written instructions from the child's physician. Below are the policies and procedures for IMS.

## **BLOOD-GLUCOSE MONITORING FOR DIABETIC CHILDREN:**

Blood glucose testing for the purposes of monitoring a minor child diagnosed with diabetes may be performed using the following steps:

- NCC Office Staff performing the test must be entrusted with the child's care by the child's parent or authorized representative (officially enrolled in the program)
- The test must be approved by the Federal Food and Drug Administration for over-the-counter sale to the public without a prescription
- NCC Office Staff performing the test must have written permission from the child's parent or authorized representative to administer the test to the child using **NCC's BLOOD GLUCOSE TESTING CONSENT FORM**
- NCC Office Staff performing the test must comply with written instructions from the child's physician (or designee, such as a nurse practitioner)
- NCC Office Staff performing the test must obtain written instructions from the child's physician or designee regarding how to:
  - Properly use the monitoring instrument and handle any lancets, test stripes, cotton balls, or other items used while conducting the test. (All this must be in accordance with the manufacturer's instructions).
  - Determine if the test results are within the normal or therapeutic range for the child, and any restrictions on activities or diet that may be necessary.
  - Identify the symptoms of hypoglycemia or hyperglycemia, and actions to take when results are not within the normal or therapeutic range for the child and any restrictions on activities or diet that may be necessary.
  - The written instructions must include the telephone numbers of the child's physician and parent or authorized representative
  - NCC Office Staff performing the test must record the test results and provide them to the child's parent or authorized representative on a daily basis. Copy of the results should be kept in the child's file for the duration of their enrollment at NCC.
  - NCC will post a list of **universal precautions in a prominent place** in the area where the test is performed.
  - NCC Office Staff will comply with the below universal precautions:
    - Wash hands prior to and after administering test
    - Wear gloves while test is administered
    - Gloves and any used testing materials are to be discarded in a trash receptacle marked "Bio Hazard". Bio hazard trash to be emptied by staff daily.

## **GLUCAGON ADMINISTRATION:**

Glucagon is an emergency intervention injected into a child diagnosed with diabetes in the event of a severely low blood sugar level. NCC Office Staff will administer Glucagon and abide by the following:

- Written permission must be obtained from the child's parent or authorized representative.
- NCC Office Staff administering glucagon must be **trained by a person designated** in writing by the child's physician (NCC will make staff available for such training)
  - The person designated by the physician to provide the training may be the child's parent or authorized representative
  - NCC will ensure at least one office staff person is trained to administer the glucagon and will be available any time a child requiring this emergency intervention is in care, including activities away from our facility
- Written instructions from the child's physician or designated person shall include:
  - Recognize the symptoms of hypoglycemia and take appropriate action
  - Properly administer the glucagon

- Recognize potential side effects of glucagon such as nausea and vomiting and the need to place the child on his or her side to prevent choking
- Call 911 and the child's parent or authorized representative immediately after administering the glucagon
- Review the glucagon for expiration and log in an electronic calendar including setting a reminder for parents prior to the expiration date
- Document the child's file each time glucagon is administered

### **INHALED MEDICATION:**

- NCC Office Staff must be provided with written authorization from the child's parent or legal guardian to administer inhaled medication using form **LIC 9166 NEBULIZER CARE CONSENT/VERIFICATION** which gives authorization to contact the child's health care provider.
- The authorization shall include the telephone number and address of the child's parent or legal guardian
- NCC Office Staff will record each instance and provide a record to the parent or legal guardian daily and a copy kept in the child's file for the duration of enrollment.
- NCC Office Staff must comply with specific written instructions from the child's physician, the instructions shall include:
  - Specific indications for administering the medication pursuant to the physician's prescription
  - Potential side effects and expected response
  - Dose-form and amount to be administered pursuant to the physician's prescription
  - Instruction should include what action to take in the event of a side effect or when treatment is not completed as instructed by physician.
  - Instructions for proper storage of the medication
  - The telephone number and address of the child's physician
  - The instructions must be updated annually

### **EPIPEN JR. AND EPIPEN:**

NCC Office Staff may administer the EpiPen Jr. Auto-Injector or the EpiPen Auto Injector as prescribed by a physician and in **emergencies only**. They only are used in the event of an allergic emergency as prescribed by a physician. NCC Office Staff must handle and administer both of these devices as specified in California Code of Regulations and will also obtain emergency medical treatment (call 911) for the child. The use of these devices are emergency supportive therapy only and is not a replacement or substitute for immediate medical or hospital care. NCC Office Staff will comply with the following:

- Use in accordance with the directions and as prescribed by a physician
- Keep ready for use at all times (stored in the medication box located in the NCC office as well as in the emergency backpack)
- Protect from exposure to light and extreme heat.
- Note the expiration date on the unit and inform the parent when it need to be replaced prior to that date
- If the solution in the auto-injector appears to be going bad (looks discolored and or is hardening) discard and use a differing injector. NCC Office Staff will inform parents to provide an updated replacement. Any child with an expired EpiPen may not attend NCC until a new EpiPen has been provided.
- Call 911 and the child's parent/authorized representative immediately after administering the EpiPen Jr. or the EpiPen.

**\*GASTROSTOMY TUBE CARE (\*NOT OFFERED AT NCC AT THIS TIME):**

NCC can administer routine gastrostomy tube (G-tube) feeding, or administer routine LIQUID medication through a G-tube, to a child in care who is in stable condition if all of the requirements outlines in this policy are met.

- NCC must notify the Licensing Department with a written plan each time we accept a child who needs G-tube care.

Administering a G-Tube requires the following:

- Written permission from the child's authorized representative including their telephone numbers (both home and work) and address
- Parent/guardian must complete *LIC 701B, "Gastrostomy-Tube Care Consent/Verification* form
- Designated NCC Office Staff must **receive instruction in G-tube feeding/administration** of liquid medication by a competent person designated by the child's physician. The designated person may be the child's authorized representative if the physician deems the authorized representative competent to provide the instruction.
- Instruction in G-tube care is to include:
  - How to administer G-tube feeding to the child
  - How to administer liquid medication to the child through a G-tube
  - Trouble-shooting, including actions to take in an emergency
  - The child's physician must designate in writing the person authorized to provide instruction in G-tube care by completing *LIC 701A, "Gastrostomy-Tube Care: Physician's Checklist*.
- Written instructions from the child's physician (updated annually) to include:
  - Any limitations or modifications to normal activity required by the presence of the G-tube.
  - Frequency of feeding and amount/type of formula or liquid medication to be administered to the child in accordance with the physician's prescription.
  - Hydration of the child with water or other liquids as determined by the child's physician.
  - Method of feeding, administering liquid medication or hydrating the child, including how high the syringe is to be held during the feeding. If applicable, this includes how to use an enteral (means "into the stomach") feeding pump.
  - Positioning of the child.
  - Potential side effects
  - Specific actions to be taken in the event of specific side effects or an inability to complete a feeding
  - How and when to flush out the G-tube with water
  - Specific instructions on how many cc's of water to use when flushing out the G-tube
  - Instructions for proper sanitation, including care and cleaning of the stoma site
  - Instructions for proper storage of the formula or the liquid medication
  - Instructions for proper care and storage of equipment
  - The telephone number and address of the child's physician or designee.

**\*EMPTYING AN ILEOSTOMY BAG (\*NOT OFFERED AT NCC AT THIS TIME):**

An ileostomy bag is a bag attached to the outside of the abdomen that may be emptied of feces and re-sealed while remaining attached to the abdomen of the child. After consultation with the Board of Registered Nursing, it is determined that emptying the ileostomy bag is not considered a medical procedure. It is equivalent to changing a diaper and may be done by the licensee or staff in a licensed child care facility.

## **CARRYING OUT THE MEDICAL ORDERS OF A CHILD'S PHYSICIAN:**

The following may be provided by NCC Office Staff who are not licensed medical professionals, provided that it is to carry out medical orders prescribed by a licensed physician:

- Insulin administration by injection or pump.
- Emergency anti-seizure medication, such as diazepam (generic for Diastat), rectal gel, as an emergency intervention for a child experiencing an epileptic seizure.

An NCC Office Staff person who is not a licensed medical professional or nurse may elect to administer insulin, emergency anti-seizure medication, or provide other incidental medical services only when carrying out medical orders as prescribed by a licensed physician and all of the following safety procedures are met:

- Parent/Authorized Representative Written Permission
- NCC obtains express written consent from the child's parent/ authorized representative to permit NCC Office Staff to carry out the physician's medical orders
- NCC must be provided with a copy of written medical orders prescribed by the child's physician.
- The medical orders will include
  - A description of the incidental medical service needed, including identification of any equipment and supplies needed
  - A statement by the child's licensed physician that the medical orders can be safely performed by a layperson
  - Description from the child's licensed physician of the training required of NCC Office Staff
  - If the medical orders include the administration of medication by a designated lay person, the physician's orders shall include the name of the medication; the proper dosage; the method of administration; the time schedules by which the medication is to be administered; and a description of any potential side effects and the expected protocol, which may include how long the child may need to be under direct observation following administration of the medication, whether the child should rest and when the child may return to normal activities.

NCC will be responsible to ensure the following:

- Obtained the medication, equipment, and supplies necessary to carry out the medical orders of the child's physician (from the parent or guardian)
- At least one NCC Office Staff person designated and trained to carry out the physician's medical orders will be onsite or present at all times when the child is in care.

## PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS

**Note: Regulation Section 101221 requires the following information be on file:**

Check One:        Preschool Facility #434407992                          School-Age Facility #434407991

**MEDICATION POLICY STATEMENT:**

Medication will be dispensed only when authorized by the child's physician. This authorization form must be completed for each medication that is to be administered. Medications will be dispensed in accordance to the physician's instructions according to the label on the medication. All medication must be in the original container and have an unaltered pharmaceutical label. NCC shall maintain a single designee who will be responsible for dispensing medications. NCC Director will assign a substitute if the designee is to be absent. All medication will be stored in a locked container in the office. A separate locked container will be available for refrigeration if required. A record will be kept of all medication dispensed indicating the date, time, dosage, any observed adverse reaction, and the signature of the staff member who dispensed the medication to the child. This information will be available to the parent upon request and maintained in the child's file. All medication must be taken home upon completion of the course of treatment. Medication not taken home will be destroyed after 1 attempt of contacting the parent to pickup.

Child's Name: _____	Child's Class: _____
MEDICATION Name: _____	Strength/Quantity: _____
Prescribing Physician: _____	Date Prescribed: _____
Pharmacy: _____	Prescription #: _____
DOSAGE: _____	# Refills: _____
Start Date: _____	Stop Date: _____
Reason for Medication: _____	

**PARENT AUTHORIZATION:** I authorize NCC staff to assist in the administration of medications described above to the child named above for the above listed medical condition(s): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (Print Clearly): \_\_\_\_\_ Signature: \_\_\_\_\_

DATE	TIME	DOSAGE	REACTION OBSERVED (If Any)	PERSON DISPENSING MEDICATION	INITIALS

Staff Receiving Medication: _____	Date Received: _____
Name _____	Signature _____
Staff Returning Medication: _____	Date Returned: _____
Name _____	Signature _____
Staff Disposing Medication: _____	Disposal Date: _____
Name _____	Signature _____
Parent Receiving Medication: _____	Date Received: _____
Name _____	Signature _____



## PARENT CONSENT FOR BLOOD GLUCOSE TESTING/VERIFICATION

This form may be used to show compliance with Health and Safety Code Section 1596.797 before a child care licensee or staff person performs blood glucose testing on a child in care diagnosed with diabetes. 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 performs blood glucose testing on the child.

I, \_\_\_\_\_, give my consent  
(Print Name of Authorized Representative)

for \_\_\_\_\_, who work(s) at  
(Print Name of NCC Staff Member)

### NEIGHBORHOOD CHRISTIAN CENTER

887 Pomeroy Avenue  
Santa Clara, CA 95051

to perform blood glucose testing on my child, \_\_\_\_\_  
(Print Name of Child)

and to contact my child’s health care provider. In addition, I certify that I have personally instructed the above-named licensee or staff person on how to perform blood glucose testing on 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:

- The blood glucose test must be approved by the Federal Food and Drug Administration.
- Specific written directions for performing blood glucose testing in accordance with the physician’s prescription.
- Potential side effects and expected response.
- 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.

Name of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Authorized Representative: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_



**NEBULIZER CARE CONSENT/VERIFICATION**

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  
(Print Name of Authorized Representative)

for \_\_\_\_\_, who work(s) at  
(Print Name of NCC Staff Member)

**NEIGHBORHOOD CHRISTIAN CENTER**  
887 Pomeroy Avenue  
Santa Clara, CA 95051

to administer inhaled medication to my child, \_\_\_\_\_  
(Print Name of Child)

and to contact my child’s health care provider. 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.

Name of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Authorized Representative: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_



# Asthma Action Plan

Name	Date
Doctor	Medical Record #
Doctor's Office Phone #: Day	Night/Weekend
Emergency Contact	
Doctor's Signature	



The Colors of a traffic light will help you use your asthma medicines.

**Green** means **Go Zone!**  
Use preventive medicine.

**Yellow** Means **Caution Zone!**  
Add quick-relief medicine.

**Red** means **Danger Zone!**  
Get help from a doctor.

Personal Best Peak Flow \_\_\_\_\_

## GO

You have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Peak flow from \_\_\_\_\_ to \_\_\_\_\_

## CAUTION

You have **any** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
  - Mild wheeze
- Tight chest
  - Coughing at night

Peak flow from \_\_\_\_\_ to \_\_\_\_\_

## DANGER

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

Peak flow reading below \_\_\_\_\_

## Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

For asthma with exercise, take:

--	--	--

## Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR PRIMARY CARE PROVIDER.

## Take these medicines and call your doctor now.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

**GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.**

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

**PLACE  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

THEREFORE:

[ ] If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

[ ] If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**



**LUNG**

Short of breath, wheezing, repetitive cough



**HEART**

Pale, blue, faint, weak pulse, dizzy



**THROAT**

Tight, hoarse, trouble breathing/swallowing



**MOUTH**

Significant swelling of the tongue and/or lips



**SKIN**

Many hives over body, widespread redness



**GUT**

Repetitive vomiting, severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION** of symptoms from different body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**



**NOSE**

Itchy/runny nose, sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives, mild itch



**GUT**

Mild nausea/discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA**, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM AREA**, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

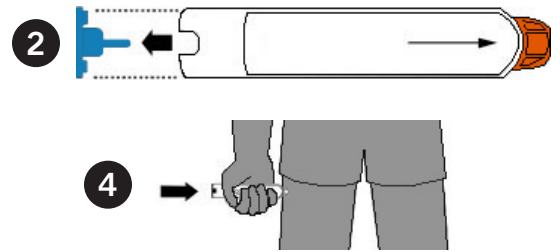
Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

## EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



## ADRENALICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_