

OFFICE OF THE CITY MANAGER

Policy Title:	Self-Administration of Medicines	Effective Date: 1/1/17
Policy No.:	16.03 CS-02	Revision Date:
Sections:	1 - 3	Revision Date:
Reviewed by:	City Manager/Community Development Director	Revision Date:

1. PURPOSE.

This policy addresses the assistance in administering medication that may be needed so that minor/dependent 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/GUARDIAN 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.

2. POLICY.

A. The City of Tulare is committed to complying with all applicable laws and regulations pertaining to those with special needs. With respect to minors/dependents 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 Tulare to allow staff to assist those participants who need to self-administer their medications.

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

1. The PARENTAL/GUARDIAN CONSENT & DIRECTIONS TO STAFF FOR THE SELF-ADMINISTRATION OF MEDICINES form (Appendix A) or its equivalent shall be completed and signed by the parent/guardian.
2. All medication must be in their original containers, identifying the prescribing physician, name of medication and recommended dose, in English.
3. 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.
4. Medications and related supplies that must be stored on behalf of the participant shall be done so in a secured, controlled, and accessible manner, by staff.

5. 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 the participant's target range.
6. 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.
7. Parents/guardians are responsible for providing all necessary information regarding dietary restrictions, food allergies or special diet considerations to staff.
8. 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.
9. 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.
10. A copy of this policy shall be made available to parents and guardians of affected participants.

3. DEFINITIONS.

- Assistance in Administering Medication – This policy applies to general actions of city staff that allow participants to self-administer prescribed and over the counter 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 takes during their actual participation in the custodial care program.
- Custodial Care Programs – This policy applies only to those programs where the participants are signed in and out by parents or guardians and the participant's care is accepted as being under those charged with managing the program.

- Employee Training - All employees who staff custodial care programs must be trained and certified in First Aid, CPR, and Automated External Defibrillators (AED) (where applicable). Additionally, specific training in the dosage and purpose of Epi-Pens shall be provided to all affected employees. This information shall be listed on the **PARENTAL/GUARDIAN CONSENT & DIRECTIONS TO STAFF FOR THE SELF-ADMINISTRATION OF MEDICINES** form or its equivalent.



Paul Melikian, Interim City Manager



Date

AUTHORIZATION, WAIVER AND RELEASE

I authorize City of Tulare employees to perform emergency procedures, including assisting with the administration of Epi-Pens, injections or self-administered medications (prescription) or any other steps that I have described above to treat any illness, medical condition, allergic reaction, or injury that my dependent may experience.

I recognize and acknowledge that there are certain risks of injury in connection with the administration of medication to any minor child or dependent. 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 the City of Tulare employees or staff to assist in the administration of medication on my behalf or allow my dependent to self-administer (if permitted by my dependent's physician) the lawfully prescribed Epi-Pen or other medication in the event of an allergic reaction by my dependent.

I acknowledge the assistance in administration of the Epi-Pen or other medication to my dependent 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 Tulare, 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 or failure to administer or attempt to administer any medication to my dependent. I further agree to protect, indemnify, defend and hold harmless the City of Tulare, its 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 dependent.

I also give my permission to the City of Tulare 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 dependent.

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.
- 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.