



AIR FORCE CHILD AND YOUTH PROGRAMS MEDICATION ADMINISTRATION INSTRUCTIONAL GUIDE

September 2013

1. **TRAINING OBJECTIVE:** To assist CYP personnel (CYP staff and Family Child Care (FCC) providers) in understanding their roles and responsibilities in administering medication and documenting the AF Form 1055, *Youth Flight Medication Permission*.
2. **PURPOSE:** To provide standardized procedures and guidelines on medication administration.
3. **OVERVIEW:**
 - a. “Medication” includes routine prescription items such as antibiotics; over the counter medications such as pain relievers, and as needed emergency medications used to treat severe allergic reactions, asthma, seizures, and/or diabetic emergencies. The term medication excludes items such as sunscreens, lip balms, hand lotions, non-prescribed diaper ointments/creams, insect repellants, and hand sanitizers.
 - b. All medications must be accompanied with instructions from the prescribing health care provider authorizing its use for a specific purpose and time frame.
 - c. All medications must be in their original containers labeled with the child’s/youth’s full name, the date, dosage, and directions for administration.
 - d. Medications can be prescribed for up to 12 months. An annual review of the dosage and necessity of the medication will be required.
 - e. Injectable medications will not be administered except for medications necessary to counteract severe allergic reactions (EpiPen) or to assist with diabetic emergencies (Glucagon).
 - f. Medications will not be mixed with liquids or food unless specifically directed by a health care provider.
 - g. All medications are stored in a secured area, inaccessible to children/youth.
 - h. Medications requiring refrigeration are kept in a designated, secured refrigerator that is clearly labeled “medications.” Note: A separate refrigerator for medication is not required in FCC homes; however, the refrigerator in the FCC home used to store medication must have a child-proof lock.
 - i. Medications will not be stored in the program beyond the stop/expiration date.



4. ADMINISTRATION OF MEDICATIONS:

- a. CYP personnel, who have been trained annually to administer medication by installation medical staff, will administer medication to children/youth or provide assistance with medication administration. Whenever possible, the same CYP personnel will administer medication.
- b. If the health care provider directs medication to be administered 3 times per day, CYP personnel will administer the medication once during a typical day (10 hours of care). If the medication is to be administered 4 times per day, CYP personnel will administer the medication two times during a typical day (10 hours of care). If medication is to be administered 1 or 2 times a day, medication will not be administered in the CYP. NOTE: This does not apply for children/youth that are in FCC for more than 12 hours per day.
- c. Parents/guardians must be made aware adverse reactions to medication can occur anytime during treatment. The initial dose of medication must be administered by parents/guardians at least 20 minutes before the child/youth is signed in for care. CYP personnel will immediately advise the parent of any adverse reactions such as diarrhea, skin rash, high temperature, and/or refusal to take medication.
- d. CYP personnel will inform parent/guardian and medical provider immediately if there are any errors in the administration of medication.
- e. Youth attending the School-Age (SA) Program may administer prescription medications to themselves if the parent/guardian signs a written statement permitting the youth to do so. The youth must be under the supervision of CYP personnel who have been trained to administer medications and away from other youth.
- f. In the event of a field trip, routine and emergency medications and the AF Form 1055 for children/youth in attendance requiring medication will accompany the group. The medications will be transported in a secured container (or, in the case of the YP, a backpack under the supervision of a staff member) and will remain under the supervision of the CYP personnel trained in medication administration. Medications will be administered at the scheduled times and the AF Form 1055 will be annotated. As needed emergency medications will be administered as required.

5. AS NEEDED EMERGENCY MEDICATION:

- a. CYP personnel will accept as needed emergency medications to be administered for allergies or asthma such as inhalers and EpiPens; rectal medication used for emergency situations to stop cluster seizures (episodes of increased seizure activity); and Glucagon Emergency Kits for diabetic emergencies. (Note: Blood glucose testing and emergency procedures for children/youth with diabetes is addressed in the attached memorandum dated 25 Apr 05, Blood Glucose Testing and Emergency Procedures for Diabetic Children in Family Member Programs).

- b. CYP personnel must receive specialized training from an installation health care provider to administer all as needed emergency medications.
 - c. Parents/guardians must provide the as needed emergency medications before children/youth are accepted for care.
 - d. A current (within the last 12 months) and complete action plan from the prescribing health care provider must be provided for any child/youth requiring as needed emergency medication. The action plan must include triggers, signs of distress, and medication administration instructions.
 - e. Administering as needed emergency rectal medication in CYP presents unique challenges for child/youth as well as staff. Every measure should be taken to not only administer the medication safely, but to also protect the privacy of the child/youth receiving the medication. Whenever possible, two adults must be present during the administration of as needed emergency rectal medication.
 - f. The AF Form 1055 will be initialed by the parent/guardian **annually** to authorize administration of the as needed emergency medication
 - g. If it is necessary to administer the medication, the parent/guardian will be notified immediately. NOTE: Depending on the severity of the situation, CYP personnel may need to administer medication or call for emergency medical assistance before attempting to contact the parent/guardian.
- 6. AF FORM 1055:**
- a. An AF Form 1055 must be completed with all required information before the medication can be accepted and administered in CYP.
 - b. The AF Form 1055 is a legal document. Always write legibly and in black or blue ink. For recording errors, cross out with single line, make correction, and initial. Do not use white-out, etc.
 - c. The parent/guardian must initial and date the section titled “Daily Permission Verification”, at the bottom of AF Form 1055 EACH day medication is to be administered (annually for as needed emergency medication). If a parent/guardian fails to provide written permission on the AF Form 1055, the medication will not be administered unless CYP personnel contact the parent/guardian for approval by phone, fax, email, or obtains permission from the child’s/youth’s emergency contact. As a final courtesy, CYP personnel may contact the prescribing health care provider. If CYP personnel are unable to contact any of these sources, the medication will not be administered. NOTE: If authorization is received by phone, fax, or email, the parent/guardian is required to date and initial the AF Form 1055 upon arrival to the CYP.

- d. A stop date is required for medications. The stop date may be an actual date or a time period for which the medicine should be administered (e.g. 'for 10 days'; 'for 2 weeks'), but cannot exceed 12 months from the initial date on the prescription. The expiration date of the medication must also be recorded on the AF Form 1055; however, be aware the expiration date may not be the same as the stop date.
- e. CYP personnel will complete documentation on the AF Form 1055 immediately following medication administration.
- f. CYP personnel will complete documentation on the AF Form 1055 if medication is not administered and the reason why.
- g. Once any area of the AF Form 1055 is filled, a new AF Form 1055 will be started.
NOTE: Do not attach continuation sheets.
- h. Active AF Forms 1055 are maintained as long as medication is being administered. Inactive AF Forms 1055 are staged in accordance with local installation policy.
- i. See Addendum 1 for additional guidance on the AF Form 1055.



ADDENDUM 1 AF FORM 1055

This addendum provides further guidance on the use of AF Form 1055, *Youth Flight Medication Permission*.

1. The parent/guardian or health care provider completes and verifies the following portions of the AF Form 1055. (**Shaded blue on sample**)

- a. **Date:** The day medication is received.
- b. **Name of Child:** Record the child/youth's name as it appears on the prescription in the space provided.
- c. **Medication:** Record the name of the medication as it appears on the prescription or medication label.
- d. **Purpose:** Record the reason the medication needs to be administered. (Ear infection, cough, etc.).
- e. **Prescription Number:** Record the prescription number as it appears on the medication label. If over-the-counter medications do not have a prescription number, write N/A in this section.
- f. **Expiration Date:** Record the expiration date of the medication. This may not be the same as the stop date.
- g. **Dosage:** Record the amount of medication to be administered as it appears on the prescription label or medication.
- h. **Times:** Record when the medication should be administered while the child/youth is in care. The parent/guardian cannot dictate additional doses.
- i. **Stop Date:** Record the date to stop giving medication as it appears on the prescription.
- j. **Special Instructions:** Record any special instructions such as refrigerate, give after meals, etc.
- k. **Diagnosing Provider:** Record the name of the prescribing health care provider.
- l. **Date Seen:** Record the date the health care provider examined the child/youth.



2. CYP personnel must complete the following sections of the AF Form 1055. (**Shaded yellow on sample**):

- a. **Date:** Date medication is given.
- b. **Medication:** The name of the medication administered to the child/youth. List one medication per line.
- c. **Dosage:** The amount of medication administered to the child/youth
- d. **Time:** The time the medication was given.
- e. **Signature:** Signature (first and last name) of CYP personnel administering the medication. NOTE: CYP personnel will also sign and record the reason if a child/youth does NOT receive authorized medication.

3. The parent/guardian must complete the following sections of the AF Form 1055 (**Shaded pink on sample**).

- a. Record the name of CYP on the first line.
- b. The parent/guardian signature and date authorizing CYP personnel to administer the medication.
- c. The parent/guardian must initial and date the section titled “Daily Permission Verification”, at the bottom of AF Form 1055 EACH day medication is to be administered. NOTE: The parent/guardian will initial annually for as needed emergency medications.

YOUTH FLIGHT MEDICATION PERMISSION				MEDICAL LOG (Youth Flight Activities Use Only)				DATE (YYYYMMDD)		
AUTHORITY: 10 USC 8013, Secretary of the Air Force: Powers and duties, delegation implemented by DODI 6060.2 and AFI 34-701, Child Development Programs/AFI 34-801, Youth Programs. PURPOSE: To record essential information from parent to administer medication to child. ROUTINE USE: None. DISCLOSURE IS VOLUNTARY: Furnishing this information is voluntary; not putting all or part of the information will prevent the administering of medication.										
MEDICATION PROCEDURES										
1. Parent or guardian must complete this form giving written permission for medication and have clinic staff complete appropriate section. 2. The Youth Flight Activity will administer only current prescription drugs, labeled with the child's name, name of medication, dosage strength and dosage schedule. 3. Medication will never be given after the expiration date, nor to an individual other than shown on the label. 4. The record of administration of medication will be kept at the Activity for one year. 5. Because of the possibility of reactions, the Activity will not					administer the first dose of medication. Parents or guardian must administer the first dosage and wait twenty minutes before the child may be signed in. Parents must be made aware that adverse reactions can occur anytime during treatment. 6. Only qualified staff, approved by Youth Flight chief and trained by base medical staff, will administer medications. 7. Parents or guardian will be responsible for furnishing all supplies and will submit all changes to medical instructions in writing, signed by a health care professional. Parents must initial and date this form each day medications are given.					
NAME OF CHILD:										
CLINIC USE ONLY (Clinic use is optional if prescription is within 30 days of being issued or can be read on the label.) It is essential that the above named child receive the medication(s) listed below.										
MEDICATION	PURPOSE	PRESCRIPTION NUMBER	EXPIRATION DATE	DOSAGE	TIMES	STOP DATE				
SPECIAL INSTRUCTIONS										
NAME OF DIAGNOSING PROVIDER							DATE SEEN (YYYYMMDD)			
ACTIVITY USE ONLY										
DATE	MEDICATION	DOSAGE	TIME	SIGNATURE	DATE	MEDICATION	DOSAGE	TIME	SIGNATURE	
STATEMENT OF PARENT OR GUARDIAN										
I give permission for authorized staff at the _____										
Air Force Base Youth Flight Activity staff to administer the medication (s) listed above.										
SIGNATURE							DATE (YYYYMMDD)			
DAILY PERMISSION VERIFICATION (Initial and date)										



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, DC

APR 25 2005

MEMORANDUM FOR ALMAJCOM/SV

FROM: HQ USAF/ILV
1770 Air Force Pentagon
Washington, DC 20330-1770

SUBJECT: Blood Glucose Testing and Emergency Procedures For Diabetic Children in Family Member Programs

This memorandum replaces and updates the Air Force policy, dated 2 Jun 97, Blood Glucose Testing for Diabetic Children in Air Force Child Development Centers (CDCs), Family Child Care Homes (FCCs), Youth (YPs) and School Age Programs (SAPs). The policies in AFI 34-248, CDCs, AFI 34-276, FCC Programs, and AFI 34-249, Youth Programs related to administering medications must be followed in conducting blood glucose testing and subsequent emergency glucagon procedures with the exceptions listed in this policy letter.

It is the Air Force policy that CDCs, YPs, and SAPs will continue to follow locally established emergency procedures as needed. In addition, Family Member Programs will provide *emergency* glucagon injections under the following conditions:

- a. The parent must provide a Glucagon Emergency Kit with the appropriate, pre-measured dosage for the child's age and weight, prescribed by a medical authority.
- b. The parent must complete the Air Force Form 1055, and update it annually, authorizing the use of the prescribed Glucagon Emergency Kit in accordance with the medical authority instructions.

For *non-emergency blood glucose testing*, the following procedures remain in effect:

- c. Medical personnel must train staff members who will do the blood glucose testing. The center-based staff must be trained in biohazardous waste disposal practices and universal precautions to protect staff and children from blood-borne pathogens. Each center must have a facility biohazardous waste removal plan; the plan must be coordinated with the local medical facility. The training must be renewed annually. This training should be offered as a "just in time" training - only when there is a child in care with diabetes. When possible, the same individuals should do the blood glucose testing (and/or administer the emergency glucagon) each time it is required.
- d. The parents must provide the supplies and equipment needed for blood glucose testing.

e. A medical authority must direct the testing. The frequency of testing will be determined on an individual basis by the program medical consultant in conjunction with the child's medical provider. The child's medical advisor must provide written guidance and explanations on the actions to take (including administering emergency glucagon) when the results of the testing are abnormally high or low. Under no circumstances may the staff in Air Force child development centers, family child care homes, youth centers and school age programs provide insulin therapy.

f. Written permission must be obtained from the parents prior to testing blood glucose, using AF Form 1055, Youth Flight Medication Permission. Since most of the testing will be done "as needed", the parents are required to give written approval for testing on an "as needed" basis. Whenever testing is indicated, the staff must contact the parent by phone to get verbal approval and annotate this approval on AF Form 1055 or fax an AF Form 1055 to the parent to complete and return by fax.

If family child care providers elect to do blood glucose testing and administer emergency glucagon for children in their care, these same procedures must be followed. The family child care coordinator must ensure that family child care providers receive training in blood glucose testing and administering emergency glucagon prior to providing this service. This training should be offered only to those providers who have a need.

Please provide this information to your base Family Member Programs Flight Chiefs and direct them to meet with the medical advisor to implement these policies. This is a coordinated AF/ILV and AF/SGOC (Lt Col David Louder, AF Pediatric Consultant) memorandum. Our point of contact is Ms. Toni Koppen, DSN 664-6421.


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DCS/Installations & Logistics