

Medication Administration Instruction Program
INSTRUCTOR MANUAL APPENDIX

1. Ohio Department of Job and Family Services (ODJFS) Rules related to Administration of Medication
2. ODJFS Forms related to Administration of Medication
 - Parent/Guardian Request to Administer Medications
 - Child's Health/Physical Health Plan
 - Injury/ Incident Form
 - Documentation of Inservice Training
3. ODJFS Guidelines for Medication Administration
4. Instructor Tips
5. Controlled Medications
6. Americans with Disabilities Act
7. Attention Deficit Hyperactivity Disorder (ADHD) Medication Information Sheet
8. Handwashing Chart
9. Test and Answer Sheet
10. Test Key
11. Evaluation Form
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13. Class Sign-In Sheet
14. Severe Allergy Health Plans - available from the Child Care Health Consultant located in each region of the state. Call the Healthy Child Care Ohio Program at Ohio Department of Health (614-644-8389) for the nurse in your region.
15. Ohio Nurse Practice Act, Chapter 13- Use the web site:
<http://www.nursing.ohio.gov/pdfs/NewLawRules/CHAPT-13.pdf>

ODJFS Rules Related to Administration of Medication

Located at http://jfs.ohio.gov/families/child_care/index.stm
or <http://emanuals.odjfs.state.oh.us/emanuals>

1. Transportation/Field Trip Safety (**5101:2-12-18**)
2. Administration of Medication (**5101:2-12-31**)
3. Incident/Injury Report (**5101:2-12-35**)
4. Children's Medical and Enrollment Records (**5101:2-12-37**)
5. Care of Children with Health Conditions (**5101:2-12-38**)
6. Meals and Snacks (**5101:2-12-39**)

ODJFS Forms Related to Administration of Medication

Located at http://jfs.ohio.gov/families/child_care/index.stm
or <http://emanuals.odjfs.state.oh.us/emanuals>

1. Request for Administration of Medication- # **JFS01217**
2. Child Medical/Physical Care Plan- #**JFS01236**
3. Incident/Injury Report- #**JFS01299**
4. Documentation of Inservice Training- #**JFS01307**

Ohio Department of Job and Family Services
GUIDELINES FOR ADMINISTRATION OF MEDICATION
FOR CHILD CARE CENTERS AND TYPE A HOMES

Each center and Type A Home sets its own policy regarding whether or not they will administer medication.

Prescription Medicine	Over the Counter Nonprescription Medicine	Topical Products	Rule Requirements
X	X	X	Prescribed Form from ODJFS (JFS 01217) completed
X			Written Instructions from licensed physician, advance nurse certified to prescribe medications or licensed dentist on prescribed form (or prescription label).
	X	X	Written instructions from parent do not exceed manufacturer's recommendations for dosage (medicine) or application (topical products) Example: If label states "under 2 years or 24 lbs. consult physician", and the child is less than 2 years or 24 lbs then the product must have written instructions from a physician on JFS 1217.
X			Prescription label attached to original container – includes child's full name, a current date (within last 12 months); exact dosage to give and means of administration
	X		Only fever/pain reducing medications without aspirin Only Cough or Cold Medications without codeine
X	X	X	Medication in Original Container
X	X	X	Full name of child printed on medication/topical product
	X		Administer for no more than three consecutive days
		X	Written instructions from parent/guardian on prescribed form – valid for 12 months
		X	Topical products used for skin irritations, such as diaper rash, applied for no longer than 14 days

DESIGNATE

Centers and Type A Homes will designate individuals to administer prescription and nonprescription medication.

FORMS

A separate form is required for each medicine or topical product.

Each form requires **signature** of the person who administers the medication.

Every form must be kept on file with the center/provider for one year

Every form must have permission to administer section signed by the parent/guardian

STORAGE

Assure that medication, topical products and food supplements are safely stored.

Refrigerate medicine immediately, as needed, and store in a separate container.

Keep all medication, topical products and food supplements out of the reach of children.

Remove all medications, topical products and food supplements from the center or home when no longer needed.

Instructor Tips

For those who feel nervous

Feeling nervous is common and natural. The nervousness is largely due to feeling separated from the audience. You may feel that audience is going to look at you as a presenter and they are going to accept or reject you. You may feel they are going to grade you.

They are and you will get high marks.

Here is the most important thing to remember as you get ready for the workshop. Your workshop material and content has been well thought out, the information that you will deliver is valuable to your audience and worth their time. When the workshop is over, participants will be better at taking care of children. Participants will know that and they will thank you.

There are 6 elements to a workshop: the presenter, the message, the media/methods, the equipment, the audience and the setting. Following are some tips about all of these.

The Presenter

You are a trained professional who knows how to do what you are about to teach. Some items might be new to you, but you are way ahead of the audience. Listening to you and working with you is worth their time and their effort.

You need to be familiar with the workshop material, but you can't plan everything in advance. This isn't like finals in college, don't panic and cram. All of your years of education and training are what make you ready.

You are not doing this workshop to become wealthy. You are doing this workshop because you want to help people. See yourself that way; let the audience know that.

Show respect for the audience by starting on time and try your best to stay on schedule.

The Message

The message of the workshop is clear: you are training people with information and techniques that will empower them take better care of children.

The Media/Methods

The visual aids and the training methods have been developed over a period of many years. Many classes have been delivered and each has contributed to a database of knowledge about how to get this information across.

Remember that people can only absorb so much information at a time. To maintain attention and the audience's ability to really absorb the material, watch for signs of fatigue. When people begin to fade, do something different: get more interactive or move from talk to video or from video to floor exercise or change the presenter. Change something to regain interest.

90 minutes is the average time an adult can listen with understanding. Each module should run about 90 minutes

20 minutes is the average time an adult can listen with retention. Change the pace of instruction every 20 minutes

8 minutes learners will retain more of the information if interactive techniques are used. Try to involve people in the training every 8 minutes (filling in a worksheet, answering questions, reviewing notes)

Workshops are based on 2-way communication. Use that interaction to keep everyone involved. Even a shy participant will have their interest renewed by hearing a question from the audience and its answer from the leader.

The Equipment

Overhead projectors, VHS players, televisions and demonstration supplies should be checked and set up 30 minutes before workshop participants arrive. Make sure you have extension cords and a spare bulb for the overhead.

Know what channel the VHS plays on the television. Make sure it is tracking properly.

The Audience

Know your audience. You know why they are coming: their objective is to learn how to better care for children.

Who are they? What is their educational level? What is their familiarity with the subject matter? Knowing this might assist you in getting your points across. Certain audiences will be more comfortable with clinical terms; some will need the same information explained without clinical terms.

If you don't know the participants before they walk in, you may want to spend a few minutes at the beginning of the workshop to talk to the group about who they are.

The Setting

Examine the setting when you arrive. You'll score points if you can tell the participants where the bathrooms are.

Take a look for any sources of interruption or distraction. If you can, take action to minimize these.

Set up any chairs so that everyone gets a view. If there is going to be floor work, think about how much space is needed and by how many people. Think about traffic.

Consider lights and who will operate them.

Check out the temperature and plan for a room crowded with people to get a lot warmer.

Tell me and I'll forget.
Show me and I'll remember
Involve me and I'll understand

Native American Proverb
(Fitzhenry, 1993)

SCHEDULES OF CONTROLLED SUBSTANCES

Schedule I

Each drug has a high potential for abuse and no accepted medical use in the United States. It may not be prescribed. Heroin, LSD, and crack cocaine are included on this schedule.

Schedule II

Each drug has a high potential for abuse and may lead to physical or psychological dependence, but also has a currently accepted medical use in the United States. Cocaine, methadone, Ritalin, Dexedrine, Demerol, and Percocet are included on this schedule.

Schedule III

Each drug's potential for abuse is less than those in Schedules I and II and there is a currently accepted medical use in the U.S., but abuse may lead to moderate or low physical dependence or high psychological dependence. Anabolic steroids and various compounds containing limited quantities of narcotic substances such as codeine are included on this schedule, e.g., Tylenol with Codeine.

Schedule IV

Each drug has a low potential for abuse relative to Schedule III drugs and there is a current accepted medical use in the U.S., but abuse may lead to limited physical dependence or psychological dependence. Phenobarbital, Cylert, Klonopin, Valium, Darvocet, and chloral hydrate are included in this group.

Schedule V

Each drug has a low potential for abuse relative to Schedule IV drugs and there is a current accepted medical use in the U.S., but abuse may lead to limited physical dependence or psychological dependence. Compounds containing limited amounts of a narcotic such as codeine are included in this group, e.g. codeine cough syrup, and Lomotil.

THE AMERICAN WITH DISABILITIES ACT

The American with Disabilities Act (ADA) gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services and telecommunications. According to Title III of the ADA, private schools, child care centers and family child care homes are public accommodations and must comply with this law. The ADA went into effect in January 1992.

The ADA mandates that equal access be given to all children with disabilities in school, child care programs and that children with disabilities be fully integrated into the regular activities. The law not only covers the facility where a school or child care program is offered, but also features which are needed to access the facility such as sidewalks, doors and bathrooms. However, schools and child care providers are not expected to do the impossible.

Child Care programs are required to make “readily achievable accommodations” for all children with disabilities. “Readily achievable” is defined as being “able to accomplish easily and without much difficulty or expense.” Programs are not required to make changes that would create an undue burden, which is most simply defined as creating significantly difficult or expense, or increasing safety or crime considerations.

For the purposes of the ADA, a disability is a “physical or mental impairment that substantially limits one or more major life activities.” Short term or temporary illnesses or conditions do not qualify.

Schools and child care programs are required to make an individual assessment about whether it can meet the particular needs of the child without fundamentally changing the program. The ADA generally does not require schools or child care programs to hire additional staff or provide constant one-to-one supervision of a particular child with a disability.

A few example of situations where accommodations can be made in a school or child care program:

- Child older than 4 years of age who wears diapers.
- Child that requires daily medication at lunchtime.
- Child that requires blood glucose testing during the day by school or child care personnel.
- Child that has a life threatening allergy and requires an EpiPen® in case of a severe allergic reaction.
- Child that wears leg braces that needs assistance in taking off and then putting them on.
- A 3 year old child with Down’s Syndrome, with moderate developmental delays, attending a private preschool program.

Resources

- Department of Justice Information Line 1-800-514-0301
- All Kids count: Child Care and the ADA (videotape available at a nominal fee)
- 1-800-433-5255
- Commonly Asked Questions about Child Care Centers and the American with Disabilities Act
www.usdoj.gov/crt/ada/adahom1.htm

FACT SHEET ON ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD/ADD)

Important Disclaimer- Please Read This: The following information is not intended to provide any type of professional advice nor diagnostic service. If you have any concerns about ADHD or other health issues, please consult a qualified health care professional in your community.

IS IT ADD? OR ADHD? WHAT'S THE DIFFERENCE?

The difference is mainly one of terminology, which can be confusing at times. The "official" clinical diagnosis is Attention Deficit Hyperactivity Disorder, or ADHD. In turn, ADHD is broken down into three different subtypes: Combined Type, Predominantly Inattentive Type, and Predominantly Hyperactive-Impulsive Type.

Many people use the term ADD as a generic term for all types of ADHD. The term ADD has gained popularity among the general public, in the media, and is even commonly used among professionals. Whether we call it ADD or ADHD, however, we are all basically referring to the same thing.

WHO HAS ADHD:

According to epidemiological data, approximately 4% to 6% of the U.S. population has ADHD.

ADHD usually persists throughout a person's lifetime. It is **NOT** limited to children. Approximately one-half to two-thirds of children with ADHD will continue to have significant problems with ADHD symptoms and behaviors as adults, which impacts their lives on the job, within the family, and in social relationships.

DEFINITION OF ADHD:

ADHD is a diagnosis applied to children and adults who consistently display certain characteristic behaviors over a period of time. The most common core features include:

- distractibility (poor sustained attention to tasks)
- impulsivity (impaired impulse control and delay of gratification)
- hyperactivity (excessive activity and physical restlessness)

In order to meet diagnostic criteria, these behaviors must be excessive, long-term, and pervasive. The behaviors must appear before age 7, and continue for at least 6 months. A crucial consideration is that the behaviors must create a real handicap in at least two areas of a person's life, such as school, home, work, or social settings. These criteria set ADHD apart from the "normal" distractibility and impulsive behavior of childhood, or the effects of the hectic and overstressed lifestyle prevalent in our society.

According to the DSM-IV (the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) some common symptoms of ADHD include: often fails to give close attention to details or makes careless mistakes; often has difficulty sustaining attention to tasks; often does not seem to listen when spoken to directly; often fails to follow instructions carefully and completely; losing or forgetting important things; feeling restless, often fidgeting with hands or feet, or squirming; running or climbing excessively; often talks excessively; often blurts out answers before hearing the whole question; often has difficulty awaiting turn.

Please keep in mind that the exact nature and severity of ADHD symptoms varies from person to person. Approximately one-third of people with ADHD do not have the hyperactive or overactive behavior component, for example.

WHAT THE RESEARCH SHOWS ABOUT ADHD:

ADHD is **NOT** caused by poor parenting, family problems, poor teachers or schools, too much TV, food allergies, or excess sugar. One early theory was that attention disorders were caused by minor head injuries or damage to the brain, and thus for many years ADHD was called "minimal brain damage" or "minimal brain dysfunction." The vast majority of people with ADHD have no history of head injury or evidence of brain damage, however. Another theory, which is still heard in the media, is that refined sugar and food additives make children hyperactive and inattentive. Scientists at the National Institutes of Health (NIH) concluded that this may apply to only about 5 percent of children with ADHD, mostly either very young children or children with food allergies.

ADHD **IS** very likely caused by biological factors which influence neurotransmitter activity in certain parts of the brain, and which have a strong genetic basis. Studies at NIMH using a PET (positron emission tomography) scanner to observe the brain at work have shown a link between a person's ability to pay continued attention and the level of activity in the brain. Specifically researchers measured the level of glucose used by the areas of the brain that inhibit impulses and control attention. In people with ADHD, the brain areas that control attention used less glucose, indicating that they were less active. It appears from this research that a lower level of activity in some parts of the brain may cause inattention and other ADHD symptoms.

There is a great deal of evidence that ADHD runs in families, which is suggestive of genetic factors. If one person in a family is diagnosed with ADHD, there is a 25% to 35% probability that any other family member also has ADHD, compared to a 4% to 6% probability for someone in the general population.

TREATMENT OF ADHD:

Clinical experience has shown that the most effective treatment for ADHD is a combination of medication (when necessary), therapy or counseling to learn coping skills and adaptive behaviors, and ADD coaching for adults.

Medication is often used to help normalize brain activity, as prescribed by a physician. Stimulant medications (Ritalin, Dexedrine, Adderall) are commonly used because they have been shown to be most effective for most people with ADHD. However, many other medications may also be used at the discretion of the physician.

Behavior therapy and cognitive therapy are often helpful to modify certain behaviors and to deal with the emotional effects of ADHD. Many adults also benefit from working with an ADHD coach to help manage problem behaviors and develop coping skills, such as improving organizational skills and improving productivity.

ADHD is recognized as a disability under federal legislation (the Rehabilitation Act of 1973; the Americans With Disabilities Act; and the Individuals With Disabilities Education Act). Appropriate and reasonable accommodations are sometimes made at school for children with ADHD, and in the workplace for adults with ADHD, which help the individual to work more efficiently and productively.

FOR MORE INFORMATION: E-mail DrJaksa@aol.com

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Hand Washing



Have the necessary supplies on hand.

Scrub hands with soap and water for at least 10 seconds.

Rinse hands well under running water. Leave the water running.

Dry hands with a paper towel.

Turn off the faucet with the paper towel, instead of with bare hands.

Discard the paper towel in the trash can.

Apply hand lotion if needed.

MEDICATION ADMINISTRATION TEST

Circle T (True) or F (False) to indicate whether the statements are true or false.

1. T F Child care staff must wash hands before and after giving medication to a child.
2. T F Medication administration log entries may be done in pencil, so if errors are made they can be erased and changed.
3. T F Medications can be given from ½ hour before the prescribed time to ½ hour after the prescribed time.
4. T F It is necessary to observe the swallowing of oral medication to be sure that it has been taken.
5. T F If a child refuses to take his/her medication during the day you just need to let the parents know when they come to pick up the child at the end of the day.
6. T F Each time you give a medication you should check the “5 Rights.”
7. T F Medications **CANNOT** cause a severe allergic response (anaphylaxis).
8. T F It is a good idea to talk freely to friends and co-workers about the medications and medical conditions of the children in your care.
9. T F As long as there is a signed parent permission form, you may safely and legally give any medication or substance to children in childcare This includes vitamins and “natural” or homeopathic preparations.
10. T F A physician's written authorization is required to give over-the-counter medications like Tylenol or Motrin when the appropriate dose (for age or weight) is not written on the bottle.
11. T F Child care staff may use a physician's written instructions for a prescribed medication for up to 12 months. This is valid as long as there are no changes in how the medication is given.

Continued

Multiple Choice Questions – Choose the one best answer to each question.

12. Which of the following is an example of a topical medication?
- a. inhaler
 - b. pills
 - c. EpiPen
 - d. Neosporin ointment
13. Which of the following **SHOULD NOT** be used to measure liquid medications for children:
- a. a clean spoon from the kitchen that has been washed and sanitized
 - b. a calibrated medicine cup
 - c. a syringe provided by the child's parent
 - d. a commercially available calibrated medication spoon or cup
14. The best way to give an infant who usually refuses to take liquid medication is to:
- a. place the syringe filled with medication between teeth and cheek and drip the medication towards the back of the tongue
 - b. place the syringe on the tip of the tongue
 - c. put the medication in the infant's bottle
 - d. place the syringe in the infant's mouth while lying flat in bed.
15. If a three year old child spits up part of a liquid medication, *you should do the following*:
- a. guess the amount of medication the child spit out
 - b. call the parents and tell them they must pick up their child
 - c. do not repeat the dose, call the parents and receive any further instructions from the child's primary health care provider
 - d. give the complete dose of medication again
16. If a child care center or family child care home has only one refrigerator, medications that need refrigeration **MUST** be stored:
- a. in the freezer
 - b. bottom shelf of your refrigerator
 - c. separate refrigerator only used for medications
 - d. in a designated area of the refrigerator, in a separate container to prevent contamination of food, and not accessible to children.

Continued

17. The best way to be sure you are giving the right medication is to:
- a. ask someone you work with
 - b. carefully compare the pharmacy label with the medication log and the written instructions from the health care provider and the parents
 - c. ask the child if the medication looks like the right one
 - d. call the health care provider who ordered the medication
18. After giving the medication, what information needs to be written on the medication log?
- a. parent's initials
 - b. prescription number of the medication
 - c. child's signature
 - d. time and dose for the medication that was given and the signature of the person giving the medication
19. The medication log is a legal record and must be accurate. If you make an error when documenting that you have given a medication, *you should*:
- a. use whiteout and write over the error
 - b. draw a single line through the error and mark it "error," and sign your initials
 - c. rip out the page and start over
 - d. call the child's parents and confess
20. If you discover you have given the medication to the wrong child, besides notifying the center director and parent and completing an Injury/Incident Report form, it is very important to:
- a. call the Poison Control Center
 - b. make sure the rest of the children receive their medication and go about your business
 - c. document it, but don't worry, it probably won't hurt the child if only one dose is given
 - d. tell the parents when they pick up their child

**MEDICATION ADMINISTRATION TEST
ANSWER SHEET**

Name _____ Date _____

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

**MEDICATION ADMINISTRATION TEST
ANSWER SHEET
KEY**

Name _____ Date _____

1. TRUE

2. FALSE

3. TRUE

4. TRUE

5. FALSE

6. TRUE

7. FALSE

8. FALSE

9. FALSE

10. TRUE

11. TRUE

12. D

13. A

14. A

15. C

16. D

17. B

18. D

19. B

20. A

Medication Administration Training Participant Evaluation

Please do not identify yourself on the evaluation. Your honest feedback is very important, and your comments and suggestions will be used to improve the quality of future trainings.

Date: _____ Instructor: _____

Please fill in the circle of the answer that best matches your answer to the following questions. Feel free to explain any answers in the "Comment" box that follows the questions.	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The location/application process for this training was easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I found the written training materials useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The video was useful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I learned new information in this training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The instructor was knowledgeable about the training information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The instructor presented the information effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The written test was appropriate for this training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The demonstration back to the instructor was useful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Overall, I got a lot out of this training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. One idea I will bring back to my program is: Comments:				

Certificate of Achievement

has successfully completed
"Medication Administration: An Instructional Program for
Training Unlicensed Personnel to Give Medications in
Out-of-Home Child Care in Ohio"

RN Trainer

Date



**Medication Administration
Instructional Program**

Trainer _____
 Telephone _____
 E-mail _____
 Date _____

Location _____
 Length _____

Name	Program	Position	Address	Are you designated to give medication in your setting?	<u>Trainer Use:</u> Did participant complete module successfully?
				Y/N	Y/N
				Y/N	Y/N
				Y/N	Y/N
				Y/N	Y/N
				Y/N	Y/N
				Y/N	Y/N
				Y/N	Y/N
				Y/N	Y/N

Trainer: Fax completed sign-in sheets to ODH, Healthy Child Care Ohio at (614) 728-9163, Attn: Melissa Courts
 Call (614) 644-8389 or email melissa.courts@odh.ohio.gov with any questions.

