Script:
My name is [insert your name and tell a little bit about yourself and your interest/connection to child care- limit yourself to two minutes or so]. Go around the room and ask each person to introduce themselves. If you are short on time, ask for a show of hands, asking questions like— how many of you are teachers? How many of you are new to the field of child care? [See the presentation tips handout for guidelines, ideas and timing].

Before we delve into the content of the day, here are a few housekeeping details: [insert here information about restrooms, turning cellphones off, emergency exits, signing roster etc.]
Curriculum Objectives

1. Identify different types of medication, why medication is given, and how it is given
2. Improve medication storage, preparation, and administration techniques
3. Support good documentation
4. Recognize and respond to adverse reactions
5. Develop and implement appropriate policies

Script:

The Medical Administration in Early Education and Child Care Settings curriculum has 5 modules. The overall objectives for the entire curriculum are the following:

1. Identify different types of medication, why medication is given, and how it is given.
2. Improve medication storage, preparation, and administration techniques
3. Support good documentation of medication administration
4. Recognize and respond to adverse reactions
5. Develop appropriate policies about medication administration and how to implement them

Before we start covering the content of the first module. I have a pre-test that I’d like all of you to take. This will help you give a sense of what you know and don’t know. Don’t worry if you don’t have all the right answers, as we are going to be covering these materials today.
Medication Administration in Early Education and Child Care Settings

Disclaimer

• Curriculum provides education for personnel in the child care setting who give medication to children but are not licensed health care professionals.
• Curriculum is not a substitute for written policy and professional medical guidance and not a certification of competency.
• Each program must review state laws, regulations, and resources, and adapt accordingly.

Script:
Before we delve in to the content, please note the following disclaimer. This curriculum provides education for personnel in the child care setting who give medication to children but are not licensed health care professionals. It is not a substitute for written policy and professional guidance. It is not a certification of competency. Actual care must be based on the child’s clinical presentation, the health care professional's orders, parental guidance, personnel experience and training, and facility policy.

Also, some states may require certification for staff who administer medication. This curriculum does not necessarily fulfill those requirements.
What is Covered

• Typical and routine medications for short-term use
• Medications taken on a regular basis for chronic health conditions
• Emergency medications (in general)

Script:
Here’s what we will be covering:

**Typical and routine medications for short-term use.** This includes medications such as
  • Antibiotics for strep throat
  • Eye or ear drops for infection
  • Fever relievers and over-the-counter pain medications
Try to limit over-the-counter medications that are not necessary in child care such as vitamins

**Medications taken on a regular basis for chronic health conditions like the following:**
  • Rash creams to prevent eczema
  • Seizure medications
  • Antihistamines
**And emergency medications like**
  • Seizure medication (rectal)
  • Epinephrine autoinjector (anaphylaxis)
  • Inhalers and nebulizers will be covered in general.

Instructor Note:
Please note that the administration of certain types of medications are not covered in
these modules, such as some emergency medications. The American Academy of Pediatrics offers an online course: Medication Administration in Early Education and Child Care Settings that covers these medications in more detail. This free course is available online at https://shop.aap.org/medication-administration-in-early-care-and-education-settings/
What is Not Covered

• Special medications
• Clinical explanation of the conditions being treated
• Principles of caring for children with special needs
• Dietary issues such as restrictions

Script:
Some medications need **special knowledge and skills** and are **not covered** in this program:
• Special medications like injectable or rectal medications
• Clinical explanation of conditions
• Principles of caring for children with special needs
• Dietary issues such as restrictions or supplements for allergies or other medical conditions
• Other subjects not covered include insulin, glucagon, and diabetes management for a child with diabetes at a facility. Training resources by diabetes educators often exist within diabetes centers and children’s hospitals.
• Some situations **require a nurse**, for instance, when giving a medication by injection.
These are all important topics that are beyond the scope of today’s program.
Module 1 Objectives

- Introduction and reasons to give medication
- ADA, IDEA, state regulations
- Responsibility Triangle
- Types of medication

Script:
The objectives for module one are the following:

1. Identifying 3 reasons why medication is given in child care settings
2. Identifying common types of medication
3. Describing ADA law and defining liability
4. Identifying the members of the Responsibility Triangle
5. Describing child care provider roles for giving medication in child care
6. Knowing reasons that motivate child care providers to give medication
7. Understanding barriers that prevent child care providers from giving medication
Medication Administration in Early Education and Child Care Settings

Why Give Medication in Child Care?

Flip Chart Activity:
Why Give Medication in Child Care? (Using a flip chart paper and markers or lead a discussion)

*Note: Keep track of the time so the discussion does not go too long.*

Script:
How would you answer the question: Why give medication in child care? Think about the amount of time children spend in child care and health issues that affect the health needs of children in child care.

Potential Discussion Issues:
- Children spending more hours in child care
- Young children get sick more often than older children
- Parents/guardians without child care alternatives
- Inclusion and the Americans With Disabilities Act
- Children with prematurity and other health needs who have been able to leave the hospital and are now surviving when they might not have before
- Increased incidence of asthma and food and other allergies
- Some medications that were previously only available by prescription are now over-the-counter
- Doctors’ and other health care professionals’ ability to diagnose and treat many conditions (eg, ADHD)
In general, why are medications given?

- Relieve symptoms
- Prevent illness
- Control or cure health programs

Script:
In general, medications are given to:

- **Prevent illness**, for example:
  - Some asthma medications prevent an attack rather than treat it
  - Barrier creams can help prevent diaper rash

They can also

- **Relieve symptoms**
  - Medications to reduce fevers, relieve pain and medications like antihistamines to relieve allergy symptoms

They can also be used to

- **Control or cure health problems**
  - Short term: Antibiotics for bacterial infections such as ear infections, pneumonia, or strep throat
  - Emergency: Epinephrine or antihistamines for allergic reactions
  - Long term: Insulin for diabetes

Medication can be used for **more than one reason**.

- For example, diaper cream can be preventative (like zinc oxide or petroleum-based creams) or therapeutic (like antifungal creams)
Script:
These are the **3 main reasons** for giving medication in a child care setting:

- To maintain health
- To allow a child who is not acutely ill to attend the program
- To comply with laws, regulations, and best practice.

**All other medication should be given at home. (e.g. vitamins)**

Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, third edition (CFOC) Standard 3.6.3.1: Medication Administration states the following:

The administration of medicines at the facility should be limited to:

- Prescription or non-prescription medication (over-the-counter [OTC]) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. Written orders from the prescribing health professional should specify medical need, medication, dosage, and length of time to give medication;
- Labeled medications brought to the child care facility by the parent/guardian in the original container (with a label that includes the child's name, date filled, prescribing clinician's name, pharmacy name and phone number, dosage/instructions, and relevant warnings).
When Should Medication Be Given?

- At home by parents/guardians, if possible
- Minimize the number of doses given at a child care facility

Script:
When possible medication should be given at home by parents/guardians. Prescribers should try to minimize the number of doses given at a child care facility. Pharmacists can split medicine into 2 bottles (one for home and one for child care).

It is important to know the child care standards and regulations for your state regarding when and how medication should be given. Resources for child care standards, best practices and regulations will be provided at the end of this module.
Medication Administration in Early Education and Child Care Settings

Standards and Regulations

State licensure regulations
• Seek to ensure basic health and safety parameters
• Are minimal standards for a licensed program to operate legally in specific state

Head Start Standards & Requirements
• Standard and requirements for Early Head Start and Head Start programs

Best Practice Standards
• Are optimal standards to strive towards
• Publications, such as Caring for Our Children, attempt to set best practice standards

Script:
• **State licensing regulations** are bottom line, non-negotiable, “do no harm” standards for the industry. They seek to ensure basic health and safety parameters. They are minimal standards for a licensed program to operate legally. Child care settings (centers and family child care homes) can always have policies and practices that exceed state licensing regulations, they just cannot operate below these limits. Regulations typically vary for family child care and center-based facilities. Regulations can vary widely from state to state.

• **Note that Head Start agencies** that provide services to children and families must meet the Head Start Program Performance Standards and the requirements set forth in the Head Start Act of 2007.

• **Best practice standards** are optimal standards that child care programs should strive toward implementing. Publications like Caring for Our Children, attempt to set best practice standards.

Resources for state regulations and standards will be given at the end of this module.
What does the ADA Law Say?

Centers have to make reasonable modifications to their policies and practices to integrate children, parents, and guardians with disabilities into their programs.

See: [https://www.ada.gov/childqanda.htm](https://www.ada.gov/childqanda.htm)

Department of Justice: 800.514.0301

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**Script:**
The American with Disabilities Act (ADA) is a federal law that does not require child care providers to give every medication, but does say that a child with special needs may not be excluded if reasonable accommodations to that child’s special needs can be made.

Resources for information on ADA include:

- A Commonly Asked Questions About Child Care Centers and the ADA Act document available online at [https://www.ada.gov/childqanda.htm](https://www.ada.gov/childqanda.htm)
- The Department of Justice maintains a toll-free line for technical assistance at 800/514-0301.
Medication Administration in Early Education and Child Care Settings

How About Liability?

• Liability:
  o something for which one is liable
  o an obligation, responsibility, or debt
• Review liability insurance

Script:
Because of the increasing numbers of children in out-of-home child care settings today, child care providers are being asked more frequently to administer both prescription and over-the-counter drugs. Medication administration can involve liability, even when carried out properly. Liability is something for which one is liable, or an obligation, responsibility or debt.

**Standardized training**, taught by licensed medical professionals, for designated staff, and well thought out policies, procedures, and documents all contribute to **minimizing liability**.

Child care center directors and family child care providers **should** review their liability insurance policies for any stipulations relating to medication administration. See Caring for Our Children for more information related to liability and medication administration.
Script:

Medication administration depends on **competence, caring, communication, and cooperation**. One way to look at this is to picture it as a responsibility triangle.

With ever increasing numbers of children in out-of-home settings, we need a **team effort** to reach this goal, and **communication is vital to this process**.  
• The parent or guardian is usually the connection between the child care provider and the health care professional. Note that a child care health consultant may be able to explain and facilitate the process with parental permission. Programs need written permission from parents to have child care health consultants access and discuss individual child's health records and health issues.  
• The role of child care health consultants will be discussed a bit later.

**Conversation Starter:**  
• Each point of the triangle has specific responsibilities.  
• What do you think some of the responsibilities are for each role? [Ask for some ideas from the audiences for parent responsibilities, child care provider responsibilities, and health care professional responsibilities. If you need some examples look on the next few slides]
Parent or Guardian Responsibilities

- Regular checkups
- Up-to-date immunizations
- Communication:
  - Child’s symptoms & health status
  - Child care
  - Diagnosis & care
- Compliance with medication policies

Script:
Here are some of the parent or guardian responsibilities regarding medication administration:
- Making sure their child has regular checkups and up-to-date immunizations
- Communicating with child care staff about their child’s symptoms and health status
- Communicating with health care professionals about their child’s child care setting— the environment, capabilities of the staff and the hours that the child attends
- Consulting with their child’s health care professional about diagnosis and care
- Following medication policies and completing forms

Conversation starter:
Can you think of some more responsibilities that parents and guardians have when it comes to medication administration?
[See next slide for more]
Medication Administration in Early Education and Child Care Settings

Parent/Guardian Responsibilities, continued

- Seeing if medication can be given at home
- Providing:
  - properly labeled medication
  - appropriate measuring devices
- Promptly picking up their child
- Arranging for back-up care
- Working with child care providers
- Up-to-date emergency contact information

**Script:**
Here are a few more responsibilities:
Asking their health care professional about whether medication can be given at home and not in child care
Providing properly labeled medication and the appropriate measuring devices
Providing up-to-date emergency contact phone numbers
Promptly picking up their child when notified of illness
Arranging for back-up care
Working constructively with child care providers to determine when it is appropriate to care for their child during a mild illness

**Conversation Starter:**
Take a look at this list of these responsibilities. What responsibilities do you feel are the most difficult for the parents in your program? Does anyone want to share any successes/strengths of their program regarding these responsibilities?
Child Care Provider Responsibilities

- Periodic monitoring of health records
- Daily health checks
- Clear policies
- Good hygiene practices
- Promptly communicating
- Using available resources
- Obtaining training

Script:
Let’s look at some of the responsibilities of child care providers now. Some of their responsibilities include:
- Careful, periodic monitoring of health records including history, physical, immunizations, and screenings
- Practicing daily health checks
- Having and communicating clear policies on medication, exclusion, and re-admittance to child care
- Maintaining good hygiene practices
- Promptly communicating with parents or guardians about their child’s symptoms
- Using available resources for health consultation
- Obtaining training about medication administration
Now let’s look at the responsibilities of health care professionals. Their responsibilities regarding the administration of medicine in child care settings include the following:

- Completing all child care health forms legibly
- Discussing medication needs with parents or guardians and if needed, with child care providers, if parental permission is obtained
- Adapting medication schedules to meet the needs of children in child care and limit the number of doses that need to be given in child care
- Providing guidance and education as requested
- Promoting disease prevention and good health practices
- Being accessible to child care staff for questions and concerns about patients, with parental permission
Script:
Let’s see a raise of hands—
How many of you have child care health consultants that your program works with right now?
Who knows if your program and/or state has child care health consultants available?
Have most of you heard of them before and/or work with schools that have school nurses?

A child care health consultant is a trained health care professional who provides consultation and technical assistance on health issues in child care. In schools it is often the school nurse. Child care facilities can request consultation from professionals with special expertise.

All child care and school settings should have access to a health care professional who provides consultation and technical assistance on health issues. Child Care Health Consultants are available in most states, but sometimes there is a fee associated with their services. In some states, there are limited numbers of Child Care Health Consultants available. Child care facilities often do not have an on-site health care professional, but, in many states, they can request child care health consultation from professionals.
with special expertise in topics as they relate to child care, such as:
  o infectious diseases
  o nutrition
  o socio-emotional development
  o emergency management
  o injury prevention

The method for locating a health consultant varies from state to state. For more information, contact your local Child Care Resource & Referral Agency (CCR&R). To find your local CCR&R, visit www.naccrra.org.

Types of Medication

• Prescription (Rx), over-the-counter (OTC), and non-traditional
• Brand name and generic
• Oral, topical, and inhaled, etc.

Script:
Now that we have spent some time looking at roles, responsibilities, and regulations. We are going to look at the types of medications that are given in child care settings.
Medication types include the following:
• Prescription medications, which some people refer to as Rx- these are those that require a prescription from a licensed health professional.
• Over-the-counter medications are those that can be purchased without a prescription from a health care professional. These are often referred to as OTC.
• There are also non- traditional, brand name and generic medications.
We will also look at the types of medications in regards to their method of use- oral, topical, inhaled, etc.

Prescription medication, over-the-counter medication, and non-traditional/alternative medication can interact. A health care professional should always supervise when these medications are given together.
Medication Administration in Early Education and Child Care Settings

Prescription Medication

- Can only be prescribed by an authorized health care professional
- Are dispensed by a pharmacist
- Are considered “controlled substances” if they can be dangerous or addictive

Script:

**Prescription medication** can only be prescribed by an authorized health care professional. Authorized prescribers vary by state and include physicians, nurse practitioners, and physician assistants. These medications are dispensed by a pharmacist.

**Controlled substances** are discussed later in this curriculum. They include medications such as methylphenidate for attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD). Medications are considered to be "controlled substances" if they can be dangerous or addictive. Controlled substances have special rules.

Sometimes families are given **samples** of medication by their health care professional. These samples should be properly labeled with the child’s name, the medication name and strength, and the expiration date, just as if they came from a pharmacy.
OTC Medication

Can be purchased without a prescription
- Vitamins
- Sun screen
- Insect repellant
- Non-medicated diaper cream
- Homeopathic medication
- Herbal medication

Script:
The Food and Drug Administration (FDA) decides whether a medication can be safely used by a consumer without the advice of a health care professional. OTC medications are not harmless: Like prescription medications, OTCs can be very dangerous to a child if given incorrectly. Best practice is that OTC medications administered in child care should have written authorization from the health care professional with prescriptive authority and parent or guardian written permission.

Sun screen, insect repellant, and non-medicated diaper cream often have different regulations. Check your state regulations. Most often they require parent permission (signed) at the beginning of the year.

A prescription from an authorized health care professional is essential for any medication that does not have dosing information available. (This will be discussed further in Module 2).

Homeopathic medications have active ingredients that can be from plants, minerals, or animals. FDA regulates these medications but they are exempt from manufacturing requirements, expiration dating and finished product testing for identity and strength.

Herbal Medication have active ingredients from plants. They are unregulated and have no government standards for manufacturing or labeling.
Both Homeopathic and Herbal Medications are sold over the counter, but dosage guidelines for young children do not exist. There is very little research on side effects/drug interactions. Homeopathic and herbal medications are not all regulated by the FDA and can have quality control issues. Some, especially those from outside of the country, have been found to have lead and other toxins. Your policy should address whether homeopathic and herbal medications will be administered given these concerns.
Common OTC Medication

- Fever reducer or pain reliever
- Antihistamines
- Mild cortisone cream
- Cough syrups and cold remedies
- Nose drops
- Medications used for common gastrointestinal problems
- Many OTC medications do not have dosing information for children under the age of 24 months

Script:
Common over-the-counter medications for children include the following:
- Fever reducers and pain relievers
- Antihistamines
- Mild cortisone cream
- Cough syrups and cold remedies
- Nose drops and medications used for common gastrointestinal problems.
- Medications used for common gastrointestinal problems

Many OTC medications do not have dosing information for children under the age of 24 months

The National Reye’s Syndrome Foundation, the US Surgeon General, the United States Food and Drug Administration (US FDA), the Centers for Disease Control and Prevention (CDC), and the American Academy of Pediatrics (AAP) recommend that aspirin and combination products containing aspirin should not be given to children or teenagers who are suffering from influenza-like illnesses, such as chicken pox, and colds. Child care providers should not be seeing aspirin alone or in combination products in child care.

Research has shown that cough and cold medicines have little benefit to young children and can have serious side affects. Many of these over-the-counter products have more than one ingredient which can lead to accidental overdose if combined
with other products. Caring and comfort is one of the best medicines for colds.

Brand Name and Generic Medications

- Both prescription and OTC medications come as
  - Brand name
  - Generic
- Mistakes and confusion
  - Names that are difficult to remember and to say
  - Available under several names
  - Sound alike names

Script:
Both prescription and OTC medications may come as brand names and generic. Brand name medications are named by pharmaceutical companies. The names are often easier to say and remember than the generic names.

Some medications, such as some antihistamines, are available as prescription and OTC as their brand name. They may also be available as a generic OTC at a lower cost.

The names of medications can create an opportunity for mistakes and confusion because names can be difficult to remember or to say. Also, medications may be available under several different names, and some may sound the same.
Medication Administration in Early Education and Child Care Settings

Forms of Medication: Oral

**Tablets**
- Coated and uncoated
- Chewable
- Scored

**Capsules**
- Swallow
- Sprinkle

Script:
Medications for children can come in different forms. Oral medications can be in tablet and capsule form.

**Tablets** can be:
- Coated and uncoated. They should be swallowed whole.
- Chewable tablets must be chewed and then swallowed.
- Scored tablets may be split in 2 to give the appropriate dose. The tablet should be split in 2 by the pharmacist or parent.

Un-scored tablets should not be split because they cannot always be divided evenly and a child could receive too much or too little medication.

**Medications can also come in capsules:**
Capsules are taken by mouth and swallowed whole. They should not be crushed.
Sprinkles are contained in capsules. The contents are taken apart and sprinkled on food, as directed. Use sprinkles only with a health care professional's instruction.

Instructor Note:
The following video on tablets and capsules is available for your use:
https://youtu.be/zc9DdOwnoTs
Forms of Medication: Oral continued

Liquids
- Suspension
- Syrups
- Elixirs

Script:
Another form of oral medication is liquids:
- *Suspensions* are fluid substances with solid particles. They separate when left standing. Undissolved medications in liquid must be shaken prior to pouring and often need refrigeration.
- *Syrup* or *Elixir* is a sweetened liquid that contains dissolved medication.
You may refrigerate oral liquid medication to make the taste more pleasant.

Instructor Note:
The following video is also available for your use: [https://youtu.be/6PAb8AVDYLm](https://youtu.be/6PAb8AVDYLm)
Forms of Medication: Oral continued

- Sublingual
  - Placed under the tongue
- Melting strips and tablets
  - Absorbed directly in the mouth
- Gums and gels

Script:
Other forms of oral medications include sublingual. These medications are placed under the tongue.
- Speed of absorption varies by medication.
- Some types of sublingual medication should not be swallowed whole.
- Refer to the manufacturer’s instructions.

There are also melting strips and tablets:
- **Quick Dissolve strips** are applied on top of tongue. They dissolve instantly when placed in a child’s mouth.
- **Quick Dissolving tablets** also dissolve quickly when placed in the mouth.

Gum applications and gels are another type. For these medications there is rapid absorption with the effects usually noted within 10 minutes. This medication is often rubbed directly on the gums inside the mouth. Teething gels containing benzocaine or lidocaine are not recommended for children. Caregivers can can give babies a teething ring that has been chilled in the refrigerator. *

Medication that is applied to the lips, such as lip balm, is **not** considered oral medication because it is not applied in the mouth or to the gums.

**Conversation Starter:** What oral medications forms have you had experience with
in your program or setting?
Are there forms of oral medication that give you more challenges than others?

*Source: AAP News, Baby Teething gels not recommended.
http://www.aappublications.org/content/35/8/32.1
Forms of Medication: Topical

- Drips: Eyes, ears, or nose
- Sprays: Nose or Throat
- Patches

Script:
Another form of medication is topical. Topical medicines include eye drops, eye ointments, ear drops and ointments, creams and patches that are applied to the skin, and sprays. Medicated patches are devices that are applied to and remain on the skin that allow for the timed release of medication.

Instructor note: A video on topical medications is available at https://youtu.be/mKG8wQALiyQ
Forms of Medication: Topical, continued

- Creams, Ointments, and Sprays for external application of medication for rash or skin problems
  - Prescription versus OTC
  - Preventive versus treatment

Script:
Other topical medication forms include creams, ointments and sprays for external application of medication for rash and skin problems. These drugs can be both prescription and OTC depending on their strength. They are considered OTC if the active ingredient is small in each dose.

OTC ointments and creams that are used for preventive purposes, such as sunscreen, lip balm, skin creams, and diaper ointments, require parent written permission and all label instructions must be followed.
- If the skin is broken or an allergic reaction is observed, discontinue use and notify the parent or guardian.
- Include a statement on the parent written permission form that sunscreen or diaper ointment will not be applied to broken skin or in the presence of a severe or persistent rash without written authorization from a health care professional.
- Make sure to check your state regulations as well as best practice standards in Caring for Our Children.

OTC ointments and creams used as a treatment for a skin condition such as broken skin, eczema, burn, or bleeding with severe diaper rash, require a written authorization from the health care professional and written parent permission.
Forms of Medication: Inhalation

- **Inhalation**: Breathing or inhaling a drug into the respiratory tract
- Methods include:
  - Inhaler
  - Nebulizer
  - Powders
  - Spray

**Script:**

**Inhalants** are medication that are in a fine mist or powder which can be breathed into the body through the nose or mouth.

**Metered dose inhalant** or *(MDI)* is propelled into the mouth by pressurized gas and is inhaled into the lungs.
  - The medication is better delivered if a spacer tube is used between the inhaler and the mouth.
  - The inhalant gas has been changed to hydrofluoroalkane (HFA) a "puffer" to be more environmentally friendly.

A **nebulizer** machine turns liquid medication into a fine mist which is inhaled.

**Powders** come in different devices where a set amount of medicated powder is inhaled or sucked in from the device.
  - The device often turns and clicks to drop the dose into place so it can be inhaled.

**Nasal spray** delivers medication into the nose through a spray.
  - Medication is absorbed in the nasal cavity, effects will be noted within 10 to 15 minutes.
  - Children may complain of an unpleasant taste in their mouth after receiving nasal medication.
**Instructor Note:** Several videos are now available:
Inhalants: https://youtu.be/kjlU_ULsyB0
Inhaled meds (asthma): https://youtu.be/e6O9x0WoWgM
Nose drops: https://youtu.be/QCTY8ne9Hrc
Forms of Medication: Injection

- Epinephrine Injection
- Glucagon
- Insulin

These medications need special training and will not be covered in this program.

Script:
Injectable medications are administered by a registered nurse (RN) or may be delegated to school or child care personnel and supervised by a RN or school registered nurse, depending on state regulations.

Emergency injectables, such as epinephrine injections, are administered during a severe and life-threatening allergic reaction. A written health care plan is necessary. Consult your state regulations for guidelines about how epinephrine injections are taught and administered as emergency injectables.

Other injectables, such as insulin or glucagon, require an individualized written health care plan, individualized training, 1-to-1 delegation and supervision, as determined appropriate by the RN. The administration of injectable medication is not part of this curriculum.

Instructor note: A video on injections is available at https://youtu.be/I7WIdRDqiOA
Forms of Medication: Suppository

- Suppositories are inserted into the rectum
- Need special training
- States vary, so check your local laws and regulations

**Script:**
The last form of medication is suppositories. Rectal medications are inserted into the rectum and **require special monitoring**. Occasionally, suppositories will be designed to be inserted in areas other than the rectum.
Medication Administration in Early Education and Child Care Settings

PediaLink: Medication Administration in Early Care and Education Settings

For more information, an online course is available through PediaLink.

To sign up please visit: https://shop.aap.org/medication-administration-in-early-care-and-education-settings/

Script:
The main goals of the course are to provide knowledge and skills to child care providers regarding administering medications. Medication is usually given at home by parents/guardian. When a child attends a child care facility, the medication can be administered by child care providers to maintain the health of the child, prevent illness, or relieve symptoms. Doing this allows a child who is not acutely ill to attend a child care program outside of home. To administer medication, child care providers have to comply with laws, regulations, and best practice.

After completing this course, you will be able to:
Identify different types of medication
Explain why and how medication is given
Improve procedures for receiving, storing, preparing, and administering medication
Document medication administration
Recognize and respond to adverse reactions to medication
Follow medication administration policies

Child care providers: This course is approved for 1.0 contact hours of training credit.
Script:
For information on your state’s child care licensing regulations see the National Database of Child Care Licensing Regulations available at the URL on the screen.

Trainer Note:
If you are not providing copies of the slides with the url on the screen you may want to give attendees a few moments to write down the website address or tell them to search for National Database of Child Care Licensing Regulations.
More Resources


It is available online at: http://nrckids.org/

This book is available from the American Academy of Pediatrics

Script:

Managing Chronic Health Needs in Child Care and Schools, 2nd ed. is a valuable resource. This resource, updated in 2018 by Elaine A. Donoghue, MD, FAAP and Colleen A. Kraft, MD, FAAP, helps teachers and caregivers address the challenges of caring for children with chronic health conditions and special health care needs in child care and school settings. It is available from the American Academy of Pediatrics.

A resource for standards and best practices for child care programs regarding medication administration is Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 4th edition. This resource is often referred to as the CFOC.

The CFOC provides standards, along with rationales, and resources and references. The most up to date information is available on their Web site. More resources on medication administration will be presented in the curriculum. In addition the resources section of your participant’s guide has a list of resources.

Conversation Starter:
Have any of you used CFOC to help you with issues and policies related to medication administration? How has it been useful?
[One of the pieces of CFOC that is often helpful is the rationale as this gives information about why the standard is in place and often answers the question- How come we need to do this or should do this?]

**Trainer Notes:**
If you are not providing note pages of the slides you may want to give attendees time to write down the URLs for these resources. Managing Chronic Health Needs in Child Care and Schools, 2nd ed. can be found by typing the title in the search box of the AAP's website at www.aap.org or directly at https://shop.aap.org/managing-chronic-health-needs-in-childcare-and-schools-a-quick-reference-guide-2nd-edition-paper/
Disclaimer

- Curriculum provides education for personnel in the child care setting who give medication to children but are not licensed health care professionals
- Curriculum is not a substitute for written policy and professional medical guidance and not a certification of competency
- Each program must review state laws, regulations, and resources, and adapt accordingly
Acknowledgements

• This curriculum has been developed by the American Academy of Pediatrics (AAP). The authors and contributors are expert authorities in the field of pediatrics.
• The recommendations in this curriculum do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
• Listing of resources does not imply an endorsement by the AAP. The AAP is not responsible for the content of resources mentioned in this curriculum.
• Website addresses are as current as possible but may change at any time.
• Support for the Healthy Futures curricula has been provided through funding from Johnson & Johnson Consumer Inc.

Script:
This curriculum was developed by the American Academy of Pediatrics. The authors and contributors are expert authorities in the field of pediatrics, early education, and child care.
Acknowledgements

- **Colorado**: Guidelines for Medication Administration: An Instructional Program for Training Unlicensed Personnel to Give Medication in Out-of-Home Child Care, Schools, and Camp Settings, Fifth Edition, 2008, developed by Healthy Child Care Colorado
- **New Jersey**: Medication Administration in Child Care developed by Healthy Child Care New Jersey
- **North Carolina**: Medication Administration in Child Care in North Carolina developed by the Quality Enhancement Project for Infants and Toddlers, with funding from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill
- **West Virginia**: Medication Administration: An Instructional Program for Teaching Non-Medical Personnel to Give Medication in Child Care Centers in West Virginia developed by Healthy Child Care West Virginia and the West Virginia Department of Health and Human Services

Script:
The sources for this curriculum include contributions from these state programs that contributed to the first edition of this curriculum.
Acknowledgments

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