



DEPARTMENT OF THE AIR FORCE CHILD AND YOUTH PROGRAMS  
MEDICATION ADMINISTRATION INSTRUCTIONAL GUIDE

April 2022

1. **TRAINING OBJECTIVE:** To assist CYP personnel (CYP staff and Family Child Care (FCC) providers) with the requirements of medication administration. This guide is for information only and may not be used for personnel evaluations.
2. **PURPOSE:** To provide guidance on processes, procedures, and documentation for medication administration in CYP.
3. **OVERVIEW**
  - a. Only medications with written orders from a prescribing health official are authorized for use within CYP. No medications may be given without authorization from a parent/guardian. Prescriptions are not needed for items such as sunscreens, lip balms, hand lotions, non-prescribed diaper ointments/creams, insect repellants, and hand sanitizers. However, these items have to be labeled with the child's full name and returned to parents when no longer needed or have expired.
  - b. All medications are stored at the front desk in an unlocked cabinet. The cabinet only contains medication and is clearly labeled "medications." All medications are in their original containers, labeled with the child's/youth's full name, dosage, and how the medication is to be given. Medication is returned to the parents/guardians when medication is no longer needed or has expired.
  - c. CYP personnel are trained by a health care provider before administering medication. Preferably, the same people administer medication every day.
  - d. EpiPens, Glucagon, or Solu Cortef (emergency medications) may be provided in CYP. No other injectable medications may be permitted without permission from AF Services (AIS).
  - e. Medications may not be mixed with liquids or food unless specifically directed by a health care provider.
  - f. Medications requiring refrigeration are kept in a designated, secured refrigerator that is clearly labeled "medications." Only medications may be kept in this refrigerator. Note: A separate refrigerator for medication is not required in FCC homes; however, refrigerators are required to have a child-proof lock.



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- g. Processes are in place to retrieve medications and parent authorization forms if an emergency situation arises.
- h. Medications are not administered in Youth Programs, however; emergency medications may be administered, if needed.

**4. ADMINISTRATION OF MEDICATIONS**

- a. Handwashing is required prior to and after administering medication unless there is a medical emergency.
- b. Medications that are administered 3 times a days, may only be administered once during a typical day (10 hours of care). Medications that are administered 4 times a day may be administered two times during a typical day (10 hours of care). Medications that are administered only once or twice a day, will not be administered **except** for time sensitive medications. This requirement does not apply for children in extended care.
- c. Children/youth are administered the initial dose at least 20 minutes before signed in for care. Parents are notified of any adverse reactions such as diarrhea, skin rash, high temperature, and/or refusal to take medication.
- d. Parents/guardians are notified immediately if children/youth receive the wrong dosage or the wrong medication.
- e. Youth may self-administer medication if written permission is on file. CYP personnel trained in administering medications should be present at the time the medication is self-administered.
- f. For field trips or emergencies, routine or emergency medication is **transported** in a secured container (e.g. backpack) by CYP personnel trained in medication administration. AF Form 1055 should be maintained with the medication and annotated at the time medication is provided.
- g. Procedures for administering medications:
  - Wash your hands.
  - Make sure the name on the medication and the name of the child are the same.
  - Check the dosage, frequency and the route of the administration before giving medication. Observe and report any side effects.
  - Document the dosage and the time the medication is given.
  - Person administering medication initials the 1055 form.
  - Replace the medication in the storage unit.
  - Wash your hands.

**5. EMERGENCY MEDICATIONS**



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- a. Parents/guardians must provide emergency medications at the time of enrollment.
- b. A current (within the last 12 months) emergency response plan from the prescribing health care provider is provided for any child/youth requiring emergency medication. The action plan includes triggers, signs of distress, and medication administration instructions.
- c. When administering rectal medication, care is taken to protect the privacy of the child/youth receiving the medication. Whenever possible, two adults must be present during the administration of as needed rectal medication.
- d. The parent/guardian is notified immediately if emergency medication is required. 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. DIABETES ACCOMMODATIONS**

- a. Personnel and providers are trained to care for a child/youth with Diabetes. Training includes glucose testing, actions to take when the results of the glucose tests are abnormally high or low, and when to administer emergency medication. Training is conducted by a medical specialist and conducted annually.
- b. Parents/guardians must complete the AF Form 3417, *Child and Youth Diabetes Care Plan for Blood Glucose Testing*, authorizing personnel or providers to conduct glucose tests and emergency responses. Testing should be conducted by the same individual, if possible, and at the same times each day. AF Form 3417 is updated annually. AF Form 3416, AF Child and Youth Blood Glucose Chart should be used to monitor glucose. Both forms can be found on e-publishing.
- c. CYP personnel may not provide insulin therapy by injection or make adjustment for insulin via a pump. CYP personnel are to notify parents/guardians or appointed backup if child or youth requires insulin. Contact emergency services if insulin is needed prior to parents/guardians arrival.
- d. Youth, who are capable of self-testing may carry diabetic testing supplies and conduct their own testing if written permission is provided by the parent/guardian. Youth may conduct the test in private or in the presence of an adult.

**7. AF FORM 1055**

- a. AF Form 1055 is a legal document; use blue or black ink when completing the document. For recording errors, cross out with single line, make correction, and initial. Correction fluid (White-out) may not be used.



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- b. Parents/guardians are to complete AF Form 1055 for CYP personnel to administer medication. Parents annotate **daily** if medication is needed.
- c. As needed/emergency medications, (e.g. Albuterol, Glucagon) can be prescribed for up to 12 months. AF Form 1055 is initialed by the parent/guardian **annually** to authorize administration of the “as needed” medication.
- d. CYP personnel annotate each time medication is administered. If the medication is not given (e.g. child left for the day), document AF Form 1055 as to why the child did not receive the medication.
- e. If parents/guardians do not initial daily on AF Form 1055, medication is not 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. Health care providers may be contacted if necessary. If CYP personnel are unable to contact any of these sources, medication is not administered. NOTE: If authorization is received, the parent/guardian is required to date and initial the AF Form 1055 upon their arrival.
- f. A stop date and an expiration date is required for AF Form 1055. The stop date may be an actual date or it could be for the time period the medicine is administered (e.g. 10 days). NOTE: If no actual date or time period is annotated the stop date is the expiration of medication or 12 months from the date of the action plan, whichever comes first.
- g. File the completed AF 1055 form in the child’s file. If the medication is still needed, use a new 1055 form.

## 7. INSTRUCTIONS FOR COMPLETING AF FORM 1055

**CYP personnel complete the following sections 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 is 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.



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- 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. If there is no specified time, the stop date will be the medication expiration date or a year from the date of the plan, whichever comes first.
- j. **Special Instructions:** Record any special instructions (e.g. refrigerate, give after meals)
- 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.

**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. More than one medication can be listed on AF Form 1055.
- 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 initial and annotate the reason if a child/youth does NOT receive medication.

**Parent/guardian completes the following sections of the AF Form 1055 (Shaded pink on sample).**

- a. Record the name of CYP on the first line.
- b. Parent/guardian signature and date authorizing CYP personnel to administer the medication.

