



INCIDENTAL MEDICAL SERVICES (IMS) PLAN

Storybook Village Preschool aims to provide an inclusive environment, including providing appropriate care for children with various ongoing medical conditions. The following plan outlines the best practices and procedures for each Child's unique needs.

The IMS Plan includes the following:

1. Types of IMS provided:
 - a. Administering Inhaled Medication
 - b. Administering EpiPen Jr and EpiPen or other epinephrine auto-injectors
2. Plan to ensure adequate designated and trained staff are available to provide the IMS when children needing the service are in care, including activities away from the facility.

Guidance: If medication must be given at or made available at the school, a written request from the Child's physician and parent/guardian must be identified on the Medication Administration form and submitted. Neither the Child nor the medication may be present at the school until a care plan is in place and staff has been trained.

Procedure: The following procedures will be followed to provide Incidental Medical Services to children at Storybook Village Preschool for prescription medications (temporary and long-term), which includes administering inhaled medication, EpiPen and EpiPen Jr. injection, and carrying or complying with medical orders:

1. SVP does not administer over-the-counter medication such as acetaminophen and ibuprofen for common colds or aches.
2. Once it has been identified that a child will require prescription or nonprescription medication at the center, center staff will give the parent/guardian the Medication Administration form. This form must be completed by both the parent/guardian and the prescribing medical provider. The Medication Administration form will remain current until the parent/guardian identifies a new/different medication or states that medication is no longer needed.
 - a. **Note:** If a new medication is required, the parent/guardian and prescribing physician must complete a new Medication Administration form. If the medication is no longer needed, the Child's medical provider must notify the school in writing.
3. The Director will create a care plan once the parent/guardian and prescribing medical provider complete the Medication Administration form. The parent/guardian will provide all necessary medication administration training.
4. The teachers will receive the care plan, a labeled medication storage bag, and copies of the medical provider's administration directions from the Director. Upon receipt of the medication storage bag, the teachers will place the Child's medication in the bag and store it in the locked medication box in the classroom's designated area.
 - a. The Child's photo and medication will be logged in the classroom and kitchen wall display.
5. All teaching staff will receive intermittent health care training on incidental medical services provided. Whenever possible, the staff will include the Child's parent/guardian and/or other medical personnel to provide additional support for training.
6. Once the care plan has been received by the Director and the necessary training has been completed, the family will be notified that the Child can start or return to school. The family will also be instructed that the medication will be reviewed to ensure the following:
 - a. The medication matches the medication identified on the classroom care plan and the Medication Administration form.

- b. The medication is current and not expired.
 - c. The medication has the Child's name listed.
 - d. The medication is in its original box or container, with either the original pharmacy label or the manufacturer's label.
7. The teacher will receive the medication before the parent/guardian signs in. The teacher will then complete the above medication checklist. If any answer is "no," the teacher will not accept the medication. The Child will be excluded until all medication requirements on the checklist can be met. If the medication meets the requirements, it will be accepted and immediately placed in a medication lock box.
 8. All medication administrations must be documented on the Medication Administration log, which will be submitted to the Director monthly.
 9. The teachers check medication expiration dates every month and initial the medication log. If an expired medication is identified, the Child will be excluded until the parent/guardian can provide a current replacement. The replacement must meet all requirements on the Medication Checklist form.
 10. Expired medication, medication belonging to children who no longer attend the program, and when medication is no longer required must be returned to the Child's parent/guardian.
 11. All medicines and medical equipment, including EpiPens, will be stored in the medication box in the classroom under adult supervision and inaccessible to children.
 12. Universal precautions shall be followed in the administration of all medications, intermittent healthcare, and first aid.
 13. Plan to ensure proper safety precautions are in place, such as wearing gloves during any procedure that involves potential exposure to blood or body fluids, performing hand hygiene immediately after removing and disposing of gloves, and disposing of used instruments in approved containers.
 14. Parents of children taking ongoing medication (daily) will have access to a medicine log in the classroom to track medication dispensing.
 15. Parents of children receiving emergency medication shall be notified by phone at the time and given a written report upon pickup.
 16. . medication shall be taken from secured storage. Teachers shall take any medication needed for children under their supervision during any fire drill, activity, event, walking field trip, or relocating during an emergency away from the facility.
 17. At least one person designated and trained to carry out the IMS must be onsite and present at all times when the Child is in care, including during activities away from the facility.
 18. Record the administration of IMS and daily inform the Child's authorized representative when such services have been administered.
 19. The director and teaching staff will communicate with substitute staff about a child's allergies or medication.
 20. The Director will report any changes to the IMS Plan to our LPA or Regional Office.
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Administering Inhaled Medication

The licensee or staff person has been provided with written authorization from the minor's parent or legal guardian to administer inhaled medication and authorization to contact the Child's health care provider. The authorization shall include the telephone number and address of the minor's parent or legal guardian.

1. The licensee of the staff person complies with specific written instructions from the Child's physician to which all of the following shall apply:
 - a. The instructions shall contain all of the following information:
 - i. Specific indications for administering the medication pursuant to the physician's prescription.
 - ii. Potential side effects and expected response.
 - iii. Dose-form and amount to be administered pursuant to the physician's prescription.
 - iv. Actions to be taken in the event of side effects or incomplete treatment response pursuant to the physician's prescription.
 - v. Instructions for proper storage of the medication.
 - vi. The telephone number and address of the Child's physician.

2. The instructions shall be updated annually.
 3. The licensee or staff person who administers the inhaled medication to the Child shall record each instance and provide a record to the minor's parent or legal guardian daily.
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Administering EpiPen Jr. and EpiPen

The following applies to the use of the EpiPen Jr. or the EpiPen:

1. Use in accordance with the direction and as prescribed by a physician.
 2. Keep ready for use at all times.
 - a. EpiPens are kept in each classroom in the medication box that is out of reach of children but accessible to adult staff.
 - b. Teachers take first aid kits with the medication to any event, outside activity, or field trip and keep them under their immediate supervision and availability.
 3. Protect from exposure to light and extreme heat.
 4. Note the expiration date on the unit and replace the unit before that date.
 5. Call 911 and the Child's parent/authorized representative immediately after administering the EpiPen Jr. or the EpiPen.
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Carrying Out the Medical Orders of a Child's Physician/Medication

1. Parent/Authorized Representative Written Permission
 - a. The licensee obtains express written consent from the Child's parent/authorized representative to permit the licensee or designated facility staff to carry out the physician's medical orders for a specified child.
2. Physician's Medical Orders
 - a. The licensee has obtained from the Child's parent/authorized representative a copy of written medical orders prescribed by the Child's physician. The medical orders will include:
 - i. A description of the incidental medical service needed, including identification of any equipment and supplies needed.
 - ii. A statement by the Child's licensed physician that the medical orders can be safely performed by a layperson.
 - iii. Description from the Child's licensed physician of the training required of the facility licensee or staff to carry out the physician's medical orders for a specified child and whether the training can only be provided by a licensed medical professional.
 - iv. 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.
3. Compliance
 - a. The licensee will be responsible for ensuring the following:
 - The facility has obtained from the parent/authorized representative of the Child the medication, equipment, and supplies necessary to carry out the medical orders of the Child's physician.
 - The person(s) designated to carry out the medical orders prescribed by the Child's licensed physician will not in any way assume to practice as a professional, registered, graduate, or trained nurse.
 - At least one of the persons 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.
 - The persons designated to carry out the physician's medical orders have completed the training indicated by the Child's physician.

- The person designated to carry out the physician's medical orders shall comply with proper safety precautions, such as wearing gloves during any procedure that involves potential exposure to blood or body fluids, performing hand hygiene immediately after removal and disposal of gloves, and disposal of used instruments in approved containers.

4. Facility Record Keeping and Notification

- a. Maintain a written record of when the medical orders have been performed, including if medications have been administered, and inform the parent/authorized representative of each occurrence when the medical orders have been carried out.
- b. The Centrally Stored Medication and Destruction Records form (LIC622) is available for maintaining records.
- c. A copy of the parent/authorized representative's written authorization should be maintained in the Child's file.
- d. Maintain a copy of the physician's written medical orders in the Child's file.

SVP will obtain and maintain records of medication/service provided and will keep a copy in the Child's file; the care plan will include the following forms:

- [LIC 9221](#) (Parent consent for Administration of Medications and Medication Chart)
- [LIC 9166](#) (Nebulizer Care Consent/Verification Child Care Facilities)
- [LIC 701](#) (The physician's report) or a report stating the medication, including the allergies, if allergy-related.
- [LIC 700](#) (Identification and Emergency Information)

Exceptions for IMS are no longer valid, and we submit an updated/amended Plan of Operation for IMS to Community Care Licensing (CCL). A copy of the IMS component will be kept with our Plan of Operation and are available for families in the family handbooks, including each Child's specific IMS plan in the Child's file.

I have read the Incidental Medical Services Plan and understand the procedures required for my Child to attend Storybook Village Preschool while needing an IMS Plan.

Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date: _____



IMS Plan

Child's Photo

Child's Name: _____ Birthday: _____

Allergic to: _____

Asthma: Yes (higher risk for a severe reaction) No

Special Situation/Circumstance: If this box is checked, the child has an extremely severe allergy

to the following food(s): _____

Even if the child has MILD symptoms after eating (ingesting) this food(s), Give Epinephrine immediately.

MEDICATIONS/DOSES

Medication Name: _____ Expiration Date: _____

HOW TO GUIDE: Administering EpiPen Jr and EpiPen or other epinephrine auto-injectors

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.

1. For mild or severe symptoms, inject epinephrine immediately. a.
 - a. See medication and the doctor's instructions for the list of symptoms.
2. CALL 911.
3. Lay the child flat; lay on the side if they are vomiting.
4. Alert emergency contacts.
5. Call the child's parents/guardians.

HOW TO GUIDE: Administering inhaler, assist device, med mask, etc.

If checked, administer the device _____ times a day. Help rinse the child's mouth well after use and shake well before using.

If checked, administer the device _____ every _____ hours as needed for quick relief.