

WAC 110-301-0215 Medication. (1) **Managing medication.** A medication management policy must include, but is not limited to, safe medication storage, reasonable accommodations for giving medication, mandatory medication documentation, and forms pursuant to WAC 110-301-0500.

(2) **Medication training.** A school-age provider must not give medication to a child if the provider has not successfully completed:

(a) An orientation about the school-age program's medication policies and procedures;

(b) The department standardized training course in medication administration that includes a competency assessment pursuant to WAC 110-301-0106(7) or equivalent training; and

(c) If applicable, a training from a child's parent or guardian (or an appointed designee) for special medical procedures that are part of a child's individual care plan. This training must be documented and signed by the provider and the child's parent or guardian (or designee).

(3) **Medication administration.** A school-age provider must not give medication to any child without written and signed consent from that child's parent or guardian, must administer medication pursuant to directions on the medication label, and must use cleaned and sanitized medication measuring devices.

(a) A school-age provider must administer medication to children in care as follows:

(i) **Prescription medication.** Prescription medication must only be given to the child named on the prescription. Prescription medication must be prescribed by a health care professional with prescriptive authority for a specific child. Prescription medication must be accompanied with medication authorization form that has the medical need and the possible side effects of the medication. Prescription medication must be labeled with:

(A) A child's first and last name;

(B) The date the prescription was filled;

(C) The name and contact information of the prescribing health professional;

(D) The expiration date, dosage amount, and length of time to give the medication; and

(E) Instructions for administration and storage.

(ii) **Nonprescription oral medication.** Nonprescription (over-the-counter) oral medication brought to the school-age program by a parent or guardian must be in the original packaging.

(A) Nonprescription (over-the-counter) medication needs to be labeled with child's first and last name and accompanied with medication authorization form that has the expiration date, medical need, dosage amount, age, and length of time to give the medication. A school-age provider must follow the instructions on the label or the parent or guardian must provide a medical professional's note; and

(B) Nonprescription medication must only be given to the child named on the label provided by the parent or guardian.

(iii) **Other nonprescription medication.** A school-age provider must receive written authorization from a child's parent or guardian and health care provider with prescriptive authority prior to administering if the item does not include age, expiration date, dosage amount, and length of time to give the medication:

(A) Vitamins;

(B) Herbal supplements;

(C) Fluoride supplements; and

(D) Homeopathic or naturopathic medication.

(iv) **Nonmedical items.** A parent or guardian must annually authorize a school-age provider to administer the following nonmedical items:

(A) Sunscreen (aerosol sunscreen is prohibited); and

(B) Hand sanitizers or hand wipes with alcohol.

(v) A school-age provider may allow children to take their own medication (including nonmedical items) with parent or guardian authorization. A school-age staff member must observe and document that the child took the medication (excluding nonmedical items).

(A) School-age children with a valid prescription from a health care provider may be allowed to carry and self-administer asthma medication (inhaler), anaphylaxis medication (epinephrine auto-injector), or insulin (insulin pump) with signed authorization from the child's parent or guardian and health care provider. The authorization form must attest that the child has the skill level and knowledge necessary to use the medication and device as prescribed.

(B) The school-age program must have an individual care plan on-site for each child who self-carries asthma or anaphylaxis medication or insulin in the event of an asthma, anaphylaxis, or diabetes emergency.

(C) School-age program staff must intervene if they observe a child misusing asthma or anaphylaxis medication or insulin, or if a child possesses another child's medication.

(vi) A school-age provider must not give or permit another to give any medication to a child for the purpose of sedating the child unless the medication has been prescribed for a specific child for that particular purpose by a qualified health care professional.

(b) Medication documentation (excluding nonmedical items). A school-age provider must keep a current written medication log that includes:

(i) A child's first and last name;

(ii) The name of the medication that was given to the child;

(iii) The dose amount that was given to the child;

(iv) Notes about any side effects exhibited by the child;

(v) The date and time of each medication given or reasons that a particular medication was not given; and

(vi) The name and signature of the person that gave the medication.

(c) Medication must be stored and maintained as directed on the packaging or prescription label, including applicable refrigeration requirements. A school-age provider must comply with the following additional medication storage requirements:

(i) Medication must be inaccessible to children except as provided for in this subsection (3) (a) (v) (A) of this section;

(ii) Controlled substances must be locked in a container or cabinet which is inaccessible to children;

(iii) Medication must be kept away from food in a separate, sealed container; and

(iv) External medication (designed to be applied to the outside of the body) must be stored to provide separation from internal medication (designed to be swallowed or injected) to prevent cross contamination.

(d) A school-age provider must return a child's unused medication to that child's parent or guardian. If this is not possible, a provider must follow the FDA recommendations for medication disposal.

(e) A school-age provider must not accept or give to a child homemade medication, such as sunscreen.

[Statutory Authority: RCW 43.216.055 and 43.216.065. WSR 21-10-035, § 110-301-0215, filed 4/27/21, effective 6/1/21.]