Basic Health and Safety Training Topic 4: MEDICATION ADMINISTRATION

Slide 2 - The purpose of Medication Administration in child care is to maintain the health of a child as part of continuity of care and to provide opportunity for a child with a chronic health condition who is not acutely ill and in stable condition to attend child care and participate in activities with other children in care.

Administering medication requires skill, knowledge and careful attention to detail. Caregivers must be diligent in their adherence to medication administration policies and procedures and to prevent any medication errors which may be harmful to the child. There is always a risk that a child can have a negative reaction to a medication and children must be monitored for serious side effects that may require emergency response. A child may have a negative reaction to a medication that was given at home or to one administered while attending child care. Caregivers need to be aware of each medication a child has received at child care as well as at home.

In this section we will discuss

- Authorization forms
- Documentation
- Self administration
- Administration by trained staff
- Emergent issues and
- Resources

Completion of this training does not meet the regulatory requirement for Medication Administration certification. Please contact an approved trainer in your area or Project Security Blanket to receive this training. A list of current approved nurse trainers can be found on our website.

Slide 3 - Prescription or non-prescription medication may not be administered to a child in care without parental permission to administer the medication. Permission must be documented on a completed, signed and dated medication authorization form provided by the Office of Child Care. These forms can be found on the web page seen on your screen:

This form must be completed and received by the provider prior to administering any medications. A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home. Medications must be administered according to the instructions on the label of the medication or the written instructions of the licensed health practitioner. Topical applications such as diaper rash products, sunscreen or insect repellent supplied by a child’s parent or guardian may be applied with parental permission only and does not require written approval by a licensed health practitioner. Non-prescription medication must be in the original manufacturer’s container.
Medication must be labeled with the child’s name, date of the prescription, dosage, administration schedule, route of administration, duration of the prescription, expiration date and any other special instructions such as “taking the medication with food” and must be stored as directed by the manufacturer, the dispensing pharmacy or the prescribing physician. The package label is not the same as the prescriptive order. All medications must be discarded according to the Office of National Drug Control Policy or the U.S. Environmental Protection Agency or returned to the child’s parent or guardian upon expiration of medication or discontinuation of medication.

Each administration of prescription or non-prescription medication to a child, including self-administration must be noted in the child’s record. Before a child may self-administer medication in care, the provider must have a written order from the child’s physician and a written request from the child’s parent or guardian. Always wash your hands before and after administering medication to a child. If the child will be touching the medication, they should also wash their hands.

The Director or Family Care Provider should decide who among their staff may have confidential information shared with them. Information regarding emergency medical needs such as food allergies should be shared with every staff person even if the other staff are not authorized or trained to administer medication. Staff should not disclose or discuss personal information regarding children and their families with any unauthorized person. Confidential or sensitive information regarding any child must not be discussed in the presence of other children, other parents, family members that are not custodial parents or others present in the facility that are not authorized staff. Information should not be shared with others unless the parent has given informed consent in the form of a completed written release of information. Assurance of confidentiality promotes trust between caregivers and families and fosters communication in obtaining important information about a child to use in decision making and planning that is in the best interest of the child. Medication should be administered as privately as possible and the type of medication being administered should never be discussed in the presence of others.

Confidentiality must be maintained to protect the child and family and is defined by law. Serving children and families involves significant responsibilities in obtaining, maintaining and sharing of confidential information. Each caregiver must respect the confidentiality of information pertaining to all families, children, staff and volunteers.

Whenever children in care are present, there must be at least one center employee present who has completed medication administration training approved by the Office of Child Care.

Medication may be administered to a child in care only by an employee who has completed approved medication administration training.

**Slide 4** - All medications must be stored out of the reach of all children but must be readily accessible by each employee designated and properly trained to administer medications. Medications must be stored in a clean, secure area away from excessive heat or cold. Children should not be permitted to transport medication to the program.
Safe storage of Medication must include: Labeling each medication with the child's name, the dosage, and the expiration date. Medication must be stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician.

ASK – who in your program is trained to administer medication? Do you have children in your program or home that currently require medication administration? Keep in mind that although you may not currently have a child in your care that requires medication administration, a child could require it in the near future. ADA law requires that early childhood programs make reasonable modifications to integrate children, parents and families to include giving medications to children enrolled in an early education program with identified special health care needs.

Know your role and who in each child care setting is authorized to administer medication. Whenever children in care are present, there must be at least one staff member present who has successfully completed an approved Medication Administration Training. A staff person whom has successfully completed Medication Administration training must accompany children with medications on all field trips. Medication can be administered to a child in care only by a staff member who has successfully completed Medication Administration Training approved by the Office of Child Care.

Please visit the website on your screen for a current list of approved Medication Administration trainers.

Slide 5 - To reduce the risk of medication errors, triple check THE 6 RIGHTS before administering medication:

1) Right Child – Confirm the child’s identity with another person if available. Ask the child their name. Verify the child’s identity with the child’s picture and spelling of their name.

2) Right Medication – Check the child’s name on the medication label against the medication authorization form. Compare the name of the medication on the label with the name of the medication on the medication authorization form. Read the label three times, first when it is removed from secured storage, second when the medicine is dispensed and, third when returning the medication to secure storage.

3) Right Dose – Give the exact amount of medicine specified on the orders from the licensed health practitioner and the pharmacy label. Use standard measuring device to ensure proper dosage.

4) Right Time – Check with the parent or legal guardian about the time when the medication was last given at home if administering medication prescribed on an as needed basis. Check the medication log for the time the medication needs to be given. Check to ensure that the medication has not already been given for the scheduled time of day. Give the medication at the scheduled time.

5) Right Route – Check the medication authorization form and the medication label for the route of medication to be given such as by mouth, inhaled, ear drops, eye drops, etc...

The medication log should include: Child’s name, name of medication, child’s age, date medication administered, time medication was given, dosage, signature of person administering medication, and a place for comments such as adverse reactions or parent picked up right after dose was given.

DO NOT UNDER ANY CIRCUMSTANCES GIVE ONE CHILD’S MEDICATION TO ANOTHER CHILD! Report any medication errors to the child’s parent or guardian. If the child received another child’s medication or received an overdose of medication, call Poison Control immediately.

Again, you may not administer medication unless you have been properly trained by a registered nurse recognized by the Office of Child Care.

**Slide 6** - All children receiving medication should be carefully observed to look for any possible side effects or adverse reactions to medicine given. OBSERVATION is everyone’s responsibility. Allergic reactions may involve many different symptoms such as the most common signs, itching, rashes, swelling or difficulty breathing.

Emergency medications such as an epinephrine injection is given in response to anaphylaxis, a severe allergic reaction. Some common causes of anaphylaxis include:

- Insect stings by bees, wasps, hornets, or fire ants
- Food, such as - Milk, Peanuts, Egg, Tree Nuts, Wheat, Soy, Shellfish, Fruits, and Fish and;
- Latex

In some cases the cause of anaphylaxis is unknown.

Symptoms of an allergic reaction can occur 2-4 hours after exposure. They can include symptoms such as: hives, wheezing, difficulty swallowing or breathing, flushed skin, swelling of the lips, face neck, tongue throat, hands and feet, nausea, vomiting, extreme paleness, cold clammy skin or loss of consciousness.

Staff training regarding the use of an epi-pen should take place as soon as the child care program receives the medication.

Additional resources can be found on the MSDE website. Go to the link on your screen.