

**WAC 110-145-2980 Medication administration and documentation.**

(1) At least one direct care staff or direct care volunteer who has completed medication training approved by the department and is able to dispense and complete the medication documentation must be on duty when children and youth are present.

(2) The following individuals are allowed to access children's and youth's medications:

(a) Licensees;

(b) Authorized individuals providing care, including respite care providers; and

(c) Children and youth when taking their own medication as outlined in subsection (6) of this section.

(3) Licensees must:

(a) Give prescription medications to children or youth named on the prescription and in the amount and frequency prescribed by a licensed health care provider;

(b) Give children and youth in care over-the-counter medications only when needed and:

(i) As specified by the manufacturer's instructions; and

(ii) While allowing them to request or decline medication according to their developmental capabilities;

(c) Not use prescription or over-the-counter medications for behavior control, unless prescribed for that purpose by a licensed health care provider;

(d) Not reduce or stop children's or youth's prescribed medication without the written approval of a licensed health care provider, except when the:

(i) Child or youth has an adverse reaction, such as an allergic reaction to the medication. If this occurs, licensees must follow-up with a licensed health care provider within 48 hours for an updated medication order; or

(ii) Licensee obtains instructions from a licensed health care provider over the phone to reduce or stop giving the medication to the child or youth. If this occurs, they must also:

(A) Document and follow the order; and

(B) Get a copy of the order from the licensed health care provider within 72 hours;

(e) Report the child's or youth's decision to reduce or stop prescribed medication to the child's or youth's representatives and the prescribing licensed health care provider;

(f) Coordinate starting or stopping a child's or youth's psychotropic medication with their licensed health care provider and obtain consent from:

(i) Youth 13 years old or older who are developmentally capable to provide consent; or

(ii) Representatives for children and youth 13 years old or older who are unable to provide consent; and

(g) Keep a record of all prescription and over-the-counter medications given, missed, and refused. This documentation must include:

(i) The child's or youth's name;

(ii) Whether the medication was given, missed, or refused;

(iii) Time the medication was taken;

(iv) Amount of medication; and

(v) Name of individual administering medication;

(h) Consult with a licensed health care provider if children or youth miss or refuse medication for two consecutive days unless there is a medication plan in place with other instructions; and

(i) Comply with WAC 110-145-3060 regarding Native American traditional medicines.

(4) Licensees who care for:

(a) Medically fragile children and youth must also follow the documentation requirements in WAC 110-145-3490; and

(b) Children or youth in the custody of another agency or tribal or other court must follow the direction of the agency or court regarding giving or applying prescription and over-the-counter medications. If this conflicts with the department's policy, the licensee must notify the child's or youth's department caseworker.

(5) Licensees for department and tribal children and youth and parents or guardians for community children and youth may grant approval for dietary supplement use by children and youth in care with or without medical consultation. If licensees require children and youth to have a medical consultation for dietary supplement use, they must notify the children's or youth's representatives.

(6) Licensees may permit children or youth to take their own medications when the following conditions are met:

(a) The child or youth has the developmental capability to properly take them; and

(b) Licensees:

(i) Obtain and keep on record written approval by the child's or youth's representatives, except:

(A) In OYSS and CRCs; or

(B) For youth 18 years old or older who consent to their own medical care;

(ii) Monitor that the children or youth take their medication according to the prescription or manufacturer's instructions, including the proper amount and frequency; and

(iii) Store the medication and medical supplies in a way that is inaccessible to individuals who are not authorized in subsection (2) of this section.

[Statutory Authority: RCW 74.15.030. WSR 26-08-021, s 110-145-2980, filed 3/23/26, effective 5/1/26.]