

Medication Administration in Early Education and Child Care Settings



Introduction to Medication Administration in Early Education and Child Care Settings

Module 2: Preparation and Documentation

Add name

Add date



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 instructor planning guide 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.]

Objectives

- Forms
- Policies
- Confidentiality Objectives
- Receiving and storing medication
- Disposing of medication
- Documentation, forms, and records

Script:

The objectives for this module are the following:

1. Summarize the forms a child care provider needs before giving medication
2. Identify policies that must be in place before receiving medication
3. Understand why information about medication should be kept confidential as ordered by federal law
4. Describe safe practices of where to store and dispose of medication
5. Feel knowledgeable about receiving and disposing of medication
6. Review a Child Health Assessment and Authorization to Give Medicine form
7. Identifying the proper forms that must be in place for medication administration
8. Recognizing and recording side effects of medication
9. Becoming comfortable with filling in medication administration forms
10. Knowing how to fill out a Medication Log

NOTE: If you are have participants complete the pre-test questionnaire prior to each module. Have them answer the pre-test questions for module 2 now.

Conversation Starter:

When you look at the topics listed here, which topic or topics do you feel confident about? Do you feel like you and your staff understand

confidentiality issues well? Are there topics here that you are more sure of your knowledge than others? Any challenges?

Or

A raise of hands: How many of you have had to dispose of medication in your program in the last month? Have you recently reviewed your policies on confidentiality in the last month?

How often do you receive medication from parents— daily, every week?

How many of you fill out forms regarding medication, including recording of any side effects?

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 begin the second module. Please note that this 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 the content accordingly.

What forms are needed?

1. Child Health Assessment
2. Medication Administration Packet
 - Authorization to Give Medicine
 - Receiving Medication
 - Medication Log
3. Emergency Contact Form
4. Health Care Professional's Order



Script:

A number of forms are required to administer medication in a child care setting. The good news is that there are forms that you can use and/or adapt. You do not need to create your own. We will also be looking at some forms as well as part of this module.

Each child should have on file a child health assessment form. These are sometimes called different names such as a care plan or an individual health plan if a child has a chronic or life-threatening condition. They are also sometimes called the physical form.

Your program should have a medication administration packet that includes the following forms:

Authorization to Give Medicine:

- To be completed by parent /guardian

Receiving Medication:

- To be completed by child care provider

Medication Log:

- To be completed by child care provider

Emergency Contact form:

This is often combined with other forms.

Health Care Professional's Orders:

The prescription label can serve as this order.

Note that states have different regulations, for example:

- Some states embed a **release to talk** to the health care professional into the Emergency Contact Form, while in other states, separate forms for each purpose

are required.

- State regulations can be found at <https://childcareta.acf.hhs.gov/licensing>
- Some states require a **health care professional's signature** to give medication (prescription and OTC), and some states use the same form for both prescription and OTC, while other states use different forms for each type.

Trainer note:

If you are including copies of the sample forms during your session, You may want to briefly walk participants through the forms:

Child Health Assessment

- Physical examination results
- Immunization record
- Medical conditions
- Preventive health screenings, if required



Script:

The Child Health Assessment is a general form **geared towards healthy children**. It includes physical examination results, immunization records, information about medical conditions and information about preventive health screenings, if required.

Every state is different as to what must be included, the timeframe for completion, and the length of time that the form remains valid.

While licensing regulations in some states allow 30 days for the completion of the child's health assessment, **best practice** dictates that a child care provider have that information at the time of enrollment in order to have adequate information about the child to properly care for him or her, particularly if special needs are involved.

Best practice states that the Child Health Assessment should be **updated** annually or when there is a change in health status, such as a hospitalization.

Sample child health assessment forms are available from Caring for Our Children as well as in the AAP's book *Managing Chronic Health Needs 2nd Edition*.

Specific disease action plans are **not covered** in this training and are included for reference only.

•Conservation starter:

•What do you think are some reasons why it is best practice to have a child health assessment completed within 30 days of enrollment? (Possible answers: health issues can affect how a child learns, early detections of health issues can mean less missed days of learning, programs can have plans in place to support healthy growth and development)

Trainer Notes:

•Review **state-specific information**.

•Your state regulations can be obtained at <https://childcareta.acf.hhs.gov/licensing>

•**Every state is different** as to what must be included, the timeframe for completion, and the length of time that the form remains valid.

The Caring for Our Children Child Health Assessment form is at
<http://nrckids.org/files/appendix/AppendixFF.pdf>

The AAP's Managing Chronic Health Needs 2nd Edition is available at
<https://shop.aap.org/managing-chronic-health-needs-in-childcare-and-schools-a-quick-reference-guide-2nd-edition-paper/> .

This book also has child health assessment information

Care Plans or Individualized Health Plans for Children with Special Health Care Needs

- The usual Child Health Assessment might not be detailed enough to allow the best care for the child
- Completed by a health care professional



Script:

Children with special health care needs should have a care plan or individualized health plan that **outlines the specifics of their special health care needs**. The care plan should be completed by a health professional. It should provide information about any ongoing or emergency medication and outline modifications to diet, environment and activities.

There are different types of care plans. Some care plans are general, such as the Emergency Information Form for Children with Special Needs, and others are disease-specific, like an Asthma Action Plan.

Action plans need to be updated with changes in the condition or at a minimum yearly together with the primary health care provider.

The resource section has links to some additional resources such as asthma action plans.

Specific disease action plans are **not covered** in this training and are included for reference only.

Medication Administration Packet: Authorization to Give Medicine



- To be completed by parent or guardian
- Child's Information
- Prescriber's Information
- Permission to Give Medication

Script:

Programs should have written policy for the administration of any prescription or non-prescription or over-the-counter medication. This includes having parent or guardian consent forms for each prescription and over-the-counter medication.* The authorization to give medication form should be completed by the parent or guardian and include the child's information, prescriber's information and permission to give medicine for each prescription and non-prescription medication. It is important to know your state-specific regulations.

*CFOC, Standard 9.2.3.9 available at <http://cfoc.nrckids.org/StandardView/9.2.3.9>

Trainer notes:

Review state-specific information at
<https://childcareta.acf.hhs.gov/licensing>

Medication Administration Packet: Receiving Medication



- Receiving an storing medication checklist
- To be completed by child care staff

Script:

Programs should also have policy in place regarding the receiving of medication including a checklist of steps to take to receive and safely store medication. The checklist should be complete by child care staff and include steps such as the following:

- Checking labels and containers
 - Ensuring that all forms are complete
 - Obtaining necessary information from parent/guardian
- This topic will be covered in more detail later in this module.

Medication Administration Packet: Medication Log

- Completed by child care staff
- Should include the following:
 - Name of child
 - Medication
 - Day, time, dose, route, and staff signature
 - Comments and observations
 - Return or disposal of medication notation
- Prescription and OTC medication must all be logged

Script:

The medication log should also be completed by child care staff. The medication record or log documents the process taken by the person giving the medication. Your medication log should include the following:

- Name of the child
- Medication
- Day, time dose, route, and staff signature
- Comments and observations
- Return or disposal of medication notation

Both prescription and over-the-counter medication must be logged.

The Medication Log will be covered in more detail in Module 4, Documentation.

Emergency Contact Form

- How to contact the family
- Permission to speak with the health care professional regarding a specific child's health needs



Script:

Emergency contact information is required. This includes information on how to contact the family in an emergency as well as permission to speak with the child's health care professional regarding the child's specific health needs. You should have more than one emergency contact for back-up if the first person can not be reached.

The Emergency Contact Form may:

- include the child's **insurance** information
- **be combined** with other forms

While permission to speak with the health care professional is in the Medication Administration Packet and Authorization to Give Medicine form, the need to do so may also occur for children who are not receiving medication. That is why it has been included on the Universal Child Health Record and the Emergency Contact Form.

Health Care Professional's Orders

- Prescription medication
- OTC medication
 - State requirements
 - Under 24 months of age
- Know the length of time order is valid.
- Standing orders



Script:

Health care professional orders are needed for prescription medication. The pharmacy label is the order for the prescription medication.

- For over-the-counter medication, parent's instructions are okay in most states if it matches the dose given on the medication label. It is important to know your state's specific requirements.
- A written order from a health care professional is required in some states for over-the-counter medications.
- A written order from a health care professional is essential if the child is under 24 months and the dose is not on the label or if the parent's instructions do not match the dose on the label.
- It is also important to check your state's regulations regarding the length of time that a health care professional's order is valid.

CFOC standard 3.6.3.1 states "Standing orders" guidance should include directions for facilities to be equipped, staffed, and monitored by the primary care provider capable of having the special health care plan modified as needed.

Standing orders for medication should only be allowed for individual children with a documented medical need if a special care plan is provided by the child's primary care provider in conjunction with the standing order or for OTC medications for which a primary care provider has provided specific instructions that define the children, conditions and methods for administration of the medication. Signatures from the primary care provider and one of the child's parents/guardians must be obtained on the special care plan. Care plans should be updated as needed, but at least yearly.

Source: <http://cfoc.nrckids.org/StandardView/3.6.3.1>

Instructor Notes:

•Discuss **state-specific regulations** concerning health care professional's orders.

Your state regulations can be obtained at

<https://childcareta.acf.hhs.gov/licensing>

Health Care Professional's Orders continued

- “As needed” or “prn” orders
- State regulations vary for telephone orders

Script:

“**As needed**” or “**prn**” orders are frequently written by health care professionals to allow a nurse to give a medication only when nursing judgment deems that the medication is needed.

- These types of instructions must be much more specific for non-health care professionals. For example: “Give albuterol nebulizer treatment every 4 hours as needed” versus “Give albuterol nebulizer treatment every 4 hours for increasing cough, rapid breathing, chest tightness, or other signs of respiratory difficulty.”

- Health care professionals are used to writing “prn” orders for school nurses and may not realize that a nurse might not be available at a child care site to make trained decisions about when to administer medication.

- This subject is discussed in more detail later in this module and in Module 3, How to Administer Medication

Health Care Professional's Orders, continued

Must be clear and specify:

Child's first and last name
Date of order
Name of medication
Amount (dose)
Time, route, and frequency
Signature of licensed health care professional
Expiration date of medication

Might list:

Reason for medication
Possible side effects or adverse reactions

Script:

The health care professional's orders must be clear and include the following:

- Child's first and last name
- Date of order
- Name of medication
- Amount (dose)
- Time, route, and frequency
- Signature of licensed health care professional
- Expiration date of medication

It might include, the reason for the medication, and possible side effects or adverse reactions. The **reason for the medication** is protected health information but may be helpful to know. The parent can share this information at their discretion.

If the health care professional's order does not list the possible **side-effects or adverse reactions**, information can be obtained from the pharmacy or other reliable sources of information about medication.

Take a look at the sample prescription label and sample over the counter label in the participant's manual. Can you find each of the items listed on this slide on each label?

Trainer Note:

•Refer to Sample Prescription Label and Sample OTC Label in Module 2, Preparation in provided.

Medication Policy: What It Should Include

- A written policy should state:
- *Who* will give medication
- *What* medication will be given
- *Where* will medication be given and stored
- *When* medication will be given
- *How* confidentiality will be maintained
- *What* procedures and forms are to be used for permission and documentation
- *What* procedures are used when giving medication (5 Rights)
- *What* procedure should take place in the event of a medication error or incident

Script:

How many of you are familiar with your program's written medication policy? Do you know if parents in your program receive a copy and sign a copy of the policy? Do parents know they can ask questions about it and ask for things to be explained that they do not understand?

Every parent should **receive and sign** a copy of the policy. It can be attached to the authorization form.

Parents can be requested to share the Authorization to Give Medicine and policy with their health care professional, especially if it is likely that medication will be prescribed.

All staff should be familiar with the policy and forms even if they do not give medication.

A written policy should state:

- *Who* will give medication
- *What* medication will be given
- *Where* will medication be given and stored
- *When* medication will be given
- *How* confidentiality will be maintained
- *What* procedures and forms are to be used for permission and documentation

- *What* procedures are used when giving medication (5 Rights)
- *What* procedure should take place in the event of a medication error or incident

In the first module I talked a bit about **Child Care Health Consultants**. If one is available to you, they are a good person to have review your child care policy and make suggestions.

It is important to check your state's regulations as well to make sure that your policy

- Module 3 also has a how to administer medication checklist that is also a useful resource when reviewing your policy.

Trainer Notes:

- Emphasize that policy should be in writing.

Check state regulations and add pertinent state requirements:

<https://childcareta.acf.hhs.gov/licensing>.

Policy: Who Will Give Medication?

- Who is designated?
- Know qualifications
- Know state requirements



Script:

Your policy should state that the **director of the child care center designates** who will be responsible for administering medication and who will serve as the alternative if the designated person is unavailable.

It is best practice to **assign only one person per day or shift to administer medication** in order to avoid confusion, errors, double dosing, or missed dosing. It should be someone with experience giving medications to different age groups.

Staff should have the skills and qualifications necessary to administer medication. They should also be relieved of other duties when administering medication. They should be able to read well, measure items, and follow instructions. Some states require a formal performance evaluation of the designated medication staff by a health professional. If it is a new person, consider having this person work with an experienced person a time.

Best practice is to include in the policy that those designated as individuals to administer medication must receive training in medication administration (see *CFOC*, <http://cfoc.nrckids.org/StandardView/3.6.3.3>)

Policy should also address the following:

- The circumstances when **parents will be called to administer medication** or

when a nurse is required.

- Whether **self-administration** will be allowed for older children, especially in after-school programs. This issue is addressed further in Module 5, Problem Solving.

Trainer Note:

Your state regulations can be obtained at

<https://childcareta.acf.hhs.gov/licensing>

Policy: What Medications Will Be Given & Why?

- Why medications are given
- What types of medications?
 - prescription
 - OTC medications
 - Off-label, folk remedies
 - Homeopathic & herbal medications



Script:

Your medication policy should also state why medications are given and what types of medications are appropriate to give in child care. Caring for Our Children is one reference to use when you are examining the "why" portion of your policy.

Your policy should cover prescription and non-prescription medications, off-label and folk remedies as well as homeopathic and herbal medications. Off-label and folk remedies should be limited.

Homeopathic and herbal medications do not have the same manufacturing safeguards as other medication. Their use should be safeguarded by having a **prescription from an authorized health care professional** and by requiring **proper labeling** about strength of medication, expiration date, side-effects, etc.

Conversation starter:

•Discuss participants' experiences with non-appropriate requests for medication administration (non-essential, off-label, or folk remedies) and how they responded.

Policy: Procedures

- Step-by-step procedures
- 5 Rights
- What forms are needed
- How health care professional's orders are handled
- The first dose of medication
- Errors or incidents



Script:

Step by step procedures for medication administration should also be part of your policy.

The **5 rights** will be discussed in Module 3, How to Administer Medication. They include the right child, the right medication, the right dose, the right time, and the right route.

The policy should be specific about which forms are used, time frame for completion, and length of time for which they are valid.

Giving the **first dose at home** allows parents to watch for immediate side-effects to the medication and to see how well the child accepts the medication.

Errors and Incidents will be discussed further in Module 5, Problem Solving.

The policy should be very clear on all these points.

Confidentiality

- Right to privacy
- Establish and follow a written policy on confidentiality
- Know your state or local statutes or regulations



Script:

Knowing why a medication is being given is important but may come into conflict with the child's and family's right for privacy. Families may have information that they do not want to share or information that they are willing to give permission to share on a "need to know" basis only. It is important to respect a parent's choice to disclose or not disclose information.

Written policy should be in place on the confidentiality of the records of children. Permission to share confidential information should be written and not just be in verbal form.

It is important to know your state and local statutes or regulations regarding the confidentiality of medical records.

See Caring for Our Children standard 3.6.2.9 at <http://cfoc.nrckids.org/StandardView/3.6.2.9> for more information as well as the policies on medication administration.

Trainer Notes:

- Discuss relevant state or local statute, regulation or policy.
- Your state regulations can be obtained at <https://childcareta.acf.hhs.gov/licensing>

Federal Law States. . .



- All medical records MUST be kept confidential
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Educational Rights and Privacy Act (FERPA)

Script:

Federal law states that all medical records must be kept confidential. The Health Insurance Portability and Accountability Act or **HIPAA** require the secure transfer of medical records, permission required for electronic transfer of medical records and the confidential treatment of medical records. HIPAA covers the confidentiality in health care settings.

Once HIPAA-protected information is received by a school, it falls under FERPA rules. FERPA stands for Family Educational Rights and Privacy Act. FERPA applies to school setting but not specifically to child care settings.

School staff with a “**right to know**” (those that have a direct relationship to the student’s academic performance) may have access to this information.

The school can appoint an **information gatekeeper** as an intermediary with staff.

Receiving Medication: Prescription

- Pharmacy name and number
- Prescriber's name and number
- Prescription number
- Date prescription was filled
- Child's first and last name
- Name of medication
- Strength of medication
- Refills
- Quantity (QTY)
- Manufacturer (MFG)
- Expiration date
- Instructions for administration, dose, etc.
- Instructions for storage



Script:

When receiving prescription medication the original medication packaging should have the items listed on this slide.

Instructions for administration include the dose of the medication, the route (by mouth, etc), the frequency/time, the duration of treatment, and any specific instructions. Some examples include:

- 5cc by mouth every 12 hours for 10 days.
- Apply a thin layer of cream to affected area 3 times a day for 10 days.
Cover area with a bandage after applying.

Trainer Note:

• Refer to Sample Prescription Label and Sample OTC label if you are providing this for your session participants

Receiving Medication: Over-the-Counter

- Verify that the strength of the medication is appropriate for the child's age
- Make sure nothing blocks the label
- Know what information should be the medication packaging



Script:

When receiving non-prescription or over-the-counter medication it should be in the original medication packaging. Make sure that nothing is blocking the label. What information should the packaging contain? (Pause a few moments and ask for responses).

Original medication packaging should have:

- Product name
- Active ingredients
- Purpose
- Uses
- Warnings
- Directions
- Expiration date
- Inactive ingredients
- Other information
- Specific instructions for child- doses etc.

Careful attention to doses and strength is crucial. Verify that the strength of the medication is appropriate for the child's age.

Best practice is to use milliliter-based dosing exclusively when administering liquid medications*

There may also be specific state requirements for prescriber authorization for over-the-counter medication. Prescriber authorization for over-the-counter medication is best practice even if it is not a state regulation. Prescriber authorization can be required by policy even if it is not part of your state regulations.

Trainer Notes:

- You may want to use flip chart paper to write down the information that should be on OTC medication packages.
 - Refer to Sample Prescription Label and Sample OTC Label if you are providing this for your session participants
 - Your state regulations can be obtained at <https://childcareta.acf.hhs.gov/licensing>
- *See <http://pediatrics.aappublications.org/content/135/4/784>

Process to Receive Medication



- Receive medication
- Match label
- Log medication with Receiving Medication form
- Ask parent/guardian questions
- Store medication

Script:

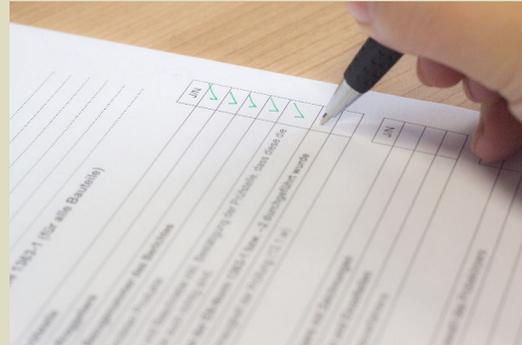
In all settings, including after school programs, medication should be transported and transferred from adult to adult and not by children.

The process for receiving all medications should involve the following steps:

- Receive the medication from an adult
- Match the label with the permission form and instructions
- Log medication using your receiving medication form
- Ask the parent/guardian the following questions:
 - When was the last time the medication was taken?
 - Include information on the **last dose** given. The last dose that the parent/guardian gave can be jotted in the margin.
 - **Parents/guardians should be asked the question regarding the last dose of medication EVERY DAY not just on receipt of the medication.**
 - How do you give your child medication?
 - What kinds of side effects may be caused by the medication?
 - **Parents should be asked frequently about any new side-effects they have observed since side-effects do not always show up in the beginning.**
 - What successful techniques do the parent's use to administer the medicine?
- Store the medication

Receiving Medication Form

- Child's name
- Name of medication
- Date medication received
- Safety Check List for medication
- Controlled substances need special tracking



Script:

A safety checklist is included in the Medication Administration Packet.

- The **safety checklist** includes:
 - Correct first and last name of child
 - Child resistant container
 - Original prescription or label with name and strength of medication
 - Medication not expired
 - Name and phone number of licensed health care professional
 - Child health record on file
 - Instructions for dose, route, and time
 - Storage instructions
 - Previous trial dose?
 - Controlled substance?

If necessary information is not present or does not match DO NOT accept or give the medication until the issue is resolved.

Ask:

What do you think are some of the reasons why an intake form should be used?

- [Provide the following answers to this question if they are not given]
- Using an **intake form** can eliminate problems particularly in programs where the person greeting the child is not the designated medication administration person, such as in an early morning situation.

- All items are checked to see that there is consistency **before accepting and administering** the medication.
- Sometimes parents and child care providers will both need to sign the form to document that the medication was received.

Safe Storage and Handling

- Child resistant caps
- Store in out-of-reach places
- Observe for signs of tampering
- Check for special storage instructions
- Be aware of product look-alikes



Script:

Safe storage and handling of medication is important. Some centers may only accept an **unopened container** of OTC medication as part of their policy.

Safe storage and handling includes:

- Child resistant caps
- Medication stored in a place that is completely out of reach of children
- Observed for signs of tampering such as packaging that shows cuts, tears, slices or other imperfections as well as anything that looks suspicious
- Check for special storage instructions such as avoiding exposure to light or sunlight (generally these medications are packaged in dark containers), and refrigerate or do not refrigerate
- Be aware of look-like products
- Keep medicine stored away from food

Tips for Parents/Guardians

- Ask pharmacist to divide medication into 2 bottles, each with its own label
- Have a discussion between parents, physicians, and child care providers ahead of time to discuss how to handle medication needs during field trips



Script:

Here are some tips that you can share with parents/guardians about medication that is to be given in a child care setting:

- Ask the pharmacist to divide medication into 2 bottles each with its own label
 - 1 to be kept at home and 1 to be kept at the child care facility
- Pharmacists may spilt the prescription upon request

Have a discussion between parents, physicians, and child care providers ahead of time to discuss how to handle medication needs during field trips. For field trips, ask if the medication can be taken at an alternative time. Also providers need to make sure emergency medications are brought on field trips as well (as more likely to have anaphylaxis et.)

Having medication at the child care site:

- Helps to **prevent missing a dose** because medication was left at home
- Keeps medication **secure** and out of the hands of children
- Keeps medication **climate controlled**

Medication Storage

Medication needs to be stored in a designated area.

Over 90% of emergency room visits for unintentional medication overdoses among children under the age of 5 involve children who get into medicine on their own without caregiver oversight.

Source: Centers for Disease Control and Prevention. https://www.cdc.gov/MedicationSafety/protect/protect_Initiative.html

Script:

The storage of medication is important. If not used or stored properly, any medication has the potential to be harmful and toxic to children. Over 90% of emergency room visits for unintentional medication overdoses among children under the age of 5 involve children who get into medicine on their own without caregiver oversight.

Medication should be stored in a designated areas that is secured, in a locked cabinet, that is cool and dark with limited access. If refrigeration is need it should be stored between 36 and 46 degrees F, separate from food in a spill-proof container. Topical medication should be stored separately from oral medication so that it is not accidentally given by mouth.

It is important to know your state regulations as your state may have specific requirements regarding the storage of medication.

Optional Group Activity:

Ask participants to identify where to store the following items:

- Prescription medication
- OTC medication
- Emergency medication
- Preventive substances (sunscreen, etc)

Note that if you have internet access a resource for floor plans and talking about

medication storage is the Virtual Early Education Center or the VEEC at <http://veec.aap.org/index.html>.

Trainer note:

•**State regulations** may be specific about storage. Your state regulations can be obtained at <https://childcareta.acf.hhs.gov/licensing>

Staff Medication

- Staff medication should be stored safely and should not be accessible to children
- Staff medication should not be kept in unsecure purses or bags



Script:

Staff medication should also be stored safely and should not be accessible to children. Staff medication should not be kept in unsecure places such as purse, bags or unlocked desk drawers. Know what your program's policies are regarding the storage of purses and bags. Think about where your staff, volunteers and visitors are asked to place and store their belongings. Also think about what might be in the pockets of coats and other clothing- things like cough drops, etc. It is easy to forget that we might have medications in our purses and other belongings.

Visitor and Volunteer Medication

- Visitor belongings should be stored safely
- It is easy to forget what might be in our purses or pockets.



Script:

Also think about where your staff, volunteers and visitors are asked to place and store their belongings. What might be in the pockets of coats and other clothing-things like cough drops, etc. It is easy to forget that we might have medications in our purses and other belongings.

Exceptions to Locked Storage

- Non-prescription diaper creams
- Non-prescription sunscreen
- Emergency medications
- Store out of the reach of children



Script:

There can be some exceptions to locked storage of medications. These may include: non-prescription diaper creams, non-prescription sunscreen, and emergency medication such as asthma rescue medications.

Emergency medications should stay close to **the child that may need them** and can be stored in a pouch that stays with a supervising adult. All medications listed above must be stored out of the reach of children.

It is important to know your state regulations at <https://childcareta.acf.hhs.gov/licensing>

Create a Safe Medication Administration Area

A safe medication area is:

- Situated where the designated medication administration person is able to concentrate on administering medication
- Stocked with medication and supplies within easy reach
- Clean, well lit, and free of clutter
- Confidential and quiet

Script:

Take a moment to think about the place in your program where medication is administered.

Does the place where you administer medications match the following description of a safe area?

Is it situated in a place where the designated medication administration person is able to concentrate on administering medication?

Are the medications and supplies within easy reach?

Is it clean, well lit, and free of clutter?

Is it in a place that is quiet?

Is the location in an area that insures that medication can be given in a confidential manner?

Conversation Starter:

If an additional dose of medication is unexpectedly needed, other medication should not be left unsupervised while the new dose is obtained. Is your medication administration area structured in a way that this is possible?

How does your program make sure that medications and children are not left unsupervised if a new dose needs to be obtained?

Disposing of Medication

- Return to parent for disposal
- If medication cannot be returned to parents, dispose of the medication in a secure trash container that children cannot access
- Controlled medication needs special disposal procedures
- Contaminated medication should be disposed of and replaced promptly



Script:

Now that we have talked about administering medication, we are going to end this module by talking about the proper disposal of medication. If medication is left over, or a medication or order is out-of-date, reasonable effort should be made **to return the medication to the parent**. This is the preferred method. When medication is returned to a parent for disposal, it should be recorded on the medication permission or intake form.

Sometimes parents must sign to verify that they received the returned, unused medication.

If the medication cannot be returned to parents, the medication should be disposed of in a secure trash container that children cannot access.

- It is **no longer considered advisable to dispose of medication in the sink or toilet** because of water contamination. Some communities have hazardous waste disposal plans. Find out if your community has one in place.
- If disposing of medication in **trash**, consider mixing it with coffee grounds, pet litter, or other undesirable substance.
- Remove all **identifying information** from the container before disposing of medication.
- How and when the medication was disposed of should be noted on the Medication Log or the permission form.
- Empty **inhalers** should go in a secured trash container.

- All **controlled substances** must be accounted for. Special efforts should be made to return these to the parent or guardian and both parties should sign to account for the medication. Witnesses should sign for the disposition of controlled medication whether they are returned to parents or destroyed.

- Contaminated medication should also be disposed of and replaced promptly.

Trainer Note:

- Discuss state licensing regulations for disposing of medication. State regulations can be found at <https://childcareta.acf.hhs.gov/licensing>

Scenario 1: Nick

Nick needs a noon time dose of amoxicillin suspension for this week and part of next week. The medication requires refrigeration and it must be shaken before being given. Nick has already received several doses of amoxicillin at home.

Script:

Read the scenario on the screen.

Have the participants pretend to receive the medication and fill out the receiving medication form/checklist in their packet and select the correct measuring device to use.

Take out your copy of the medication checklist and sample label document.

Conclude the activity by asking the following questions:

What if the permission form was not completely filled out by the parent?

Instructor Notes:

Have participants get into pairs and have one person be the parent and one person be the person receiving the medication. The person receiving the medication should fill out Receiving Medication form/checklist.

You could also do this activity as a large group by writing on flip chart paper.

Scenario 2: Maria

Maria is 3-years-old and has eczema. She needs hydrocortisone cream applied to her arms at noon time. There are moisturizer creams that look similar to the hydrocortisone cream. Maria has used the hydrocortisone medication before.

Script:

Now let's read another scenario.

Have participants get into pairs and have one person be the parent and one person be the person receiving the medication. The person receiving the medication should fill out Receiving Medication form/checklist.

Conclude the activity by asking questions like the following:

What if the label with Maria's name blocked the instructions?

What if the permission form does not have the parent's signature?

What if the label shows that the medication expired two days ago?

Medication Administration Packet: Medication Log

- Completed by staff who administered the medication
- “As needed” medication
- Check your state regulations



Script:

We have covered how to receive and safely store and handle medication. Now we are going to look at the form in the medication administration packet called the medication log.

[Flip chart activity or just have people answer out loud without a flip chart]

Without looking at the medication log in front of you how many of the items can you list that are the medication log?

Answer:

- The name of the child
- Medication
- Day, time, dose, rout and staff signature
- Reported errors or mishaps
- Return or disposal of medication
- If the medication is “as needed” the reason the medication was given should be included as well

Other material that may be included in a Medication Log:

- Allergies
- Comments and Observations

•Often sun screens, insect repellants and diaper creams have different state regulations about documentation. It is important to check your state regulations.

•Prescriptions and OTC medications should all be logged.

Instructor Note:

•Review the medication log included in the medication administration packet handout.

Your state regulations can be obtained at

<https://childcareta.acf.hhs.gov/licensing>

Medication Log, continued

**If you don't write the dose down,
no one will know that it was given.**

- Prompt recording is a safety issue.
- Delays can result in double dosing



Script:

If you don't write the dose down, no one will know that it was given. Prompt recording is a safety issue. Delays can result in double dosing if someone assumes a previous dose was not given because it was not logged on the record.

- Each child should have his or her own log.
- Every dose of medication must be recorded to prevent dosing errors
- Recording takes place right after the medication is given
- Having a record helps to track and prove your actions.
- Record unusual circumstances.
- The log is a permanent record-- a legal document

Medication Log continued

- Always write legibly and in **ink**
- Fill in **all** blanks
- Sign with a witness if necessary
- Keep records
- Parents should be able to get a record of medication given



Script:

When filling out the medication log always write legibly and ink. Do not use office supplies designed to cover up errors or mistakes. When recording errors, cross out with single line, make correction and initial.

It is important to do the following:

- Fill in ALL blanks (indicate “N/A” if not applicable)
- Sign with a witness if necessary. Witnesses may be necessary if specified by the type of medication, (such as a controlled substance) or if required by state regulations or a facility policy.

Records need to be kept for as long as your state requires them to be kept. Records of controlled substances may need to be kept longer. Seek legal advice if questions arise.

Sometimes providing parents with records of medication given is required or it is done upon request. Some states require this to be medication logs be shared daily. The best practice is to keep parents informed and facilitate communication.

Instructor Note:

- Discuss specific-state regulations.

Your state regulations can be obtained at <https://childcareta.acf.hhs.gov/licensing>

Observations

- Make notations of possible side effects
- Record incidents
- Note successful techniques that helped the child to cooperate



Script:

Within the medication log make notations of possible side effects of the medication. Incidents such as a child refusing to take medication should also be recorded. Notes regarding successful techniques that helped the child to cooperate with taking medication should also be noted.

Information on side effects and incidents will be discuss in the next module in more detail.

Medication Administration in Early Education and Child Care Settings



Recording the Dose of Medication Activity

Medication Log PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER					
Name of child _____		Weight of child _____			
	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM PM	AM PM	AM PM	AM PM	AM PM
Dosage/amount					
Route					
Staff signature					
	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM PM	AM PM	AM PM	AM PM	AM PM
Dosage/amount					
Route					
Staff signature					
<i>Describe serious problem in detail in a Medical Incident Form. Observations can be noted here.</i>					
Date/time	Event/procedure/observation by medication	Action taken	Name of parent/guardian notified and time/date	Caregiver/teacher signature	
RETURNED to parent/guardian	Date / /	Parent/guardian signature	Caregiver/teacher signature		
DISPOSED of medicine	Date / /	Caregiver/teacher signature	Witness signature		

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, American Academy of Pediatrics, Connecticut Department of Public Health, Healthy Child Care Pennsylvania, and Healthy Child Care Colorado, 2011

Script:

Group Activity: Recording the Dose of Medication

- Instruct each participant to record the medication that she or he administered to Nick and Maria.

- **Instructor's Note:** Remind them of the following scenarios

- Nick is 15-months-old and has an ear infection. Nick needs a noon time dose of amoxicillin suspension for this week and part of next week. The medication requires refrigeration and it must be shaken before being given. Nick has already received several doses of amoxicillin at home.

- Maria is 3-years-old and has eczema. She needs hydrocortisone cream applied to her arms at noon time. There are moisturizer creams that look similar to the hydrocortisone cream. Maria has used the hydrocortisone medication before.

Medication Administration in Early Education and Child Care Settings



Recording the Dose of Medication Activity continued

Medication Log					
PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER					
Name of child	Nick Sample			Weight of child	95 lbs
	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine	Amoxicillin				
Date	X / X / 20XX	/ /	/ /	/ /	/ /
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____
	PM 12:00	PM _____	PM _____	PM _____	PM _____
Dosage/amount	One teaspoon				
Route	By mouth				
Staff signature	C. Stale				

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, American Academy of Pediatrics, Connecticut Department of Public Health, Healthy Child Care Pennsylvania, and Healthy Child Care Colorado, 2011

Script:
Check your results with those correctly filled out log on this slide.

Medication Administration in Early Education and Child Care Settings



Recording the Dose of Medication Activity

Medication Log						
PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER						
Name of child	Maria Test				Weight of child	30 lbs
	Monday	Tuesday	Wednesday	Thursday	Friday	
Medicine	Hydrocortisone Cream 1%					
Date	X / X / 20xx	/ /	/ /	/ /	/ /	
Actual time given	AM _____	AM _____	AM _____	AM _____	AM _____	
	PM 1:00	PM _____	PM _____	PM _____	PM _____	
Dosage/amount	Thin Layer					
Route	on skin					
Staff signature	C. Staff					

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, American Academy of Pediatrics, Connecticut Department of Public Health, Healthy Child Care Pennsylvania, and Healthy Child Care Colorado, 2011

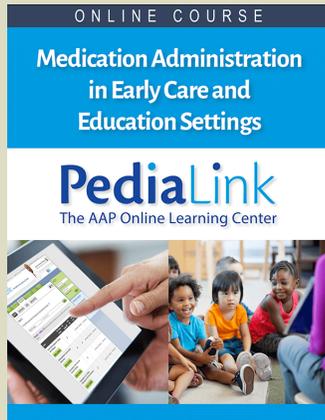
Script:

Check your results with those corrected filled out on the log on this slide.

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.

Resources

- State Specific Policy Information at <https://childcareta.acf.hhs.gov/licensing>
- Caring for Our Children at <http://nrckids.org/CFOC>

Script:

This slide provides a list of some of the resources that can provide you with information, policies, and sample forms related to the administration of medication in early education and child care settings.

Caring for our Children is a collection national standards that represent the best practices, based on evidence, expertise, and experience, for quality health and safety policies and practices for early care and education settings including information on medication administration and sample forms.

Trainer note:

You may wish to provide copies of the resource list available for this module.

Summary & Questions



Script:

This module provided information on the forms that child care providers need, policies that must be in place before receiving and giving medication. We also looks at safe practices for storing and disposing of medication as well as medication information that should be kept confidential as ordered by federal law.

Do you have any questions on this part of the modules?

The resource list provides additional information including links to some of the forms we talked about today.

Trainer note:

If you are using the pre- and post-test for the modules you may wish to have participants take the post test for module 2 at this time.

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:

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 from these state programs that contributed to the first edition of this curriculum.

Acknowledgments



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