

Health Issues in Head Start-Medication Administration

Narrator: "Health Issues in Head Start." This webinar is on the topic of preparing your program to meet the Head Start program performance standards on medication administration. Every Head Start program needs to be prepared for medication administration because at one time or another, you will have children that need medication, either on a regular basis or an emergency basis. It's best to plan ahead as much as possible for these situations so that you're not stuck trying to figure out what to do at the last minute.

The objectives for this webinar are to review the Head Start program performance standards on medication administration, review a process for developing a system on medication administration in your program, introduce a self-assessment form to review your program's plan on medication administration, and start the process for reviewing and improving your program's medication administration system.

The Head Start Program performance standards specifically address what is required in a program's procedures for medication administration. Your program's procedures on medication administration should include how you will label and store medications, who will be in charge of getting medications as well as receiving them from the family and storing them safely, how you will assure you have authorization from the family to give the medication, how you will gather, store, and share the child's medical information when needed, how you will keep track of any changes in a child's behavior after he has taken the medication, and how you will train staff to give and store medication.

This sounds like a lot, but with some planning and staff training, your program can safely welcome a child who requires medication. In fact, our program performance standards specifically say that we cannot exclude a child because of medication needs. These performance standards are included in your resources handout.

Let's look at a systematic way to address medication administration in your program. We're going to walk through five important areas in how you can plan ahead to make sure you're ready to keep children safe and healthy. These five areas are policies, which inform your procedures, which lead to your forms, which gather the information you'll need from the families and medical personnel, which then lets you know which training your staff will need. As we walk through these areas, consider where your program already has a solid plan and where there might be gaps. The self-assessment handout provided with this webinar will help you reflect on the different areas of medication administration and what processes might be missing from your procedures.

To begin documentation of how your program will handle medication administration, you'll need to have the policies and procedures to describe both what you're going to do and how you're going to do it. The policies tell you what the program will do and the rationale. Usually that means both the regulations you have to follow, and the best practices followed by the program, such as to provide children with the supports they need to be healthy and able to fully participate in the activities of the program. The policies provide the foundations of procedures. Procedures go into more detail and explain how these policies will be done, which of course also includes information like who will do it, how we will document it, where we will store it; all of those details go into your procedures.

The medication administration procedures for your program should address how you're going to do each part of the process, who will do it, and the contingency plans or plan B for what will happen if things don't go as planned. This is especially important when dealing with medications because of the risk if a child misses a dose, receives an extra dose, or receives the wrong medication, or if the one person who has been trained on how to administer medication is out sick or not available, such as on a field trip. Policies and procedures aren't necessarily separate documents. They can be integrated, but programs need to be sure they have both the what and the how addressed and in writing.

Let's look at one example. If you look at the list of procedures you need to have as they are listed in the Head Start program performance standards, the first one listed is a specific procedure for labeling and storage. This means: where are you going to keep the medication so it is safely stored away from children but accessible to the person who needs to give it to the child? It also means that you have to think about how you will label the medicine. One way to develop a procedure is to walk through the steps as they happen, asking those "how, who, where, and what if" questions. Before you can label it, you have to have it, right?

So first you need to identify how you're going to receive the medication. From the parents? Who will receive the medication? Can they give it to any staff member or only the teacher or only the health manager? Then how will you label it? for example, do you have a sticker that has the child's name, the name of the medication, and when to give it? Some programs include a photo of the child on the medication administration packet or the medication log. A photo could be especially important if the person administering the medication does not know the children well. And next, where will you store it?

If you store a rescue medication or one the child might need immediately, such as an EpiPen, in the health manager's office, how long will it take someone to get it if the child needs it while outside on the playground? Some medications may need to be kept in the classroom, but you want to make sure that those are still kept in a place that the children cannot get to them. The "what if's" in the situation are: What if the parent is supposed to give the medication to the health manager but she gives it to the receptionist and then leaves?

What if the child needs medication when not in the classroom, such as on the playground, on the bus, or on a field trip? In these "what if's" how will we make sure that it is properly received, labeled, and stored? Those are the questions your procedures need to answer. The procedures will help you determine what forms you need to have. You could have a few forms, or maybe a lot of forms, but it is very important that you document well throughout the medication administration process.

You always want to document what you're doing so that it's very clear what the process is to the family, to the appropriate staff in the program, and to anyone who needs to check the files to see what's been happening so far and what the plan is, such as licensing or monitoring staff. The forms in this list are not required but can be very helpful in tracking information and data. You want to make sure you have consent from the family for gathering and sharing information about the child's medication needs and responses.

You'll need a form to gather information from the parent or family, but possibly also from the medical provider with the parent's consent. A receipt of medication form can help make sure the medication is in a child-resistant container, is clearly labeled, and has adequate dose and administration instructions. Children who are on medications long-term, they need to have an individualized health care plan. For children you transport by bus or whenever you get ready to go on a field trip, you may need a transportation plan if the child may need medication while away from the center.

Your records need to include who to contact in case of an emergency. Your staff-training plan should include a medication administration orientation at minimum, with specialized training scheduled to address specific needs of children in your program. You may want to have a medication administration checklist that staff follows each time they give a dose of medication to a child. Your records should include a medication log to record each time a dose of medication is given. And your program should have a form to record any errors or incidents where medication gets missed, wrong medication is given, or medication is given in the wrong amount.

Once you have the forms developed, you're ready to gather information both from the family and the child's doctors. Make sure all the forms are completed for each child with medication needs with signatures and dates for review to make sure the information is current. Also make sure you ask about information and potential side effects for any medication you administer. You may be able to get this information from the family, the pediatrician, or your health services advisory committee may have members who can give you general information about potential side effects for medication you will be distributing.

Once you've identified what medications the children in your program will be taking, you can look into securing training for the staff on how to administer these medications. Because any child may have medications such as antibiotics, cough syrups, or other common medications. It is best to provide an orientation of medication administration to all staff, then additionally provide training on unique needs of children in your program, such as breathing treatments, insulin injections, use of EpiPen, etcetera.

There are many sources and types of medication administration training. First check with state childcare licensing departments to see if they have resources or trainers who have the specifics of the regulations that will apply to your program. Your training plan needs to include how new staff who are hired after these trainings occur get this important information. One of the things most medication administration trainings include are the five rights of medication administration.

The point of the five rights is to make sure that you've got the right child -- for example, is this Olivia Williams? -- the right medication. Is this Olivia Williams' medication? The right dose. How much does she get? Did the medication plan, program label, and packaging label all say the same thing? The right time. This includes both the time of day, the day of the week, or date of the month, or a timeline or rescue medication. The right route. This is the way and place a medication is given. Do these drops go in the eyes or the ears or in the mouth? Does this cream go anywhere or only on the upper arm? Some states call these the seven rights, which include the original five rights plus the right reason to give the medication and the right documentation that the medication was given.

But an important right that you shouldn't forget is the right adult. As your program decides who can administer medication, you need to think about making sure that enough people are trained so that the child is never dependent on medication from someone who isn't available. For example, if only the health manager is trained and authorized to give a breathing treatment, what happens if she's out sick? If only the teacher is trained to administer the EpiPen, what will happen if that teacher's away from class when an emergency happens? Be sure to think about all the places a child might be when he needs his medication and who will be readily available.

The American Academy of Pediatrics has developed a five-part training on medication administration complete with instructor's manual, participant manual, PowerPoint slides and sample forms and activities on the Healthy Childcare America website. Ideally the trainer should be a childcare health consultant, a pediatrician, or another licensed healthcare professional with experience in a childcare setting. This training is only an overview. It specifically does not address any type of injectable medication because that should be demonstrated live.

Check with local licensing to see if the people who can administer medication in your program need to be certified. This varies according to state. Healthy Futures has certified trainers in many locations. To see if there's one near you, visit the HealthyChildcare.org/Contacts website. Two resources for medication administration trainers are the National Resource Center for Health and Safety in Child Care and Early Education, who has information on selecting and hiring childcare health consultants, and the American Academy of Pediatrics list of Chapter Child Care Contacts.

These are pediatricians and other medical professionals in each state who are contacts for medical information specific to each state. Also many states have their own groups of state-certified nurse consultants who can conduct this training for childcare programs and Head Start. Google your state and the words "medication administration training" and you should be able to find additional resources that are specific to your state.

A friend shared a story with me that I'd like to share with you. It's an experience she had dealing with medication administration in a childcare setting. Susan was three years old and had a seizure disorder that was well controlled with medication. She had been enrolled in a childcare center for four months and was doing well. Susan's mother, Margaret, had taken her to the neurologist on Monday afternoon. The prescription was filled Tuesday morning and Margaret was running late for work. She brought the new prescription bottle and seizure medication for her daughter to the center on Tuesday morning. She hurried in and out of the center, dropping off the medication with the teacher on her way out.

The name of the medication was the same. The bottle was the same and the color of the pill was the same. But Susan had grown and gained weight since the last prescription was written and the dosage was increased. When the teaching assistant Teresa prepared to give Susan her medication, she noticed that the amount of milligrams in each pill was four times what it had been before. Teresa was uncomfortable giving Susan a dose that was so much greater than before.

She took her concern to the center director, who instructed her to call the neurologist's office to confirm the dosage was correct. It was not. The prescription should've been two times the previous amount, not four times. The neurologist was grateful that

Teresa had noticed the error and told Teresa not to give Susan the medication. The pharmacist was grateful, Margaret was grateful, and Susan was still alive. You see, if Teresa had given Susan the new dose, if she had not been willing to question the doctor or the pharmacist, this story might've had a very tragic ending. Instead, Teresa saved Susan's life. The lesson in this story is that even when everything required by the medication policy is followed -- right child, right medication, right time and date, right dose, right route -- it takes a trained staff person who follows procedures and who is confident enough to question whenever asked to give a child medication. Medications are serious and should be handled very seriously.

So what are your next steps? First review the self-assessment handout attached to this webinar. Use that form to identify what you already have in place that is working well by checking those items off. Review the items that do not have a check and determine which of those to work on next. Your TA provider will be able to help you identify resources, including those available with this webinar, to help you get started writing, gathering information, and setting up training. Then you're ready to start to work.

Thank you for taking the time to review this webinar in medication administration. If we can be of any additional assistance, please contact the National Center on Health by phone, email, or check out our other resources on the ECLKC website.