

AMAT Course Reference Binder

06/30/19 Revision

*NOTE- only includes a subset of the MAT modules
and handouts*

Allergy & Anaphylaxis Medication Administration Training (AMAT) Overview

The AMAT course is approved by the Board of Nursing and Virginia Department of Social Services (VDSS). It is designed to provide very focused training on giving specific medications to treat allergy, asthma and anaphylaxis.

- In this course, you'll learn to give medication by these **3** routes **ONLY**:
 - By mouth (liquid Benadryl or diphenhydramine only)
 - Inhaled (inhalers only)
 - By using the EpiPen® to give epinephrine
- **Please note:** to be able to administer any other routes/medications than those listed above, you must complete additional MAT training. Information about these courses can be obtained by visiting the MAT Program website at:
<http://www.medhomeplus.org/MAT/>

To successfully complete this course, you must:

- Be at least 18 years old
- Pass skills demonstrations
- Be able to read and write in English well enough to understand the health care providers' written instructions and the parents/caregivers' written permissions
- Be able to write down that you have given the medication
- Be able to read, understand and follow step-by-step instructions for the safe administration of medication
- Have current certification in first aid and cardiopulmonary resuscitation (CPR)

Competency Based Training

The AMAT course is a competency based training. You will be tested to make sure you understand and can put into practice the information presented. All of the information you are tested on in this course is included in the AMAT videos you have seen and on the AMAT handouts. You are free to use all of the AMAT handouts during the skills demonstrations.

Skills Demonstrations

You must demonstrate your ability to:

- Match the ***Five Rights*** of safe medication administration.
- Safely give medication by two of the routes listed here:
 - Liquid Benadryl by mouth, by medicine cup
 - Liquid Benadryl by mouth, by dosing spoon
 - Liquid Benadryl by mouth, by oral medication syringe
 - Inhaled (inhalers only)
 - EpiPen

Today, you will do two skill demonstrations: the EpiPen skill demonstration and one of the first four routes listed above (Liquid Benadryl by medicine cup, dosing spoon, or oral medication

syringe or medication by inhaler). You will not know until the testing time which of these four routes you'll be asked to demonstrate. You will practice all these skills to help you prepare.

Your MAT trainer will watch you do these two skill demonstrations. One each demonstration, if you don't pass on your first try, you can try again. You will get two opportunities to successfully complete each skill demonstration. If you don't pass on your second try, you must take the full AMAT course again if you wish to be AMAT certified

Regulations

Regulations create the basic structure for the way child day care programs operate. They establish minimum standards for the quality of each program. As a child day care provider, you should know what is required by law and regulation. Handout 1.2 gives the links to the appropriate regulations or regulatory guidance documents for each type of child day program.

Handouts

There is a lot of information covered in this course, both on video and in your handouts. You do not need to memorize the information in the training. The information provided on the video is also in your handouts. **You can download and/or print the complete AMAT Handout set from the AMAT Part 1 course in the MAT Online Learning Center (mat-elearning.medhomeplus.org).**

MAT Curriculum Forms

Your handouts include forms approved by the BON/VDSS. These forms are updated periodically. You can check the MAT website at www.medhomeplus.org/MAT for the most current version.

Child Day Programs in Virginia

A **child day program** in Virginia is a regularly operating service arrangement for children where, during the absence of a parent or guardian, a person or organization has agreed to assume responsibility for the supervision, protection, and well-being of a child under the age of 13 for less than a 24-hour period. The Virginia Department of Social Services (VDSS), Division of Licensing Programs monitors the activities of licensed and regulated child day programs in Virginia.

Child Care Modalities

Child day programs can occur in many different settings. For the purposes of MAT, we refer to these different types of child day program settings as child care modalities.

To find the applicable regulations and code references **for each type of child care modality**, as well as other useful information, including technical assistance, visit the VDSS Web site at: <http://www.dss.virginia.gov/family/cc/index.cgi> and click on the specific child care modality.

Summary information for each type of child care modality:

Licensed Child Day Programs

Child Day Center (CDC): A child day program offered to (i) two or more children under the age of 13 in a facility that is not the residence of the provider or of any of the children in care or (ii) 13 or more children at any location. There are currently 14 exemptions to licensure.

Short-Term Child Day Center (CCS): Short-term child day centers are licensed child day centers that operate for less than 4 months in the year.

Family Day Home (FDH): A child day program offered in the residence of the provider or the home of any of the children in care for one through 12 children under the age of 13, exclusive of the provider's own children and any children who reside in the home, when at least one child receives care for compensation. Family day homes serving six through 12 children, exclusive of the provider's own children and any children who reside in the home, shall be licensed. However, no family day home shall care for more than four children under the age of two, including the provider's own children and any children who reside in the home, unless the family day home is licensed or voluntarily registered.

Family Day System (FDS): Any person who approved family day homes as members of its system; who refers children to available family day homes in that system; and who, through contractual arrangement, may provide central administrative functions including, but not limited to, training of operators of member homes; technical assistance and consultation to operators of member homes; inspection, supervision, monitoring, and evaluation of member

homes; and referral of children to available health and social services.

Regulated/Unlicensed Child Day Programs

Religiously Exempt Child Day Center (CCE): A child day center operated under the auspices of a religious institution. If a child day center operated by or conducted under the auspices of a religious institution chooses not be licensed, certain documentation must be filed annually with the Virginia Department of Social Services. In addition, the Code of Virginia (Code) outlines the other requirements that exempt child day centers must meet.

Registered Family Day Home (VR): Any family day home that has met the standards for ***voluntary registration*** for such homes pursuant to regulations adopted by the Board of Social Services and that has obtained a certificate of registration from the Commissioner.

Certified Preschool (CNS): A preschool program operated by a private school that is accredited by a statewide accrediting organization (or another accrediting organization recognized by the Board of Education) to be exempt from licensure. In order for preschool and nursery school programs operated by accredited private schools to be certified, certain information must be filed with VDSS before the beginning of the school year or calendar year. That information must be filed annually thereafter.

Approved Child Day Programs

Local Ordinance Approved (LOA): There are currently three localities (Alexandria, Arlington and Fairfax) that regulate child care facilities as allowed by the Code.

Department of Education Approved: Education and care programs provided by public schools and regulated by the Board of Education using regulations that incorporate or exceed the regulations for child day centers licensed by VDSS.

For Providers:

How to Create a Free Individual Email Account

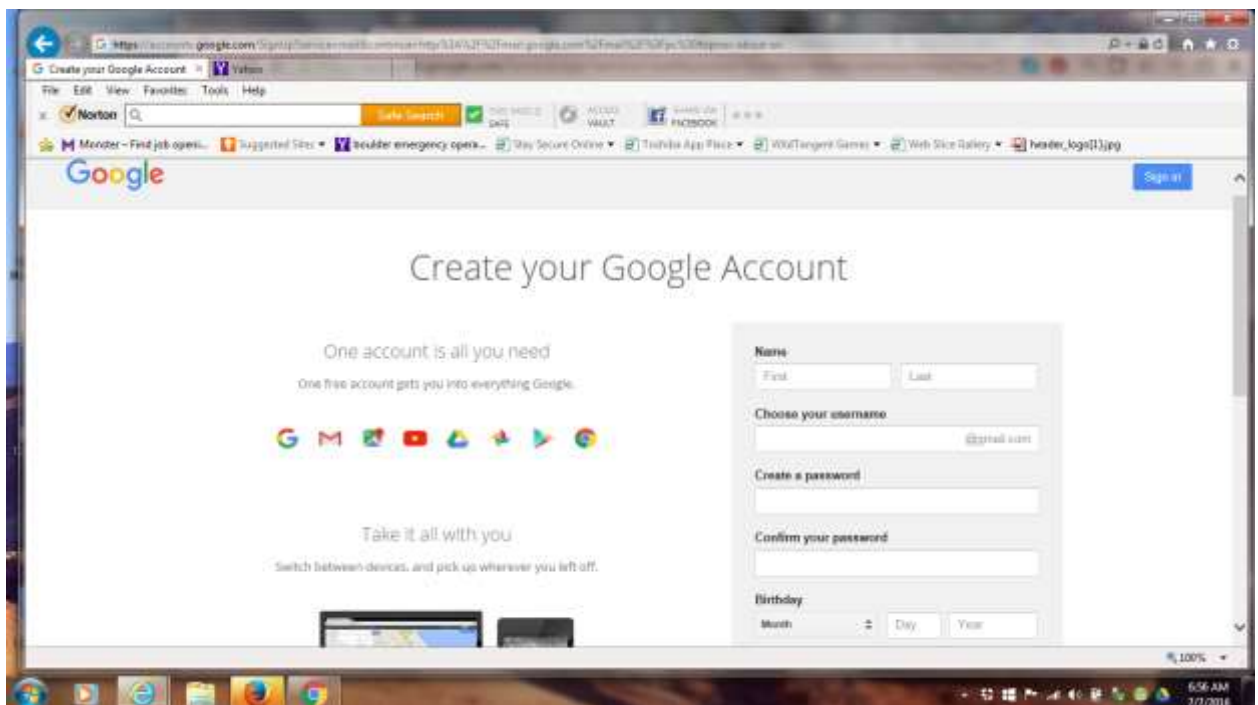
If you don't have an individual email account, don't worry – it's free and easy to get one!

If you have a cellphone that accepts text messages, it takes just a few minutes to create a new, free, individual email account. You'll be able to access this email account from any Internet-connected computer, iPad, tablet or smartphone, by logging in with the username and password you create when you set up the account. If you don't share the username and password for this account with anyone, it is quite secure.

We've provided instructions here on how to create your own new Gmail account. These accounts are managed by Google, one of the best providers of free email accounts. Yahoo (www.yahoo.com) is another recommended provider of free email accounts, and their new account creation process is very similar.

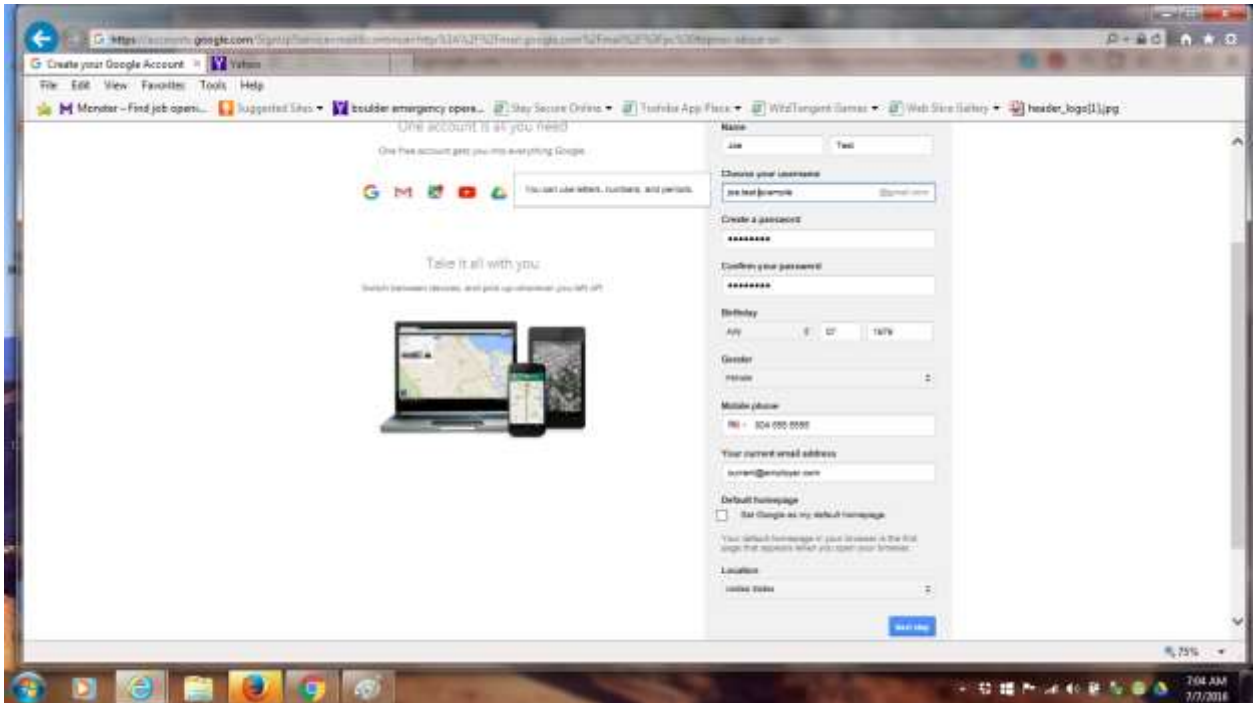
Let's get started!!

- 1) **Go to accounts.google.com** and you'll see a registration form either identical or very similar to the one below.



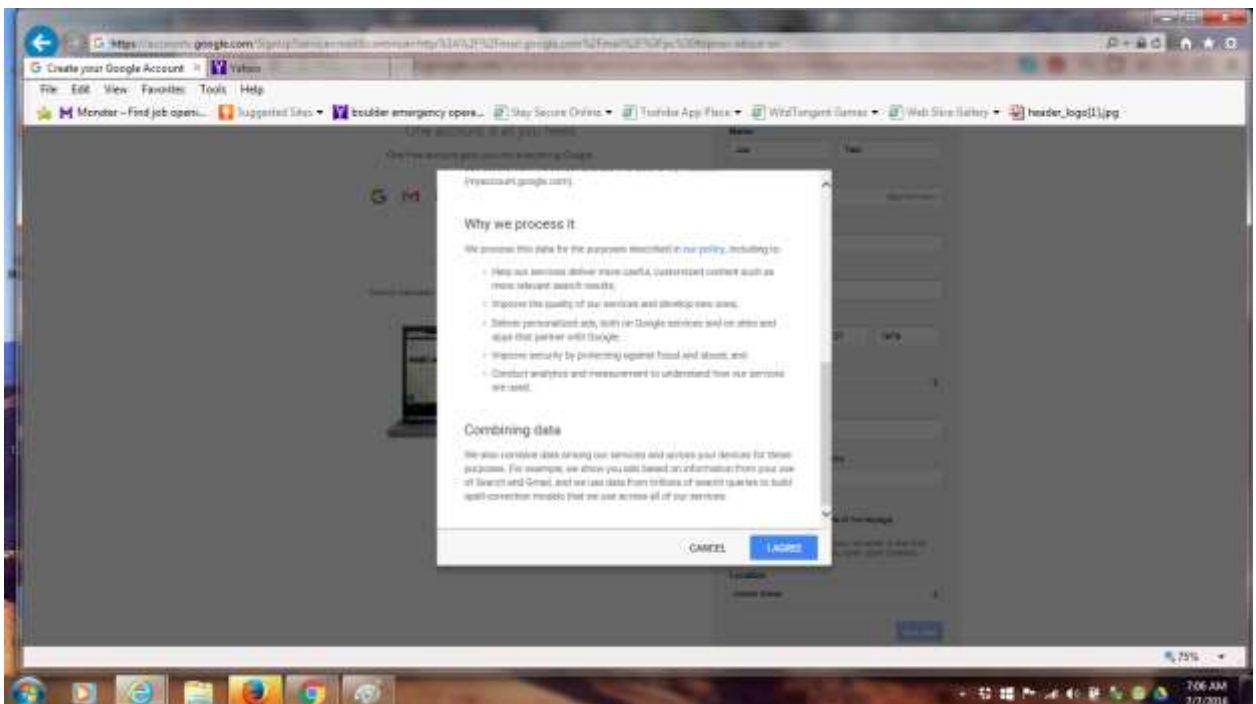
- 2) **As mentioned above,** you must have either a cellphone that receives texts or a current email address to create a new Gmail email account.

- 3) **Fill in this new account form and click the Next Step button** to submit it. If you don't have a current email address, leave that blank, but you will definitely need to enter a cellphone number that accepts texts in that case.



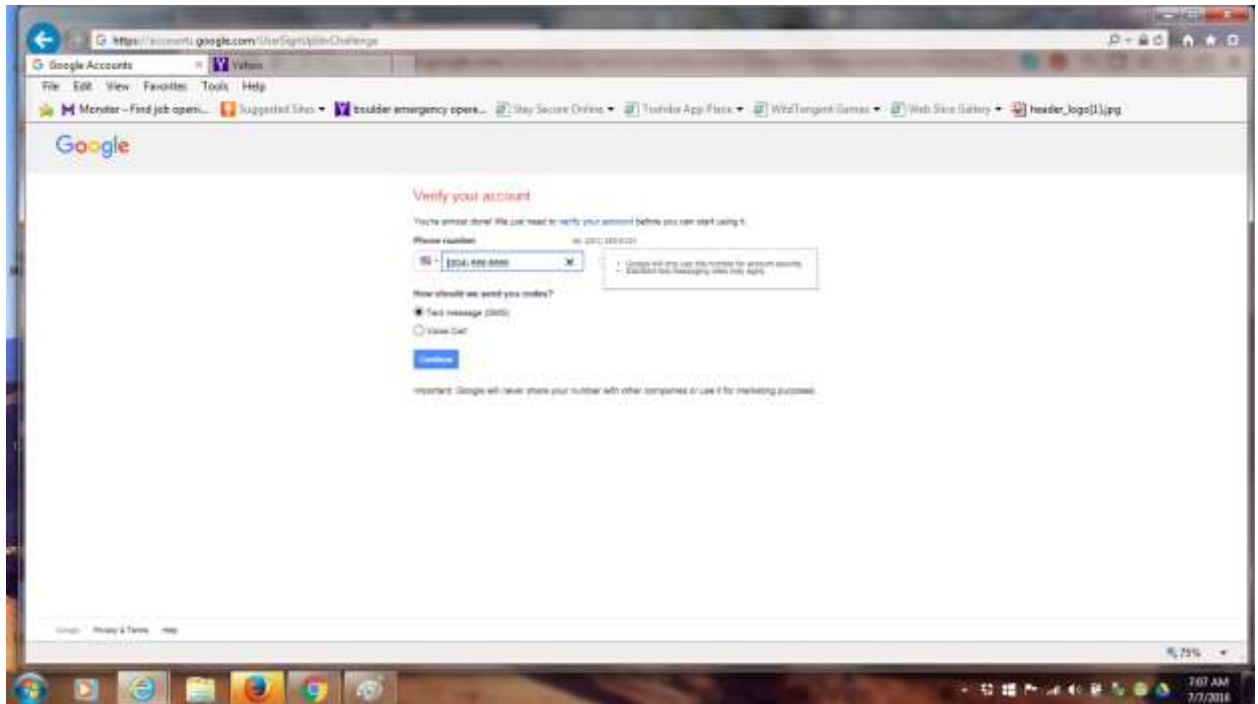
The screenshot shows the Google Account creation page in a web browser. The page title is "Create your Google Account". The main heading is "Give account to all you need". Below this, it says "One free account gets you into everything Google." and "You can use email, calendar, and photos." There is a section titled "Take it all with you" with a sub-heading "Search between devices, and pick up wherever you left off." Below this is an image of a laptop, a smartphone, and a tablet. On the right side, there is a form with the following fields: Name (First and Last), Choose your username (username@domain), Create a password (with a strength indicator), Confirm your password, Birthday (Month, Day, Year), Gender (Male/Female), Mobile phone (with a plus sign and country code dropdown), Your current email address, Default homepage (with a checkbox for "Set Google as my default homepage"), and Location (Country). A blue "Next Step" button is at the bottom right of the form.

- 4) Click the “I agree” button to agree to their terms



The screenshot shows the same Google Account creation page as in the previous image, but with a privacy policy dialog box overlaid in the center. The dialog box has a title "Why we process it" and a sub-heading "We process this data for the purposes described in our policy, including to:". Below this, there is a list of bullet points: "Help our services deliver more useful, customized content such as more relevant search results.", "Improve the quality of our services and develop new ones.", "Deliver personalized ads, with our Google services and on sites and apps that partner with Google.", "Improve security by protecting against fraud and abuse, and", "Conduct analytics and measurement to understand how our services are used." Below the list, there is a section titled "Combining data" with the text: "We also combine data among our services and across your devices for these purposes. For example, we show you ads based on information from your use of Search and Gmail, and we use data from billions of device queries to build sophisticated models that we use across all of our services." At the bottom of the dialog box, there are two buttons: "CANCEL" and "I AGREE".

- 5) **Follow the onscreen instructions to verify your account** – they will immediately text a code to your cellphone, and you enter that code into a blank on the screen where you are creating the account. This verifies that they have a second means of contacting you if needed.



THAT'S IT! Now you can go to accounts.google.com anytime on any Internet-connected device, log in, click the envelope icon, and use this new email account to send and receive emails securely!

Matching the Five Rights

1. *Right child*

- Match the child's first and last names on the Consent Form with the first and last names on the pharmacy label or package. Then match this name to the child you are about to give medication to.
- If you care for siblings or other children in your program with similar names, be extra careful.
- If you need to give medication to a child you don't know well, ask someone who works with the child to tell you the child's name.

2. *Right medication*

- Match the medication name on the pharmacy label or package to the medication name on the Consent Form. Be careful, because names of medication can sound alike and be spelled similarly, but be very different medications.
- The strength of the medication must also match. The strength is how much of the active ingredient is in one pill or one dose. For example, Ritalin® comes in 5mg and 10mg tablets. So in addition to checking the name (Ritalin®), make sure you have the right strength of the medication (5mg).
- If the child's healthcare provider has specified brand name medicine on the Consent Form, generic medication cannot be accepted as a substitute. If the child's health care provider wrote both the generic name and the brand name on the Consent Form, you can accept either the generic or brand name medication from the parent.

3. *Right dose*

- Match the dose written on the Consent Form with the dose written on the pharmacy label or package. If you are about to give the medication, match this dose to the dose you are about to give.
- The dose is how much medication to give. For example, the dose could be one tablet, 5 mL, 2 teaspoons or one drop.
- Give the exact amount of the medication specified on the Consent Form and the pharmacy label.
- If the medication is a liquid, make sure the measurement tool that the parent supplied, such as a dosing spoon, oral syringe, or medicine cup, has the same unit of measurement (such as mLs, teaspoons, etc) on it that is written on the Consent Form.

4. **Right Route**

- The route is the way the medication gets into the child’s body, such as into the eye, rubbed on the skin or put into the mouth.
- Match the route written on the Consent Form with the route written on the pharmacy label or package. If you are about to give the medication, match this route with the way you are about to give the medication.
- Remember, some routes include “left” or “right”, such as “left eye”, “right ear”, etc. Be careful to give the medication in the correct place!
- Always ask if you don’t understand how to give the medication correctly by the route written.

5. **Right Time**

- When a child arrives at your program, check with the parent to find out if the child got any medication before arriving. If so, write this dose on the correct Log of Medication.
- Before preparing to give a dose, check the child’s Log of Medication Administration to see if this dose has already been given by another caregiver.
- To match the Right Time, match the time written on the Consent Form with the time written on the pharmacy label or package with the time the dose is actually given.
- To find the Right Time, remember, medication can be scheduled to be given at a specific time, or have instructions that tell you what symptoms mean that the child needs the medication (“as needed”). For “as needed” medications, the Consent Form and medication label will say how much time there must be between doses, and the maximum number of doses the child can get in one day.
- The **Right Time** to give **scheduled medications** is up to 30 minutes before or up to 30 minutes after the time written on the Consent Form.
- The **Right Time** to give “**as needed**” medications is when the child is showing the symptoms specified on the Consent Form, **AND the dose is not too soon after the last dose AND will not exceed the total doses the child can get in one day.**
 - ***The minimum amount of time between doses and the maximum number of doses allowed in one day might be stated in Item 7B or in the Special Instructions section in the Consent Form and/or on the pharmacy label or medication package. Always look for this information for “as needed” medications!***

Be Safe: Match the Five Rights Every Time You Give Medication

- This form must be completed in English.
- One form must be completed for each medication. **Multiple medications cannot be listed on one consent form.**
- **This form is not required for over-the-counter diaper cream, sunscreen, insect repellent, lotion, lip balm or Vaseline.**
- **Parent MUST complete #1-#17 and #19-#22 for medication to be administered 10 working days or less.** Parent may omit #16 and #17 for over-the-counter medications, sunscreen & topically applied insect repellent.
- **Health care provider MUST complete #1-18 for prescription or OTC medication to be given more than 10 working days, nebulizer or epinephrine auto-injector medication, and when dosage directions state “consult a physician”. Parent must also complete #19-22 in these cases. Health care providers do not need to complete this form for over-the-counter medications/products applied to the skin.**

1. <u>CHILD’s first and last name:</u>	2. Date of birth:	3. Child’s known allergies:
4. <u>Name of MEDICATION</u> (including strength):	5. <u>Amount/DOSAGE to be given:</u>	6. <u>ROUTE of administration:</u>
7A. <u>FREQUENCY:</u> _____ <u>Specific TIME(s)</u> (e.g. 1p.m.): _____ <u>to administer</u> <p style="text-align: center;">OR</p> 7B. Identify the <u>symptoms that will necessitate administration</u> of medication: (signs and symptoms must be observable and, when possible, measurable parameters).		
8. Possible side effects: <input type="checkbox"/> See package insert (parent must supply) <i>AND/OR</i> additional side effects:		
9. What action should the child care provider take if side effects are noted: <input type="checkbox"/> Contact parent <input type="checkbox"/> Contact prescriber at phone number provided below <input type="checkbox"/> Other (describe):		
10. Special instructions: <input type="checkbox"/> See package insert (parent must supply) <i>AND/OR</i> Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child’s age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) _____		
11. Reason the child is taking the medication (unless confidential by law): _____		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #25 and #27 on the back of this form.		
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #26 and #27 on the back of this form.		
14. <u>Date consent form completed:</u>	15. <u>Date to be discontinued or length of time in days to be given</u> (this date cannot exceed 12 months from the date authorized or this order will not be valid):	
16. Prescriber’s name (please print):	17. Prescriber’s telephone number:	
18. Licensed authorized prescriber’s signature:		
Required for long-term (more than 10 working days) prescription medications, nebulizer or epinephrine auto-injector medications and when dosage directions state “consult a physician”. Not required for over-the-counter medications/products applied to the skin.		

PARENT/GUARDIAN MUST COMPLETE THIS SECTION

19. I, parent/legal guardian, authorize the day care program to administer the medication as specified on this form to _____ (child's name) .	
20. Parent or legal guardian's name (please print):	21. Date authorized:
22. Parent or legal guardian's signature:	

PARENT/GUARDIAN: ONLY COMPLETE THIS SECTION IF YOU REQUEST TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15

23. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on _____ . Once the medication has been discontinued, I understand that if my child _____ (date) requires this medication in the future, a new written medication consent form must be completed.
24. Parent or Legal Guardian's Signature:

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED

25. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.
26. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order. DATE: _____ By completing this section the day care program will follow the written instruction on this form and <i>not</i> follow the pharmacy label until the new prescription has been filled.
27. Licensed Authorized Prescriber's Signature:

CHILD DAY PROGRAM TO COMPLETE THIS SECTION

28. Provider/Facility name:	29. Facility Phone Number:
I have verified that #1-#22 and, if applicable, #25-#27 are complete. My signature indicates that all information needed to give this medication has been given to the day care program.	
30. Authorized child care provider's name (please print):	31. Date received from parent:
32. Authorized child care provider's signature:	

Medication Effects

Medication is given for many reasons. If it works right, it has the “desired effect.”

Medication can be given to:

- **Prevent illness** (such as getting the polio vaccine so you don’t get polio)
- **Control health problems** (such as taking medication every day to help prevent seizures)
- **Cure an illness** (such as taking an antibiotic to get rid of an ear infection)
- **Reduce symptoms** (such as taking Tylenol® to lower a fever)

Taking medication has effects on the child’s body. These effects can be wanted (desired effects), unwanted or even dangerous. Whenever a child in your care is taking medication, watch the child and pay attention if the child acts or feels different than usual. If you notice any changes, contact the child’s parent. These changes could be unwanted effects from the medication. If the child is having a severe reaction and an adverse effect to a medication, call 911 right away and then call the child’s parent (or guardian).

Types of Undesired/Side effects	Action to Take
<p>Severe allergic reaction Severe hives, swelling, especially lips and face, trouble breathing, severe vomiting, diarrhea or stomach cramping, racing heart, “passing out”</p> <p>Adverse effect Seizures, chest pain, highly unusual behavior, severe dizziness</p>	<p>Call 911 right away Notify parent as soon as possible</p>
<p>Mild allergic reaction Itchy red skin, slight localized rash, itchy/watery eyes, sneezing, runny, stuffy or itchy nose, an itchy feeling in the mouth or throat</p>	<p>Notify parent immediately Encourage parent to contact the child’s health care provider for instructions If the reaction becomes severe, contact 9-1-1 immediately</p>
<p>Mild side effect Upset stomach, sleepiness (drowsiness), diarrhea, constipation, trouble sleeping, irritability, nervousness, dry mouth, headache, nausea/vomiting, changes in appetite</p>	<p>Notify parent by the end of the day</p>

- Use this form to document all medication administered in the child day program.
- This form must be kept with the child’s medication consent form.
- Any medication errors (such as incorrect dose given) must be documented on the back of this form **and** on the MAT Medication Error Reporting Form.
- If the child refuses or vomits up a dose, this is not a medication error, but the missed dose should be documented on the back of this form and the parent should be notified.

CHILD’S NAME _____

MEDICATION (and strength)_____

COMPLETE FOR ALL DOSES GIVEN				COMPLETE WHEN SIDE EFFECTS ARE NOTED		COMPLETE FOR ‘AS NEEDED’ MEDICATION ONLY		Controlled Substances ONLY	
Date Given (M/D/Y)	Dose	Route	Time (AM or PM)	Administered by (full signature and print name)	Any Noted Side Effects	Parents notified? and Time	The symptoms the child had that indicated that the medication was needed	Parents notified? and Time	Total Doses Given and Remaining
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			AM <input type="checkbox"/> PM <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Complete this section for any medication dose that was not given as written on the child’s medication consent form.

Date and time of missed dose or error	Details of missed dose or medication error (included reason error occurred)	Parents notified (date and time)	Signature of Provider / Print Name

Notes:

Medication Routes Covered in This Course and Special Authorizations

In this course you will learn the following ways (routes) to give medication:

- Oral (liquid Benadryl only)
- Inhaler
- Epinephrine auto-injector

If a child in your program needs medication given by routes not covered in this course, if you are AMAT Certified, in some situations, you can get authorization to do this. The chart below outlines these situations:

	Course or Training Providing Authorization	Evidence of Successful Completion
Inhaler or epinephrine auto-injector devices not covered in this course	Additional child-specific training* on the specific device you will use. The MAT AuviQ online course is available for that device.	AuviQ Completion Certificate, or for other additional training*, use the Special Authorizations and Individual Health Care Plan form (Handout 3.7) to document the specific additional training received and the date you completed it.

***Additional child-specific training** is whatever the parent and healthcare provider decide is necessary for the MAT-Certified provider to be prepared to safely give medication by this route/device. It can be as simple as a demonstration by the parent or healthcare provider.

Special Authorizations and Individual Health Care Plan

Working in collaboration with the child’s parent/guardian and child’s health care provider, the following health care plan was developed to meet the individual needs of:

Child’s name:	Child’s date of birth:
Name of the child’s health care provider:	<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner

Describe the health care needs of this child and the plan of care as identified by the parent and the child’s health care provider.

Identify the program staff who will provide care to this child:

Name	Credentials or Professional License Information*

Describe any additional training, procedures or competencies the staff identified will need to carry out this plan, as identified by the child’s parent and/or the child’s health care provider. In addition, describe how this additional training will be achieved including who will provide this training.

Signature of Authorized Program Representative:

I understand that it is my responsibility to follow the above plan and all health and infection control regulations related to the modality of care I provide. This plan was developed in close collaboration with the child’s parent and the child’s health care provider. I understand that it is my responsibility to see that those staff identified to provide all treatments and administer medication to the child listed in the specialized health care plan have a valid MAT certificate, CPR and first aid certifications or have a license that exempts them from training; and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

Provider/Facility Name:	Facility address:	Facility Telephone Number:
Authorized child care provider’s name (please print)		Date:
Authorized child care provider’s signature:		

Signature of Parent or Guardian:

	Date:
--	-------

Signature of Health Care Provider:

	Date:
--	-------

Signature of Person Providing Training (if applicable):

	Date:
--	-------

Required Permissions to Give Medications

The permissions and instructions needed to give a specific medication to a specific child are provided on the Medication Consent Form. Although it is best practice to use the MAT Medication Consent Form, other forms can be used, as long as all the information required by Licensing regulations is included.

- It is recommended as best practice, but not required by Licensing regulations, that parent(s) and health care providers renew the Medication Consent Form at least **once every twelve months**
- Faxed Medication Consent Forms are acceptable.
- The Consent Form instructions for administration must be consistent with any directions for use noted on the medication container, including precautions related to age and special health conditions. **If the instructions are not consistent, *written* instructions from the child’s health care provider are required.**
- ***** NOTE: All short-term (10 working days or less) permissions must be renewed or discontinued after ten working days. *****
- ***** NOTE: ALL epinephrine auto-injector permissions, even short-term ones, must be signed by the health care provider.*****

PERMISSION REQUIREMENTS

SHORT-TERM MEDICATION ADMINISTRATION

The following table indicates the permission needed to administer a medication to any child in your care for **ten working days or less**.

Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over-the-counter*	Liquid Benadryl	Written	<i>None needed</i>
Prescription	Inhaler	Written	<i>None needed</i>
	Epinephrine auto-injector	Written	Written

PERMISSION REQUIREMENTS LONG-TERM MEDICATION ADMINISTRATION

- ***** NOTE – ALL** long-term (more than 10 working day) permissions **MUST** be signed by the parent **AND** healthcare provider, **EXCEPT** for over-the-counter topicals

The following table indicates the permissions/instructions needed to administer a long-term medication to any child in your care. Long-term medication is defined as any medication that is authorized by the parent and/or health care provider to be administered or possibly administered for **more than ten working days**.

Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over-the-counter*	Liquid Benadryl	Written	Written
Prescription	Inhaler	Written	Written
	Epinephrine auto-injector	Written	Written

*Over-the-counter diaper cream, sunscreen, insect repellent, lotion, lip balm and Vaseline are not considered medications, and do not require a Consent Form for either short-term or long-term administration.

Independent Medication Administration

If a child carries his own medication, decides when a dose is needed and takes the dose without supervision, this is considered Independent Medication Administration.

- In some cases, it is appropriate for children with **diabetes** to provide independent medication administration for this condition. The MAT Diabetes course provides complete information on this and other MAT best practices for caring for children with diabetes.
- Children can independently self-administer an **emergency rescue medication** such as an inhaler or EpiPen **ONLY if the following criteria are met:**
 - The child is at least 9 years old.
 - The physician, parent and child day program director have given written permission to the child, based on their judgment that the child is responsible enough to correctly store and self-administer the medication, using Handout 4.2 S, Permission to Self-Carry and Self-Administer Emergency Rescue Medications.
 - The child day program director must additionally consider whether this child can safely self-carry and self-administer this medication in this program environment, and can withhold permission if he or she feels for any reason that this cannot be safely done in this environment, regardless of the capabilities of the child.
 - The parent and the child acknowledge in writing using Handout 4.2 S that this permission to self-administer will be revoked if the child does not consistently, correctly and responsibly perform his or her medication storage and self-administration tasks.
- **All questions about whether a child can be permitted to independently self-administer medication should be referred to your Licensing inspector or representative.**

Your program should also have a Special Authorizations and Individual Health Care Plan (Handout 3.7) for each child who will independently administer his medication. The child's plan should:

- state that staff approved to administer medication must be available when the child is in the program
- explain how the child will carry the medication and make sure it is not accessible to other children in the program
- explain how the child will tell program staff of any doses he administers
- explain how staff will document each dose the child takes independently
- explain how staff will recognize and respond to possible side effects
- list any additional training or competencies staff approved to give medication may need to care for the child and who will provide this training

Accepting Medication

Follow the steps below whenever you receive medication from a parent. If you are not able to complete the step, tell the parent you cannot accept the medication and discuss what you need the parent to do so that you can accept the medication.

Checklist for Accepting Medication	✓ Check
1. Signed written permission and/or instructions received from the parent/guardian.	
2. Instructions written on the medication label and package match the instructions on the Consent Form . <ul style="list-style-type: none"> <input type="checkbox"/> Review the Consent Form, making sure all instructions are correct and understood. <ul style="list-style-type: none"> • Why the child is taking the medication • The Five Rights • What potential side effects you should be looking for – it is strongly recommended that potential side effects be written out, identified as mild or serious, and action to be taken for serious side effects included, on the Consent Form itself • If the medication is to be given for ten or fewer working days, or on a long-term basis • Any special storage requirements are indicated on the medication label or in the health care provider instructions 	
3. Medication is in the original container (child resistant whenever possible) and labeled with the child’s full name. <ul style="list-style-type: none"> • Prescription medication has a readable pharmacy label attached to the container. If needed, the parent also provides any special tools, such as a dosing spoon or oral syringe, with the child’s first and last names written on it. 	
4. Expiration date is on medication package and the medication has not expired.	
5. You have written instructions from the health care provider, if required per Handout 4.1. <ul style="list-style-type: none"> • The instructions are complete, understandable and signed by the health care provider, if the medication is to be given longer than 10 working days, if the package states “consult physician”, or if there is 	

<p>a discrepancy between parents’ instructions & label/packaging instructions.</p> <ul style="list-style-type: none"> • If the medication is to be given a certain number of times per day, and the health care provider did not write a specific time, such as 1:00PM, in Item 7, make sure the parent writes the specific time to give the medication. 	
<p>6. If the Special Instructions on the Consent Form or the medication label impact when the medication should be given, such as “with a meal” or “on an empty stomach”, and the dose is scheduled for a time when these instructions can’t be followed, work with the parent to have her change the scheduled time of the dose to a time when you can follow the instructions.</p>	
<p>7. Fill out the child care or school Program section on the Medication Consent Form and tell the parent you are agreeing to give the medication.</p>	
<p>7. Put the medication in the medication storage area or refrigerator. Ensure that this is the same storage area included in your medication administration policy/procedure.</p>	
<p>8. Create a Log of Medication Administration for the child’s medication.</p>	
<p>9. File the Medication Consent Form, any package inserts or pharmacy printouts and the Log of Medication Administration together in a place where you will be able to review the forms each day.</p>	

Medication Storage and Disposal

Medication Storage

When deciding where to keep medication, follow these guidelines:

For general medication

- Lock in a clean and secure place that children cannot get to (inaccessible).
- Keep in a cool, dry and dark place, unless the directions state something else.
- Keep in the original labeled bottle or container
- Keep in a child resistant container whenever possible
- Label with the child's first and last name if it is an over-the-counter medication
- Keep refrigerated if instructed
- Check periodically for expiration
- Notify parents when a medication supply is low. For long-term medication you may want to keep at least a one week supply available to avoid running out.

Emergency medication

- Keep in an area near the child where you get it quickly, such as
 - ♦ in your emergency bag; or
 - ♦ in a pack that you wear.

Your medication administration policy/procedure should include the place(s) where you will keep medication in your program. You may have a couple of places. If you change the area where you keep medication, you must update your medication administration policy/procedure.

Refrigerated medication

- Store in a refrigerator that is inaccessible to children.
- Store separately from food and keep in a leak proof container. A leak proof container is a container that when turned over and shaken does not allow any liquid to escape.
- If you have a separate refrigerator you use for medication only, make sure the refrigerator is locked or inaccessible to children.
- Keep the refrigerator at the temperature between 36 - 40° F.

If your program has a power outage or your refrigerator stops working, call your local pharmacy and follow their recommendations regarding the use of the medication kept in the refrigerator.

Controlled substances

- Store in a locked area with limited access.
- Always count the number of pills or note the amount of liquid in the bottle when receiving from a parent.
- Keep a running count each day if more than one staff member is giving the medication or has access to the storage area.
- Count the number of pills or note the amount of liquid left in the bottle when giving the medication back to the parent

Medication Disposal

Always return medication to the parent when medication has expired, has been discontinued or if the consent has expired.

If you are unable to return the medication to the parent within 14 days, follow these guidelines:

- Take the medication out of its original container.
- Mix the medication with an undesirable substance, such as coffee grounds or kitty litter. The American Pharmaceutical Association recommends first crushing or dissolving the medication in water.
- Place the material in a leak proof container, such as an empty can or a sealed plastic bag.
- Throw the container in the trash.
- NOTE: Medication administration items, such as expired epinephrine auto-injectors, empty nebulizer vials, and used insulin syringes, must be disposed of in a closed impenetrable container.

Medication Label Information and Medication Tools

Over-the-Counter Medication Label Requirements

Over-the-counter medication must be in its original container and labeled with the child’s first and last names.

Prescription Medication Label Information

Prescription medication should be in a child-resistant container. It must have the original pharmacy label and should include the following information:

1. Child’s first and last names
2. Medication name and strength
3. How often to give the medication
4. Medication dose
5. Route of administration
6. Date to stop giving the medication (discontinue date) or number of days to give the medication
7. Health care provider’s name who prescribed the medication
8. Pharmacy name and telephone number
9. Date prescription was filled
10. Expiration date

8	Pharmacy Inc. #0012 Ph: 212-555-0102 100 Main Street, New York, NY 10068 Rx#: 8145974-02 Tx: 8063264		
1	Jose Martinez DOB: 11/30/XX (718) 554-1984 461 Park Place, Brooklyn, NY 11202		
2	Ritalin 10mg Tabs		
4	5	3	6
Give one tablet by mouth at 10AM and 2PM. Discontinue after 14 days.			
7	Prescriber: Nancy Wallace MD (718) 564-9832 221 Stream Place, Brooklyn, NY 11202 Refillable: 0 times QTY: 30 R.Ph. Init: RSL Date filled: 7/15/XX 9 Orig. Date: 7/15/XX Exp. Date: 7/15/XX 10		

Sample Medication

Medication samples are not dispensed by a pharmacy and will not have a pharmacy label. Medication samples supplied by the child’s health care provider must be appropriately labeled with the same information that is required on a pharmacy label. Parents should be aware of this requirement so the child’s health care provider can label the samples with the required information.

Administration Tools

Administration tools, such as dosing spoons, oral medication syringes, pill crushers and medicine cups should be provided by the parent. All medication administration tools including pill crushers are child specific and cannot be shared with a different child. All tools must be labeled with the child's first and last names. The child care provider may keep an emergency supply of disposable, single use measuring devices on hand.

Guidelines for Giving Medication to Children

You know the personalities of the children in your program. Use this knowledge when you give medication to help keep the process safe.

General Principles of Medication Administration

When giving medication:

- Always act confidently and let the child know you expect cooperation.
- After giving the medication, thank the child.
- Remember, what works for one child may not always work with another, so be flexible.
- Talk to parents about how they get their child to take medication and try to follow the same routine when possible.



Sometimes you cannot safely get a child to take medication.

- **Never yell at, threaten or restrain a child in any way in order to get her to cooperate.**
- Never force a crying child to take medication
- If you cannot give the medication safely to the child, call the child's parent.
- Remember to write down why you didn't give the medication in the child's log.

Here are some tips for safely giving medication to the children in your program:

Infants

- ☺ Talk in a calm, soothing voice.
- ☺ Listen to relaxing music
- ☺ Properly position the child.
- ☺ Rock the baby before and after giving any medication.
- ☺ Give medicine prior to a feeding, unless the healthcare provider's instructions specifically state to not given before a feeding.
- ☺ Allow child to rest between "pulses" of medicine when using an oral syringe.

DON'T:

- ⊗ Add medication to a bottle of formula or breast milk
- ⊗ Pinch a baby's nose to get him to open his mouth
- ⊗ Shake an uncooperative child

Toddlers

- ☺ Approach the child expecting cooperation.
- ☺ Use age-appropriate language.
- ☺ Never call medicine "candy" or "candy-flavored" (e.g., pink amoxicillin "bubble gum" flavored medicine).

- ☺ Let the child cuddle a toy.
- ☺ Give the toddler some control, such as, “what color cup do you want to use?”
- ☺ Practice with the child giving medicine to a doll or stuffed animal.
- ☺ Plan for time before and after giving the medication to soothe the child.
- ☺ Thank the child for cooperation.
- ☺ Ask parents what techniques they use successfully.

DON'T:

- ⊗ Ask the child if he wants to take his medicine
- ⊗ Mix medicine in a large amount of food

Preschoolers

- ☺ Approach the child expecting cooperation.
- ☺ Prepare the child to take medication. Use age appropriate language to explain to the child that what you are doing will help him feel better and gently tell him what you need him to do.
- ☺ Have the child think about a favorite place or thing to do while taking the medication.
- ☺ Give a choice, such as, “What do you want to play with after you take your medication?”
- ☺ Thank the child for cooperation.

DON'T:

- ⊗ Mix medicine in a large amount of food
- ⊗ Refer to the medication as “candy”
- ⊗ Threaten to give medication as punishment

School Age Children

- ☺ Prepare the child to take the medication.
- ☺ If taking the medication is stressful for the child, help her relax by having her imagine a favorite place or take deep breaths.
- ☺ Have the child take an active role in the medication-taking process.
- ☺ Give as much control as possible.
- ☺ Allow the child to express feelings about having to take the medication.
- ☺ Approach the child expecting cooperation.
- ☺ Thank the child for cooperation

DON'T:

- ⊗ Crush pills or open capsules without instructions from the health care provider
- ⊗ Threaten to give medication as punishment
- ⊗ Call medication “candy”

Special Situations

Once you have accepted responsibility to give medication to a child in your program, you must give it as instructed. However, there may be times when you are not able to give the medication safely. There is a section on the back of the **Log of Medication Administration** for you to write down when you do not give the dose as instructed.

- ▶ **If the child refuses or you cannot safely give the medication:**
 - ◆ Do not force the child to take the medication.
 - ◆ Notify the child's parent immediately.
 - ◆ Write in the child's log that the dose was not given and the reason why.
 - ◆ Consult your program's policies and procedures and, if applicable, the child's health care plan for any additional actions.

- ▶ **If the child spits up (or vomits) immediately or soon after getting oral medication:**
 - ◆ Do not administer the dose again.
 - ◆ Notify the child's parent as soon as possible.
 - ◆ Write in the child's log that the child spit up (or vomited) some of the medication.

- ▶ **If the child is absent or is not scheduled to be in your program:**
 - ◆ You do not need to write this in the child's *Log of Medication Administration*, since this is not a missed dose.

- ▶ **If you run out of medication and the parent has not given you a new supply:**
 - ◆ Write in the child's log that you were not able to give the medication and the reason why.

- ▶ **If the parent tells you to stop giving the medication before the date written on the consent form:**
 - ◆ Have the parent fill out the back of the Medication Consent Form with the new discontinue date.
 - ◆ Give the medication back to the parent.

Giving Medication Safely

Always have any supplies you may need, such as gloves, tissues, dosing tools, etc., available at the medication administration area *before* starting the medication administration process. Here are the steps to follow to give medication safely:

1. *Preparing to give the medication:*

- Check the child’s Log of Medication Administration and Consent Form** to make sure the child hasn’t been given this dose already, and, if it’s an “as needed” medication, that this dose will not be given too soon after the last dose.
- Get the correct child** and bring the child to the medication administration area.
- Wash your hands and the child’s hands.**
- Bring the child’s Consent Form to where you store the medication. **Select the correct medication. Before you leave the medication storage area**, match the **Five Rights** on the medication label to the child’s Consent Form.
 - child’s full name medication and strength dose route time
- Once you take the medication from the storage area, you must never leave it unattended.
- Check the Consent Form and medication package to see if there are any **special instructions for giving the medication**, such as shaking it well, giving it with food or on an empty stomach, to be prepared to follow these instructions when giving the medication.
- Check the **expiration date** on the medication to make sure it has not expired.

2. *Giving the medication:*

- Give the medication by following the appropriate **Procedure Guide** (Handouts 9.1 to 9.7) for the correct steps to administer medication by each route, following the instructions on the medication package and the Consent Form.

3. *Documenting the dose:*

- Immediately after giving the dose, match the Five Rights** the third and final time.
 - child's full name medication and strength dose route time
- Then immediately **document the dose on the child's Log of Medication Administration**. Document the dose **BEFORE** you return the medication to the storage area and **BEFORE** you return the child to the group.
 - For **"as needed" medications**, record the specific symptoms that prompted you to give the dose, and the time when you notified the parent of the dose.
 - For **missed doses**, document them and record the reason why they were missed.
- Return the medication to the storage area** immediately after you document the dose and **BEFORE** returning the child to the group.
- Wash your hands and the child's hands** again.
- Return the child** to the group.
- If the child has **side effects** from the dose, document the side effect(s), what actions you took if the side effect was serious or adverse, and the time when you notified the parent.

How to Document a Dose

You must keep a record of all the medication given at your program. A Log of Medication Administration is a useful tool in documenting the administration of medication and communicating to other providers in the program that the medication was given. When you write down all of the medication you give in your program, you help prevent medication errors, including a child missing a dose of medication or a child mistakenly receiving two doses.

Here is how to document a dose:

- **Document all medication doses** you administer.
- Always write **in ink** and write clearly so others can read your writing.
- Use **one Log of Medication Administration for each medication** the child is taking.
- Document each dose **immediately after the child takes it and you do the third match of the Five Rights**.
- Document the *actual* **date and time** you gave the medication (include **a.m. or p.m.**).
- Document the *actual* **dose** you gave.
- Document the **route** you *actually* gave the medication by, using the **same wording** that was used on the Consent Form. For example, if the Consent Form says “Oral”, if you gave the medication by the Oral route, write “Oral”, not “by mouth”. Add the **side of the body** if the medication was given in the eye, ear or nostril, or the **specific location on the body** for topical medications or epinephrine auto-injections.
- If you gave an **“as needed”** medication, document the **specific symptoms** that caused you to give the medication, and the **time** the parent/guardian was notified of the dose, including a.m. or p.m.
- **Sign** the entry and print your name.
- After waiting the correct amount of time for side effects to appear, document any **side effects** the child had, the actions you took if the side effect was serious or adverse, and the time the parent was notified, including a.m. or p.m.
- If a dose that should have been given was **not given**, document this as a missed dose and document the reason why the dose was missed.
- **If you make an error** while documenting a dose, cross out the incorrect information, write “error” with your initials next to it, then write the correct information.

e.g., Dose: ~~Two drops~~ Error MW

Dose: One Drop

Prevention of Unintentional Medication Poisoning

Many childhood poisonings, especially in children under five, are due to children ingesting medication that is not intended for them. Many medications taken by adults are dangerous to children. Children's bodies are smaller and their body systems often cannot process the levels of medication found in adult strength medication. Unintentional medication ingestion can cause a child to become extremely ill or even die.

Tips for Keeping Children Safe:

- Store all medication safely
- Medication needs to be kept in an area that is locked and inaccessible, unless designated otherwise by physician's order.
- Keep all medication in its original labeled container
- Use childproof containers whenever possible
- Never leave medication unattended
- Always return medication to the storage area immediately after use
- Never call medicine "candy"
- Keep important phone numbers, such as Poison Control Hotline, on or near your telephone

- Always follow the Five Rights when giving medication to children

If you suspect a child has accidentally taken medication or other poison, call the Poison Control number *immediately*.

Do not wait for the child to look or feel sick.

The Poison Control Center number is:

1-800-222-1222

Anaphylaxis

Anaphylaxis is a severe allergic reaction that affects the whole body. The child will get worse quickly and the symptoms could become life-threatening. Here are some common things that can cause a severe allergic reaction in children:

- Insect or bee venom from bites or stings
- Nuts
- Some medications, especially antibiotics
- Berries
- Eggs
- Wheat
- Milk
- Soy

Look for the following symptoms of anaphylaxis so you can act fast:

- Difficulty breathing
- Difficulty swallowing
- Wheezing
- Swelling in mouth, tongue and throat
- Severe swelling in the hands, face, lips, tongue and mouth
- Red, itchy, raised patches of skin (hives) across large portion of body
- Massive itching
- Severe vomiting
- Severe diarrhea
- Severe abdominal cramps
- A metallic taste or itching in the mouth
- Rapid heartbeat or racing heart
- A sudden feeling of weakness or dizziness (feeling faint)
- Pale, cool and damp skin
- Passing out

If a child in your care shows *any* symptoms of anaphylaxis,

Call 911 immediately!

EPIPEN- epinephrine injection
EPIPEN JR- epinephrine injection
Mylan Specialty L.P.

PATIENT INFORMATION and INSTRUCTIONS FOR USE

EPIPEN®

(epinephrine injection, USP) Auto-Injector 0.3 mg

EpiPen® = one dose of 0.3 mg epinephrine, USP 0.3 mg/0.3 mL

EPIPEN JR®

(epinephrine injection, USP) Auto-Injector 0.15 mg

EpiPen Jr® = one dose of 0.15 mg epinephrine, USP 0.15 mg/0.3 mL

For allergic emergencies (anaphylaxis)

Patient Information

Read this Patient Information Leaflet carefully before using the EpiPen® or EpiPen Jr® Auto-Injector and each time you get a refill. There may be new information. You, your parent, caregiver, or others who may be in a position to administer EpiPen or EpiPen Jr Auto-Injector, should know how to use it before you have an allergic emergency.

This information does not take the place of talking with your healthcare provider about your medical condition or your treatment.

What is the most important information I should know about the EpiPen and EpiPen Jr?

1.

EpiPen and EpiPen Jr contain epinephrine, a medicine used to treat allergic emergencies (anaphylaxis). Anaphylaxis can be life threatening, can happen within minutes, and can be caused by stinging and biting insects, allergy injections, foods, medicines, exercise, or unknown causes.

Symptoms of anaphylaxis may include:

- trouble breathing
- wheezing
- hoarseness (changes in the way your voice sounds)
 - hives (raised reddened rash that may itch)
- severe itching
- swelling of your face, lips, mouth, or tongue
- skin rash, redness, or swelling
- fast heartbeat
- weak pulse
- feeling very anxious
- confusion
- stomach pain
- losing control of urine or bowel movements (incontinence)
- diarrhea or stomach cramps

- dizziness, fainting, or “passing out” (unconsciousness)

2. Always carry your EpiPen or EpiPen Jr with you because you may not know when anaphylaxis may happen.

Talk to your healthcare provider if you need additional units to keep at work, school, or other locations. Tell your family members, caregivers, and others where you keep your EpiPen or EpiPen Jr and how to use it before you need it. You may be unable to speak in an allergic emergency.

3. When you have an allergic emergency (anaphylaxis)

- Use the EpiPen or EpiPen Jr right away.**
- Get emergency medical help right away.** You may need further medical attention. You may need to use a second EpiPen or EpiPen Jr if symptoms continue or recur. Only a healthcare provider should give additional doses of epinephrine if you need more than 2 injections for a single anaphylaxis episode.

What are EpiPen and EpiPen Jr?

- EpiPen and EpiPen Jr are disposable, prefilled automatic injection devices (auto-injectors) used to treat life-threatening, allergic emergencies including anaphylaxis in people who are at risk for or have a history of serious allergic emergencies. Each device contains a single dose of epinephrine.
- EpiPen and EpiPen Jr are for immediate self (or caregiver) administration and do not take the place of emergency medical care. You should get emergency help right away after using EpiPen and EpiPen Jr.
- EpiPen and EpiPen Jr are for people who have been prescribed this medicine by their healthcare provider.
- The EpiPen Auto-Injector (0.3 mg) is for patients who weigh 66 pounds or more (30 kilograms or more).
- The EpiPen Jr Auto-Injector (0.15 mg) is for patients who weigh about 33 to 66 pounds (15 to 30 kilograms).
- It is not known if EpiPen and EpiPen Jr are safe and effective in children who weigh less than 33 pounds (15 kilograms).

What should I tell my healthcare provider before using the EpiPen or EpiPen Jr?

Before you use EpiPen or EpiPen Jr, tell your healthcare provider about all your medical conditions, but especially if you:

- have heart problems or high blood pressure
- have diabetes
- have thyroid problems
- have asthma
- have a history of depression
- have Parkinson’s disease
- have any other medical conditions
- are pregnant or plan to become pregnant. It is not known if epinephrine will harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if epinephrine passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Tell your healthcare provider of all known allergies.

Especially tell your healthcare provider if you take certain asthma medicines.

EpiPen or EpiPen Jr and other medicines may affect each other, causing side effects. EpiPen or EpiPen Jr may affect the way other medicines work, and other medicines may affect how EpiPen or EpiPen Jr works.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

Use your EpiPen or EpiPen Jr for treatment of anaphylaxis as prescribed by your healthcare provider, regardless of your medical conditions or the medicines you take.

How should I use EpiPen and EpiPen Jr?

- Each EpiPen or EpiPen Jr Auto-Injector contains only 1 dose of medicine.
- EpiPen or EpiPen Jr should be injected into the middle of your outer thigh (upper leg). It can be injected through your clothing if needed.
- Read the Instructions for Use at the end of this Patient Information Leaflet about the right way to use EpiPen and EpiPen Jr.
- Your healthcare provider will show you how to safely use the EpiPen or EpiPen Jr Auto-Injector.
- Use your EpiPen or EpiPen Jr exactly as your healthcare provider tells you to use it. You may need to use a second EpiPen or EpiPen Jr if symptoms continue or recur. Only a healthcare provider should give additional doses of epinephrine if you need more than 2 injections for a single anaphylaxis episode.
- Caution: Never put your thumb, fingers, or hand over the orange tip. Never press or push the orange tip with your thumb, fingers, or hand.** The needle comes out of the orange tip. Accidental injection into finger, hands or feet may cause a loss of blood flow to these areas. **If this happens, go immediately to the nearest emergency room.** Tell the healthcare provider where on your body you received the accidental injection.
- Do not drop the carrier tube or auto-injector. If the carrier tube or auto-injector is dropped, check for damage and leakage. Dispose of the auto-injector and carrier tube, and replace if damage or leakage is noticed or suspected.

What are the possible side effects of the EpiPen and EpiPen Jr?

EpiPen and EpiPen Jr may cause serious side effects.

•**The EpiPen or EpiPen Jr should only be injected into the middle of your outer thigh (upper leg).** Do not inject the EpiPen or EpiPen Jr into your:

- veins
- buttocks
- fingers, toes, hands, or feet

If you accidentally inject EpiPen or EpiPen Jr into any other part of your body, go to the nearest emergency room right away. Tell the healthcare provider where on your body you received the accidental injection.

- Rarely, patients who have used EpiPen or EpiPen Jr may develop infections at the injection site within a few days of an injection. Some of these infections can be serious.

Call your healthcare provider right away if you have any of the following at an injection site:

- redness that does not go away
 - swelling
 - tenderness
 - the area feels warm to the touch

Cuts on the skin, bent needles, and needles that remain in the skin after the injection, have happened in young children who do not cooperate and kick or move during an injection. If you inject a young child with EpiPen or EpiPen Jr, hold their leg firmly in place before and during the injection to prevent injuries. Ask your healthcare provider to show you how to properly hold the leg of a young child during injection.

If you have certain medical conditions, or take certain medicines, your condition may get worse or you may have longer lasting side effects when you use your EpiPen or EpiPen Jr. Talk to your healthcare provider about all your medical conditions.

Common side effects of EpiPen and EpiPen Jr include:

- fast, irregular or “pounding” heartbeat
- sweating
- headache
- weakness
- shakiness
- paleness
- feelings of over excitement, nervousness or anxiety
- dizziness
- nausea or vomiting
- breathing problems

These side effects may go away with rest. **Tell your healthcare provider if you have any side effect that bothers you or that does not go away.**

These are not all the possible side effects of the EpiPen or EpiPen Jr. For more information, ask your healthcare provider or pharmacist.

Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store EpiPen and EpiPen Jr?

- Store EpiPen and EpiPen Jr at room temperature between 68° to 77° F (20° to 25° C).
- Protect from light.
 - Do not** expose to extreme cold or heat. For example, **do not** store in your vehicle’s glove box and **do not** store in the refrigerator or freezer.
 - Examine the contents in the clear window of your auto-injector periodically. The solution should be clear. If the solution is discolored (pinkish or brown color) or contains solid particles, replace the unit.
 - Always keep your EpiPen or EpiPen Jr Auto-Injector in the carrier tube to protect it from damage; however, the carrier tube is not waterproof.
 - The blue safety release helps to prevent accidental injection. Keep the blue safety release on until you need to use EpiPen or EpiPen Jr.

- Your EpiPen or EpiPen Jr has an expiration date. Replace it before the expiration date.

Keep EpiPen and EpiPen Jr and all medicines out of the reach of children.

General information about the safe and effective use of EpiPen and EpiPen Jr

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. Do not use the EpiPen or EpiPen Jr for a condition for which it was not prescribed. Do not give your EpiPen or EpiPen Jr to other people.

This Patient Information Leaflet summarizes the most important information about EpiPen and EpiPen Jr. If you would like more information, talk to your healthcare provider. You can ask your pharmacist or healthcare provider for information about EpiPen and EpiPen Jr that is written for health professionals.

For more information and video instructions on the use of EpiPen and EpiPen Jr, go to www.epipen.com or call 1-800-395-3376.

What are the ingredients in EpiPen and EpiPen Jr?

Active Ingredients: Epinephrine

Inactive Ingredients: sodium chloride, sodium metabisulfite, hydrochloric acid, and water.

Important Information

- The EpiPen Auto-Injector has a yellow colored label.**
- The EpiPen Jr Auto-Injector has a green colored label.**
- The EpiPen Trainer has a grey color and contains no medicine and no needle.**
- Your auto-injector is designed to work through clothing.**
 - The blue safety release on the EpiPen and EpiPen Jr Auto-Injector helps to prevent accidental injection of the device. Do not remove the blue safety release until you are ready to use it.**
 - Only inject into the middle of the outer thigh (upper leg). Never inject into any other part of the body.**
 - Never put your thumb, fingers, or your hand over the orange tip.**
- The needle comes out of the orange tip.**
- If an accidental injection happens, get medical help right away.**
 - Do not place patient information or any other foreign objects in the carrier tube with the Auto-Injector, as this may prevent you from removing the Auto-Injector for use.**

Instructions for Use

EPIPEN®

(epinephrine injection, USP) Auto-Injector 0.3 mg

EpiPen® = one dose of 0.3 mg epinephrine, USP 0.3 mg/0.3 mL

EPIPEN JR®

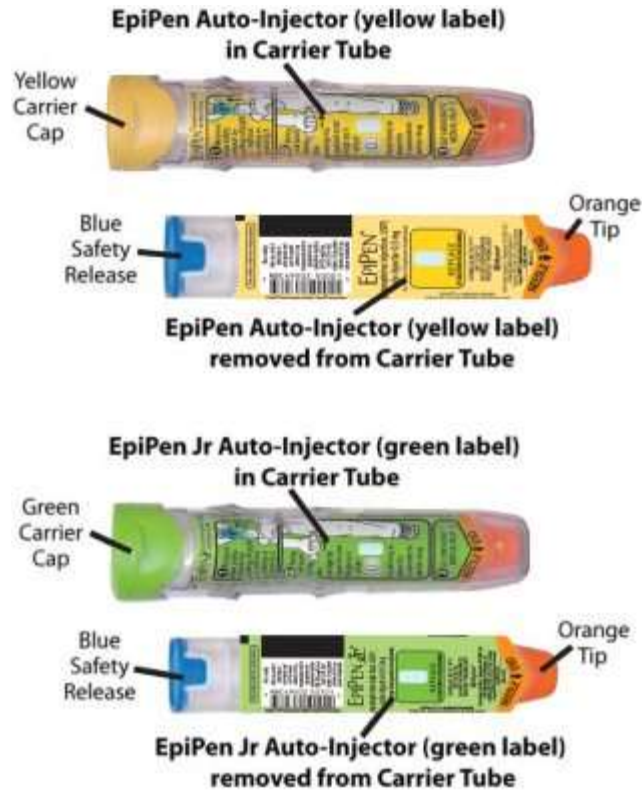
(epinephrine injection, USP) Auto-Injector 0.15 mg

EpiPen Jr® = one dose of 0.15 mg epinephrine, USP 0.15 mg/0.3 mL

For allergic emergencies (anaphylaxis)

Read these Instructions for Use carefully before you use EpiPen or EpiPen Jr. Before you need to use your EpiPen or EpiPen Jr, make sure your healthcare provider shows you the right way to use it. Parents, caregivers, and others who may be in a position to administer EpiPen or EpiPen Jr Auto-Injector should also understand how to use it as well. If you have any questions, ask your healthcare provider.

Your EpiPen and EpiPen Jr Auto-Injector



A dose of EpiPen or EpiPen Jr® requires 3 simple steps: Prepare, Administer and Get emergency medical help

Step 1. Prepare EpiPen or EpiPen Jr for injection

Remove the EpiPen or EpiPen Jr from the clear carrier tube.



Flip open the yellow cap of your EpiPen or the green cap of your EpiPen Jr carrier tube.



Tip and slide the auto-injector out of the carrier tube.



Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
With your other hand, **remove the blue safety release by pulling straight up** without bending or twisting it.

Note:

- The needle comes out of the orange tip.
- To avoid an accidental injection, never put your thumb, fingers or hand over the orange tip. If an accidental injection happens, get medical help right away.

Step 2. Administer EpiPen or EpiPen Jr

If you are administering EpiPen or EpiPen Jr to a young child, hold the leg firmly in place while administering an injection.



Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
Swing and push the auto-injector firmly until it 'clicks'. The click signals that the injection has started.



Hold firmly in place for 3 seconds (count slowly 1,2,3). The injection is now complete.



Remove the auto-injector from the thigh. The orange tip will extend to cover the needle. If the needle is still visible, do not attempt to reuse it.



Massage the injection area for 10 seconds.

Step 3. Get emergency medical help now. You may need further medical attention. You may need to use a second EpiPen or EpiPen Jr Auto-Injector if symptoms continue or recur.

- Take your used auto-injector with you when you go to see a healthcare provider.
 - Tell the healthcare provider that you have received an injection of epinephrine. Show the healthcare provider where you received the injection.
 - Give your used EpiPen or EpiPen Jr Auto-Injector to the healthcare provider for inspection and proper disposal.
 - Ask for a refill, if needed.

Note:

- The used auto-injector with extended needle cover will not fit in the carrier tube.
 - EpiPen and EpiPen Jr are single-use injectable devices that deliver a fixed dose of epinephrine. The auto-injector cannot be reused. Do not attempt to reuse EpiPen after the device has been activated. It is normal for most of the medicine to remain in the auto-injector after the dose is injected. The correct dose has been administered if the orange needle tip is extended and the window is blocked.
 - Your EpiPen and EpiPen Jr Auto-Injector may come packaged with an EpiPen Trainer and separate Trainer Instructions for Use. The EpiPen Trainer has a grey color. The grey EpiPen Trainer contains no medicine and no needle. Practice with your EpiPen Trainer, but always carry your real EpiPen or EpiPen Jr Auto-Injector in case of an allergic emergency.
 - If you are administering EpiPen or EpiPen Jr to a young child, ask your healthcare provider to show you how to properly hold the leg in place while administering a dose.
 - Do not try to take the EpiPen or EpiPen Jr Auto-Injector apart.

This Patient Information and Instructions for Use has been approved by the U.S. Food and Drug Administration.

Auto Injector (EpiPen®) Procedure Guide

- ❑ **If another employee is present**, have them call 911 to get emergency help for the child while you are administering EpiPen.
- ❑ **Quickly match the Five Rights**
- ❑ **Prepare the EpiPen auto-injector**
 - **Flip open the yellow cap** of the EpiPen or the green cap of the EpiPen Jr. carrier tube.
 - **Slide the auto-injector out** of the carrier tube.
 - **Grasp** the auto-injector in your fist with the **orange tip pointing downward**.
 - With your other hand, **remove the blue safety release** by pulling straight up without bending or twisting it.
 - **NEVER put your thumb, fingers or hand over the orange tip**.
- ❑ **Administer** the medication
 - **Hold the child's leg firmly in place** before and during the injection, so it cannot move.
 - **Place the orange tip of the auto-injector** against the middle of the child's outer thigh, pointed straight into the thigh.
 - **Swing and push the orange tip firmly** against the outer thigh **until you hear a click**.
 - **Hold the EpiPen firmly in place against the thigh for 3 seconds** to deliver the drug (count slowly "one – two – three"). The injection is now complete.
 - **Remove** the auto-injector from the thigh. The orange tip will extend to cover the needle.
 - **Massage** the injection area for 10 seconds.
- ❑ If 911 has not already been called, **call 911 right away** to get emergency medical help for the child.
 - Send the used auto-injector with the child to the emergency room.

This page is intentionally blank.

- This form must be completed in English.
- One form must be completed for each medication. **Multiple medications cannot be listed on one consent form.**
- **Parent MUST complete #1-#17 and #19-#22 for medication to be administered 10 working days or less.** Parent may omit #16 and #17 for over-the-counter medications, sunscreen & topically applied insect repellent.
- **Health care provider MUST complete #1-#18 for medication to be administered more than 10 working days, nebulizer or epinephrine auto-injector medication, and when dosage directions state “consult a physician”.** Parent must also complete #19-#22 in these cases. **Health care providers do not need to complete this form for over-the-counter medications/products applied to the skin.**

1. CHILD’s first and last name: Zara Patel	2. Date of birth: 6/23/2009	3. Child’s known allergies: Bee and wasp stings, peanuts, pet dander, dust
4. Name of MEDICATION (including strength): Epinephrine 0.3mg (EpiPen)	5. Amount/DOSAGE to be given: 1 injection	6. ROUTE of administration: Injection in outer thigh
7A. FREQUENCY: _____ Specific TIME(s) (e.g. 1p.m.): _____ <u>to administer</u> <p style="text-align: center;"><i>Parent’s signature approving Specific Time(s)</i> _____</p> <p style="text-align: center;">OR</p> 7B. Identify the <u>symptoms that will necessitate administration</u> of medication: (signs and symptoms must be observable and, when possible, measurable parameters). Severe swelling of the face and/or throat, severe difficulty breathing		
8. Possible side effects: <input checked="" type="checkbox"/> See package insert (parent must supply) <i>AND/OR</i> additional side effects:		
9. What action should the child care provider take if side effects are noted: <input checked="" type="checkbox"/> Contact parent <input type="checkbox"/> Contact prescriber at phone number provided below <input type="checkbox"/> Other (describe):		
10. Special instructions: <input type="checkbox"/> See package insert (parent must supply) <i>AND/OR</i> Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child’s age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) _____		
11. Reason the child is taking the medication (unless confidential by law): <u>Allergies</u>		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #25 and #27 on the back of this form.		
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #26 and #27 on the back of this form.		
14. Date consent form completed: 6/10/CY (current year)	15. Date to be discontinued or length of time in days to be given (this date cannot exceed 12 months from the date authorized or this order will not be valid): 6/10/NY	
16. Prescriber’s name (please print): Joe Black, MD	17. Prescriber’s telephone number: (555) 555-5555	
18. Licensed authorized prescriber’s signature: <i>Joe Black, MD</i>		
Required for long-term medications, nebulizer or epinephrine auto-injector medications and when dosage directions state “consult a physician”. Not required for over-the-counter medications/products applied to the skin.		

PARENT/GUARDIAN MUST COMPLETE THIS SECTION

19. I, parent/legal guardian, authorize the day care program to administer the medication as specified on this form to Jose Rodriguez (child's name)

20. Parent or legal guardian's name (please print):
Pria Patel

21. Date authorized:
6/10/CY

22. Parent or legal guardian's signature: *Pria Patel*

PARENT/GUARDIAN: ONLY COMPLETE THIS SECTION IF YOU REQUEST TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15

23. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on _____ . Once the medication has been discontinued, I understand that if my child (date) requires this medication in the future, a new written medication consent form must be completed.

24. Parent or Legal Guardian's Signature:

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED

25. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

26. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order.

DATE: _____

By completing this section the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

27. Licensed Authorized Prescriber's Signature:

CHILD DAY PROGRAM TO COMPLETE THIS SECTION

28. Provider/Facility name: ABC Child Care

29. Facility Phone Number:
777-777-7777

I have verified that #1-#22 and, if applicable, #25-#27 are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

30. Authorized child care provider's name (please print):
Chris Martin

31. Date received from parent:
6/10/CY

32. Authorized child care provider's signature: *Chris Martin*



Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

**FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS**



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - * Antihistamine
 - * Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

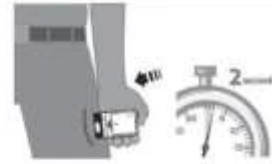
DATE



HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

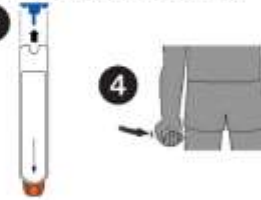
3



HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

3



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

5



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

5



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____
 DOCTOR: _____ PHONE: _____
 PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____

Next Steps

AMAT Certificate

Once you successfully complete the AMAT course, your AMAT Certificate will be available in your Online Certificate account within 2 weeks. Your trainer will issue you a MAT Training receipt today which is good for 60 days.

IT IS YOUR RESPONSIBILITY to confirm that your AMAT Certificate is posted correctly to your Online Certificate account, that the child day program you work for is recorded correctly on your certificate, and that you notify us if any of the information on your certificate changes. Handout 8.2 tells you how to access and update your certificate.

IT IS ALSO YOUR RESPONSIBILITY to provide a printout of your MAT Program Online Certificate to your employer for Licensing purposes. Handout 8.2 tells you how.

Your AMAT certificate:

- is valid for three years
- only allows you to give the medications covered, in a child care or a VCPE member private school setting.
- specifies that English is the language in which you can accept permissions and instructions from the child's parent and health care provider. You cannot accept medication permissions and instructions in any other language. This includes package inserts or related materials.

Authorization to Administer Medication in a Child Day Program

In addition to a valid AMAT certificate, you must meet the following requirements before you will be authorized to administer medication in a child day program:

- be 18 years old
- have a current first aid certification that covers the ages of the children in your care
- have a current CPR certification that covers the ages of the children in your care

Updates to the Handouts

There may be times when handouts are updated or new handouts are added. All of the AMAT handouts are available on the MAT Online Learning Center website: mat-elearning.medhomeplus.org, inside the AMAT Part 1 course. Each handout is dated so you can check to see if you have the most current version.

Additional Resources

- MAT Trainer: _____
- Contact number: _____
- Medication Administration Training (MAT) Program:
 - Email: support@mat.freshdesk.com
 - Phone: 804-330-5030.

- Other: _____

For Providers:

Accessing Your MAT Program Online Certificate and Keeping It Current *(as of 8/26/19)*

IT IS YOUR RESPONSIBILITY to: 1) confirm that your MAT Program Certificate is posted correctly to your MAT Online Certificate account, 2) confirm that the child day program you work for is recorded correctly on your certificate, and 3) notify the MAT Program if any of the information on your certificate is incorrect or changes.

YOU MUST print a copy of your MAT Online Certificate Report and give it to your employer for Licensing purposes.

- ❑ **Your MAT Online Learning Center account:** The individual email address that you provided when you registered for the MAT class is your **username** for your account on the MAT Online Learning Center system.
 - **This email address must be a working, individual (not shared) email address.** We will email your temporary password to this email address. For security reasons, **we will not create multiple accounts with the same email address.**
 - **You should register with the SAME email address each time you take a MAT class,** so that all your MAT Program certificates will be visible in the SAME MAT Online Certificate account.
 - **How can your manager/administrator see your certificate(s)?** Your administrator can get a special **administrator-level MAT Online Certificate account**, which gives her access to all the current MAT Program certificates for the providers working at her program. **Handout 8.3** provides easy instructions on how to open this account. **Please give this handout to your manager!**
- ❑ **Receiving your temporary password (for new accounts):** Within 2 weeks of your date of training, we will email your temporary password to the email address that you gave your trainer when you registered for the class.
- ❑ **To log in to your MAT Online Certificate account,** go to the MAT Program website (mat.medhomeplus.org) and click the **View Your Certificate(s)** link in the left column menu.
 - The system will ask for your **username and password.** Your username is the email address you gave your trainer when you registered for this class. The first time you log in, enter the temporary password we have emailed to you. **HINT:** *Please “copy-paste” the temporary password in,* to avoid typos! The system will

prompt you to change your password to anything you like. You can use a password you've used before. Please write it down in a secure place! But if you lose it, we are happy to reset it for you.

- ❑ **What if there's a problem with my MAT Online Certificate?**
 - **If there are any issues with your certificate**, such as if it does not appear in your MAT Online Certificate account within 2 weeks or if your name is spelled wrong, **report the problem** to the MAT Program. Just go to the **MAT Program website** (mat.medhomeplus.org), click the green **Need Help** tab at the top of the page, select **Online Certificate Problem** as the Type of Problem, fill in the form that pops up and submit it. Our customer service staff will be happy to help you.

- ❑ **How do I print a copy of my MAT Online Certificate Report?**
 - Just log in to your account as outlined above. As soon as you reset your password, a **"See My Certificates"** button will appear. Click that button and your Certificates Report will appear. Click the **PRINT** icon on that report to print it.

- ❑ **What if I forget my username or password or need to change them?**
 - **Report the problem** to the MAT Program as outlined above. For quickest service, click **Forgot Username and/or Password** as the Type of Problem and fill in the form that pops up.

- ❑ **What if I change employers?**
 - **Your MAT Program certificate is valid for three years at any child day program in Virginia.** If you change child day program employers, **please report this change** to the MAT central office so that your certificate will be reported in the correct child day program. Just click the green **Need Help** tab at the top of the **MAT Program website** (*at the web address given above*), Select **Online Certificate Problem** as the Type of Problem, and fill in the form that pops up to report this change.

- ❑ **What if I want a "traditional" paper certificate?**
 - *For certifications earned from 8/26/19 on, a traditional, full-page paper MAT Program Certificate is not required for Licensing purposes. A printout of your MAT Online Certificate Report will meet Licensing requirements for these certifications.* However, by 9/30/19, a Print Certificate feature will be added to the MAT Online Certificate system enabling you to print a full-page version of each of your current MAT Program certificates, should you choose to do so.

For Child Day Program Administrators:

Accessing Your Employees' MAT Program Online Certificates *(as of 8/26/19)*

As of 8/26/19, we have converted from paper to online MAT Program certificates. This new system has been created in response to growing problems with mailed certificate delivery. Please bear in mind that this is a new system and there will be a transition period.

Your employees' current MAT Program certificates (for dates of training 8/26/19 and later) are visible to you online. No other child day program administrators can see this data. To see these certificates, you must open an Administrator account on the MAT Online Certificate system.

Only one Administrator account can be created for each child day program location.

Documenting MAT certification compliance: MAT Program certificates earned before 8/26/19 can be documented using the paper MAT Program Certificates issued for those classes. **For Licensing purposes, all current MAT Program certificates earned from 8/26/19 on MUST be documented with a (free) printout of each provider's certificate record in his or her employee file.** Providers who have attended MAT classes from 8/26/19 on have received instructions on how to access and print this record after each MAT class they pass.

For your convenience, once your Administrator account is set up, you can **log in to your MAT Online Certificate account** and see the MAT Program certificate records for all your employees. Here's how easy it is:

- 1) **Open your Administrator account**– it takes just a moment to request your account. *See below for instructions.*
- 2) **Log in to your Administrator account and check the MAT Program certificates displayed there** – let us know of any problems and we'll fix them right away.

To open your Administrator account and see your program's MAT certificates:

- **Request the account:** Go to the **MAT Program website** (mat.medhomeplus.org), click the green **Need Help** tab at the top of the page, and in Type of Problem, click **For Administrators – Request New Account**. Fill in the form that pops up and submit it.
 - **IMPORTANT-** You must provide **an individual (not shared) email address**, which will serve as the username for this account. For security reasons, to protect your data, **we will not create multiple accounts with the same email address.**
- **Receiving your username and password:** To protect your data, the MAT Program will verify your identity as administrator for your child day program location. Then we'll create your account and notify you by email.

- **Seeing your certificates:** After receiving your new account notification email, go to the MAT Program website (mat.medhomeplus.org), click the **See My Certificates** link in the menu. Log in, and **you should see all your employees' current MAT Program certificates earned from 8/1/19 onward.**

Frequently Asked Questions:

- ❑ **What if I forget my username or password or need to change them?**
 - **Let us know** by clicking the green **Need Help** tab at the top of the **MAT Program website** (mat.medhomeplus.org), selecting **Forgot Username and/or Password** as the Type of Problem, and filling in the form that pops up. Our customer service staff will help you promptly.
- ❑ **What if there are inaccuracies in the MAT Program certificates listed for my program location?**
 - **MAT Certificates received prior to 8/1/19 will not initially appear on the MAT Online Certificate system. These certificates can be documented with the paper certificates issued for those classes.** However, we will be happy to work with you to connect these pre-8/1/19 certificate records to your Administrator account so you can see all current MAT Program certificates for your child day program location in one place.
 - **If the list of post-8/1/19 MAT Certificates for your program location is incorrect:** Your Administrator account should show all MAT Program certificates received from 8/1/19 on by providers who work at your program location. If there are any inaccuracies, we will be happy to quickly correct the problem. Just go to the **MAT Program website** (mat.medhomeplus.org), click the green **Need Help** tab at the top of the page, select **Online Certificate LIST Problems** as the type of problem, and fill in the short form.
- ❑ **How can we get traditional paper MAT Program certificates?** Traditional full-page paper certificates for certifications earned from 8/26/19 onward are **not required** for Licensing purposes. However, by 9/30/19, we will add a feature to the MAT Online Certificate system that will enable providers to print full-page versions of each of their current MAT Program certificates if they wish to do so.
- ❑ **My program has multiple locations and I want to see them all in one report:** You can request custom, multi-location reporting by submitting an Online Certificate LIST Problems request per the instructions above, describing your needs.

Procedure Guide: Measuring and Giving Liquid Medication By Cup

The child's full name must be written on the measuring tool. The tool must also have the exact measurement that matches the amount of medication the instructions tell you to give. Do not substitute household items, such as household baking spoons, teaspoons, measuring cups, for dosing devices. The parent must supply a dosing device with the correct measurement (teaspoons, tablespoons, milliliters, cc's or ounces) identified in the health care provider's instructions. Due to the potential for error, you should never convert a dose from one measurement to another.

Measuring the medication:

- Identify the desired measurement** on the medicine cup.
 - If you want to mark the correct dose on the tool, be sure to mark next to the measurement line, not over it
- If indicated, **shake** the medication.
- Pour the liquid medication** into the cup to the desired level.
 - To avoid getting medication on the label, pour the medication out of the bottle away from the label
- Check the accuracy of your measurement** by putting the cup with medication on a flat surface and checking it at eye level.
 - **If you pour too much into the cup**, unless otherwise instructed, you can return this leftover medication to the original container if it has not been contaminated.

Giving the medication:

Second
Check

- Compare the child's medication consent form against the medication label to match the **Five Rights** just before administering the medication to the child.
 - child's full name medication and strength dose route time
- Hand the medicine cup to the child** and assist or watch him/her drink the medicine.
- Pour a small amount of water into the cup** after you give the medication and swish it around to get any medication that may have stuck to the sides and have the child drink the water.

Cleaning Medication Tools

Always keep medication tools clean. This will help avoid giving a wrong dose and prevent possible infections. You can wash medicine cups with dishwashing soap and water.

Procedure Guide:

Measuring and Giving Liquid Medication by Spoon

The child's full name must be written on the measuring tool. The tool must also have the exact measurement that matches the amount of medication the instructions tell you to give. Do not substitute household items, such as household baking spoons, teaspoons, measuring cups, for dosing devices. The parent must supply a dosing device with the correct measurement (teaspoons, tablespoons, milliliters, cc's or ounces) identified in the health care provider's instructions. Due to the potential for error, you should never convert a dose from one measurement to another.

Measuring the medication:

- Identify the desired measurement** on the medicine spoon.
 - If you want to mark the correct dose on the tool, be sure to mark next to the measurement line, not over it
- If indicated, **shake** the medication.
- Pour the liquid medication** into the spoon to the desired level.
 - To avoid getting medication on the label, pour the medication out of the bottle away from the label
- Check the accuracy of your measurement** by holding the spoon with medication at eye level and checking it.
 - **If you pour too much into the spoon**, unless otherwise instructed, you can return this leftover medication to the original container if it has not been contaminated.

Giving the medication:

- Compare the child's medication consent form against the medication label to match the **Five Rights** just before administering the medication to the child.
 - child's full name medication and strength dose route time
- Put the dosing spoon in the child's mouth and **slowly give the medicine**, to help avoid the child spitting out the entire dose.
- Pour a small amount of water into the spoon** after you give the medication and swish it around to get any medication that may have stuck to the sides and have the child drink the water.

Cleaning Medication Tools

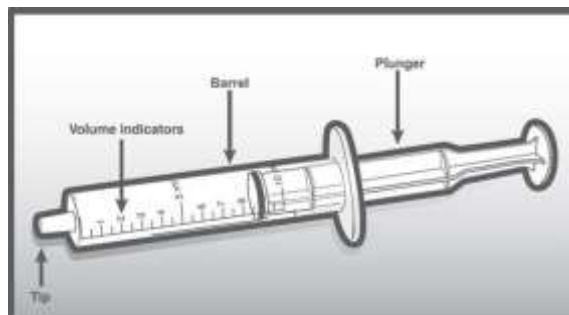
Always keep medication tools clean. This will help avoid giving a wrong dose and prevent possible infections. You can wash dosing spoons with dishwashing soap and water.

Procedure Guide: Measuring and Giving Medication by Oral Syringe

The child's full name must be written on the measuring tool. The tool must also have the exact measurement that matches the amount of medication the instructions tell you to give. Do not substitute household items, such as household baking spoons, teaspoons, measuring cups, for dosing devices. The parent must supply a dosing device with the correct measurement (teaspoons, tablespoons, milliliters, cc's or ounces) identified in the health care provider's instructions. Due to the potential for error, you should never convert a dose from one measurement to another.

Measuring the medication:

- Identify the desired measurement** on the oral syringe.
 - If you want to mark the correct dose on the tool, be sure to mark next to the measurement line, not over it
- If indicated, **shake** the medication.
- Make sure the **plunger is pushed all the way down** into the syringe.
 - *If the bottle has an adapter*, put the syringe in the adapter and pull the syringe plunger until you get the correct dose.
 - Follow any other directions provided.
 - OR—
 - *If the bottle does **not** have an adapter*, pour a *small* amount of medication into a clean disposable cup.
 - Place the tip of the syringe into the liquid in the disposable cup.
 - Pull the plunger to draw up the right dose of medication. You may return any unused medication to the medication bottle.
- Bring the top of the plunger to the line on the syringe that is the right dose.**
- The tip of the syringe must be filled** with medicine in order for the dose to be correct.



- Remove all air bubbles.** To do this:
 - Turn the syringe so the tip is pointed toward the ceiling.
 - To remove any air bubbles, either tap the syringe until the air bubbles are gone, or pull the plunger down past the air bubble making a big pocket of air, then slowly push the plunger up
 - Make sure all air bubbles are gone.
- Check the syringe at eye level** to make sure the dose is correct.

Giving the medication:

- Compare the child's medication consent form against the medication label to match the **Five Rights** just before administering the medication to the child.
 - child's full name
 - medication and strength
 - dose
 - route
 - time
- Carefully place the syringe in the child's mouth between the rear gum and cheek.**
Do not squirt more medication than the child can swallow at one time. Never aim the syringe directly down the child's throat as this can cause choking.

Cleaning Medication Tools

Always keep medication tools clean. This will help avoid giving a wrong dose and prevent possible infections. You can wash oral syringes with dishwashing soap and water. Never put an oral medication syringe in the dishwasher.

Procedure Guide: Giving Medication by Inhaler

Medication can be inhaled by mouth using an inhaler, inhaler with a spacer, nebulizer or other device. A spacer is used to help the child get the full dose of medication by holding the medication in the chamber long enough so the child can breathe the medication in with multiple breaths.

In addition to any medication-specific instructions, follow these steps to given medication by inhaler:

- For inhaler medications, you **make the decision on wearing gloves**.
- You should wear gloves if:
 - the skin on your hands is cut, scabbed or broken
 - **your hands might come in contact with the child's mucus**
 - the medication to be given should not touch **your** skin
 - you feel more comfortable wearing gloves to apply the medication.
- Remove the inhaler cap and check the mouthpiece** for foreign objects before using
- If indicated, **shake** the medication
- Hold the inhaler **between your index finger and thumb**.
- Compare the child's medication consent form against the medication label to match the **Five Rights** before administering the medication to the child.
 - child's full name medication and strength dose route time
- Have the child put the inhaler mouthpiece into her mouth** and close her lips loosely around it. *(To be consistent, use the same technique that the child's parents use at home)*
- With the child's **head tilted slightly back**, ask her to take a **slow deep breath**.
 - As she does this, **press down on the inhaler canister to release the spray**.
- Have her **hold her breath** for a few seconds, then exhale with lips pursed.
- Always **watch the child use the inhaler**.
- If the child needs more than one puff**, follow the instructions for how long to wait before giving another puff.
- Have the child **rinse her mouth with water and then spit it out**. Do not have the child swallow the water.

- ❑ Since some inhalers will continue to spray after the medication is gone from the container, discuss with the parent if you need to **count the number of puffs** you give.
- ❑ **Wipe off the inhaler mouthpiece** with a clean tissue and replace the cap.
- ❑ If wearing gloves, **remove gloves and discard using the appropriate technique.**

Care of Inhaler

The inhaler mouthpiece and spacer (if any) should be washed in warm soapy water as specified in the package instructions at least once a week. However, if the child has a cough, the mouthpiece and spacer should be washed daily.



Procedure Guide: Giving Medication by Inhaler with Spacer

Medication can be inhaled by mouth using an inhaler, inhaler with a spacer, nebulizer or other device. A spacer is used to help the child get the full dose of medication by holding the medication in the chamber long enough so the child can breathe the medication in with multiple breaths.

In addition to any medication-specific instructions, follow these steps to given medication by inhaler:

- For inhaler medications, you **make the decision on wearing gloves**.
- You should wear gloves if:
 - the skin on your hands is cut, scabbed or broken
 - **your hands might come in contact with the child's mucus**
 - the medication to be given should not touch *your* skin
 - you feel more comfortable wearing gloves to apply the medication.
- Remove the inhaler cap and check the mouthpiece** for foreign objects before using
- If indicated, **shake** the medication
- Attach the spacer** to the inhaler.
- Hold the inhaler **between your index finger and thumb**.
- Compare the child's medication consent form against the medication label to match the **Five Rights** before administering the medication to the child.
 - child's full name medication and strength dose route time
- Have the child put the spacer mouthpiece into her mouth** and close her lips loosely around it. If a mask is attached to the spacer, place the mask on the child's face, covering both the nose and mouth.
- With the child's **head tilted slightly back**, ask her to take a **slow deep breath**.
 - As she does this, **press down on the inhaler canister to release the spray**.
 - Keeping the spacer mask over the child's nose and mouth, or the spacer mouthpiece still in the child's mouth, have her **hold her breath** for a few seconds, then breathe out into the spacer.
 - Then, have her continue breathing in and out into the spacer for at least **three more cycles** to be sure all the medication in the spacer chamber is used.

- Always **watch the child use the inhaler.**
- If the child needs more than one puff**, follow the instructions for how long to wait before giving another puff. **If an additional puff is not needed, wait 1 minute.**
- Have the child **rinse her mouth with water and then spit it out.** Do not have the child swallow the water.
- Wipe off the mask or inhaler mouthpiece** with a clean tissue and replace the cap.
- If wearing gloves, **remove gloves and discard using the appropriate technique.**

Since some inhalers will continue to spray after the medication is gone from the container, discuss with the parent if you need to **count the number of puffs** you give.

Care of Inhaler

The inhaler mouthpiece and spacer (if any) should be washed in warm soapy water as specified in the package instructions at least once a week. However, if the child has a cough, the mouthpiece and spacer should be washed daily.