

# **Medication Safety in Child Care and Early Learning Settings Briefing Paper**

Authored by the Washington State Coalition for Safety and Health in Early Learning (C-SHEL)

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## **Scope**

In Washington State approximately 175,000 children attend out of home care in licensed child care centers, licensed family child care sites, licensed after-school care centers, Early Childhood Education and Assistance Program (ECEAP) and Head Start preschool sites. They are cared for by approximately 35,000 care givers. These care givers are responsible for the development, health and safety of these children.

As part of their job responsibilities, per Washington Administrative Code (WAC 170-295-3050) and the Americans with Disabilities Act (ADA), providers and teachers must administer medications to children, either for acute or chronic conditions. These illnesses can include life threatening allergies, asthma and diabetes. Child care providers and teachers also often provide other, “over the counter” medications when requested to do so by parents.

Medication administration involves much more than handing a child a medication; it involves how the medication is stored, what documentation and labeling must be in place, what medication may be administered by a child care provider, and how that medication is to be disposed of. These issues are addressed in the center, school-age and home WACs, as well as Head Start and ECEAP Performance Standards. However, the degree of specificity between the regulations varies and does not cover all of the necessary components to keep medication administration safe. See Appendix A for a side by side comparison of regulations and performance standards.

Most apparent is the fact that non-health personnel are being asked to administer potentially dangerous substances to children without a standard quality competency based training. Admittedly, a regulation cannot cover all aspects of medication administration, nor can it ensure that the task will be completed appropriately each and every time. However, the person administering the medication has an obligation to understand the principles of medication administration and to follow those principles.

There is little data available on the specific number of children in Washington State who require medication during the hours they spend in child care and early learning settings. Voluntary health and safety assessments conducted by Snohomish County (2006-2007) at 58 of their 125 licensed child care centers demonstrated a large number of children receiving medication. Sixty percent of these child care centers reported they were currently administering medications to one or more children; 78% reported they had children who required life saving medications for asthma or severe allergies; and 19% reported having children enrolled who had diabetes and/or seizures. Snohomish County, with its large urban and rural populations, is a representative sample of Washington State child care. Using their data, we believe that there are a significant number of

child care, ECEAP and Head Start programs who are administering medication to children throughout Washington State.

## **Background**

The Department of Early Learning (DEL) is the regulating authority for licensed child care and ECEAP programs. This department is responsible for the overall health and safety of children in early care and education programs by ensuring that child care providers follow the Washington Administrative Codes related to child care, including those related to the administration of medication. Head Start is regulated by the federal Office of Head Start. They are also required by their Performance Standards to meet local child care licensing laws.

Appendix A lists and compares medication and health plan WACs for child care centers, school-age child care programs, and licensed family child care sites, as well as ECEAP and Head Start Performance Standards. In terms of medication administration training, the only requirement is for instructions from the family. *A Guide to Children's Medications*, published in 2002 by The American Academy of Pediatrics, states that almost half of all parents do not correctly follow the directions on the prescription labels.<sup>1</sup> Thus, if parents are incorrectly administering their child's medications, it is likely that they are providing incorrect instructions to the child care provider. The child care provider, without baseline knowledge of medication administration, is left in a vulnerable position. As a result, the children of Washington State attending child care are at risk for potential, possibly life threatening medication administration mistakes.

The only formal study found on medication administration in child care is published in the *Journal of the American Pharmacology Association*. Sinkovits, Kelly and Ernst (2003), looked at medication administration in child care in Iowa. The study found that more than 50% of responding child care centers self-reported medication error within the previous year.<sup>2</sup> Conversely, the *Journal of School Health*, reported a study by McCarthy, Kelly and Reed (2000).<sup>3</sup> The study surveyed 1,000 school nurses nationwide and 80% responded that there were medication errors within the previous school year. On first glance it would appear that school nurses have a higher medication error rate than child care providers. However, within the context of the study, the researchers were able to establish "that the number of medication errors was directly related to the number of students cared for and to the use of non-health care professionals to dispense medications."

No studies exist for the entirety of Washington State to demonstrate the number of medication errors that occur. However, Child Care Health Consultants and Head Start/ECEAP Health Coordinators visiting early care and education facilities throughout the state are able to cite many examples of medication errors involving storage, administration, sanitation and documentation, some of which are potentially lethal.

From the 58 voluntary Health and Safety Assessments done in Snohomish County from 2006-2007, health department records show that 39% of centers did not meet the WAC

requirements for storage, labeling and administration. In 2007 Public Health Seattle and King County Child Care Health Team assessed 146 child care rooms (infant, toddler, ECEAP and non-ECEAP preschool, school-age) in 65 different early learning programs. Health department records show that 32% had permission for medication administration signed but with incomplete information about the name of the medication, the dosage, the frequency or the duration of administration; 13% did not have medication authorizations completed and signed; 21% did not have the medication itself labeled correctly; and 16% did not have complete staff documentation after administration. In addition, 6% of the medications were expired; 8% were located in places accessible to children and 6% were using bulk medications without proper authorizations in place.

In addition to medication administration, the Child Care Center WAC (170-295-7010) also requires child care providers to have an individual plan of care for children with chronic or life-threatening health conditions, which usually includes medication administration. The language in the WAC states simply that they must have a plan, not what that plan should include. For a child care provider to safely care for a child with a chronic or life-threatening illness, the plan should give the child care provider information on what the condition is, what to observe for, and step-by-step instructions on what to do should symptoms occur, including the administration of a life saving medication. Anecdotally, child care health consultants and Head Start/ECEAP health coordinators report that this task, for a child care provider, is often confusing as they don't understand the disease process or the questions they should be asking. This leads to child care centers avoiding the plan or attempting a plan that lacks critical information.

Snohomish County Child Care Health Consultation Program records from 2006-2007 indicate that over 50% of child care centers are missing necessary individualized health plans. Public Health Seattle and King County records from the 2007 assessment of 146 child care rooms in 65 centers indicate that 13% of children in care with a special health care need did not have a plan of care in place.

DEL licensing field staff cannot visit all the licensed centers and licensed family child care sites often enough to provide ongoing monitoring of medication administration and individual plans of care for children with special health care needs. Some child care providers rely on their Child Care Health Consultant RN or ECEAP Health Coordinator for specific disease information. They cannot, however, rely on a Registered Nurse in the state of Washington for help with a specific child's medication administration or individualized plan of care due to restrictions set by the Board of Nursing in the Nurse Practice Act (RCW 18.79.260 and WAC 246-840-700-710). Furthermore, the accessibility to Child Care Health Consultant support is not consistent across the state.

## **Recommendations**

The Coalition for Safety and Health in Early Care (C-SHEL) recommendations to improve the quality of medication administration in child care in Washington State are three-fold.

## **1. Mandatory yearly medication administration training for early care and education providers.**

*Caring for our Children*, the National Health and Safety performance standards for out-of-home child care programs (American Academy of Pediatrics [AAP] and the American Public Health Association [APHA], 2002), state that child care providers should be trained to administer medications to children.<sup>4</sup> Several states, including Colorado, Connecticut, Virginia, New York and North Carolina, have recognized that in order for child care providers to safely administer medication, comprehensive training is required. These states, through collaborative efforts between Boards of Nursing, Pharmacy Boards, public health and the entity governing early learning, have mandated medication training requirements for child care providers. These trainings are easily accessible, affordable and standardized to ensure quality assurance. Washington State has no medication administration training requirement.

We recommend that Washington State mandate standardized medication training for all early care and education providers (child care, Head Start and ECEAP staff who administer medications). This training should be developed using the input of pharmacists, physicians, child care health consultants, Head Start/ECEAP health coordinators, parents, providers, and other interested parties, using information from those states that have enacted this mandate. The training will include WAC requirements and current best practice in medication administration and methods to access local resources for assistance with medication questions. We recommend that an annual update of the medication administration training also be required

## **2. Standardized Plans of Care accessible from the DEL website**

We recommend that the DEL website provide standardized plans of care for specific disease processes (e.g. asthma, allergies, diabetes, etc.) that can be easily individualized by the child's parent and/or medical provider. Several county child care health programs have written standard plans of care easily adapted for individual use. Child care providers who have access to a child care health consultant have reported that using standardized plans of care that can be individualized have helped them gather more accurate information. Because child care health consultation is not consistent across the state, this service is currently not available to all child care providers.

We also recommend that the DEL website provide links to web pages that provide specific disease information that could be useful to the child care provider. To ensure content accuracy, we recommend that the links be monitored by a multidisciplinary team of child care health consultant RNs, pediatricians and pharmacists; all of which are members of Healthy Child Care Washington.

## **3. Amend Nurse Practice Act**

The Nurse Practice Act in Washington State inhibits nurses' ability to adequately train a child care provider on all the necessary components of medication administration on a particular child. Because the Nurse Practice Act deems training of a child care provider to be delegation of the nurses' medication administration responsibility, the child care provider, after receiving training from the RN, would be administering medication under the auspices of that nurses' license.

Medication administration is an essential component of quality child care and a core responsibility of nursing duties. Therefore, nurses “are qualified to teach the administration of medications by virtue of their expertise in medication administration, patient education, and health promotion.”<sup>5</sup>

We recommend that the Board of Nursing reconsider the interpretation of the nurses’ role in training child care providers on medication administration plans. Changing this activity from delegation to professional activity would increase the likelihood of an individual child receiving their medications safely.

## **Conclusion**

Our current system of medication administration in Washington State for children who attend early care and education facilities is not safe. Caring for children who require medications for either chronic or acute conditions is a reality that will not go away. Furthermore, the number of medications, including those used for life saving measures, is likely to increase.

The measures suggested in this document: medication training, accessible information on disease processes, standardized plans of care that can be easily individualized, and allowing nurses to train child care providers on individual children’s medication needs as part of their professional activities, all seek to support early care and education providers and the children they serve in making medication administration practice safer in Washington.

## **References**

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3. McCarthy AM. Medication Administration Practices of School Nurses. *Journal of School Health*. 2000;70:371-6.
4. Caring for our Children. National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (2<sup>nd</sup> ed.). Arlington, VA: National Center for Education in Maternal and Child Health.
5. Heschel R.T., Crowley A., Cohen S. State Policies Regarding Nursing Delegation and Medication Administration in Child Care Settings: A Case Study. *Policy, Politics, & Nursing Practice* 6(2):86, 2005. American Academy of Pediatrics & American Public Health Association (2002).



<b>Center</b>	<b>School-age</b>	<b>Home</b>	<b>ECEAP</b>	<b>Head Start</b>
(170-295-3050) If a child has a condition where the Americans with Disabilities Act (ADA) would apply you must make reasonable accommodation and give the medication.	(170-151-230) You may have a policy of not giving medication to the child in care.		(A-12) Contractors must not deny service to, or discriminate against any person who meets the eligibility criteria for ECEAP on the basis of...physical or mental disability... Contractors must comply with the Americans with Disabilities Act.	1304.22 (2) Grantee and delegate agencies must not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements ...

<p>(170-295-3060) (1) Parents must give written consent before you give any child any medication. The parent's written consent must include: (a) Child's first and last name; (b) Name of medication; (c) Reason for giving medication; (d) Amount of medication to give; (e) How to give the medication (route); (f) How often to give the medication; (g) Start and stop dates; (h) Expected side effects; and (i) How to store the medication consistent with directions on the medication label. (2) The parent consent form is good for the number of days stated on the medication bottle for prescriptions. You may not give medication past the days prescribed on the medication bottle even if there is medication left. (3) You may give the following medications with written parent consent if the medication bottle label tells you how much medication to give based on the child's age and weight: (a) Antihistamines; (b) Nonaspirin fever reducers/pain relievers; (c) Nonnarcotic cough suppressants; (d) Decongestants; (e) Ointments or lotions intended to reduce or stop itching or dry skin; (f) Diaper ointments and nontalc powders, intended only for use in the diaper area; and (g) Sun screen for children over six months of age. (4) All other over the counter medications must have written directions from a health care provider with prescriptive authority before giving the medication. (5) You may not mix medications in formula or food unless you have written directions to do so from a health care provider with prescriptive authority. (6) You may not give the medication differently than the age and weight appropriate directions or the prescription directions on the medication label unless you have written directions from a health care provider with prescriptive authority before you give the medication. (7) If the medication label does not give the dosage directions for the child's age or weight, you must have written</p>	<p>(170-151-230) If your center's health care plan includes giving medication to the child in care, you: (1) Must give medications, prescription and nonprescription, only on the written approval of a parent, person, or agency having authority by court order to approve medical care; (2) Must give prescription medications: (a) Only as specified on the prescription label; or (b) As authorized, in writing, by a physician or other person legally authorized to prescribe medication. (3) Must give the following classifications of nonprescription medications, with written parent authorization, only at the dose, duration, and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication: (a) Antihistamines; (b) Nonaspirin fever reducers/pain relievers; (c) Nonnarcotic cough suppressants; (d) Decongestants; (e) Anti-itching ointments or lotions, intended specifically to relieve itching; (f) Diaper ointments and powders, intended specifically for use in the diaper area of the child; and (g) Sun screen. (4) Must give other nonprescription medication: (a) Not included in the categories listed in subsection (3) of this section; or (b) Taken differently than indicated on the manufacturer's label; or (c) Lacking labeled instructions, only when disbursement of the nonprescription medication is as required under subsection (4)(a), (b), and (c) of this section: (i) Authorized, in writing, by a physician; or (ii) Based on established medical policy approved, in writing, by a physician or other person legally authorized to prescribe medication.</p>	<p>(170-296-0870) You must meet specific requirements for managing prescription and nonprescription medication for children under your care. Only you or another, primary staff person may perform the functions described in this section. (1) You must have written approval of the child's parent or legal guardian to give the child any medication. This approval must not exceed thirty days. ....(c) Give certain classifications of nonprescription medications, only with the dose and directions on the manufacturer's label for the age or weight of the child needing the medication. These nonprescribed medications include but are not limited to: (i) Nonaspirin, fever reducers or pain relievers; (ii) Nonnarcotic cough suppressants; (iii) Decongestants; (iv) Anti-itching ointments or lotions intended specifically to relieve itching; (v) Diaper ointments and talc free powders intended specifically for use in the diaper area of children; and (vi) Sun screen. (3) You must not administer any nonprescribed medication for the purpose of sedating a child; (4) You must not administer any prescribed medication in an amount or frequency other than that prescribed by a physician, psychiatrist or dentist; (5) You must not give one child's medications to another child; and (6) You must not use any prescribed medication to control a child's behavior unless a physician prescribes the medication for management of the child's behavior.</p>	<p>(D-11) Medications: Contractors must have a written policy for the safe administration, handling, and storage of medication. Contractors must: ..... Obtain written parent authorization to administer medication. Administer medications only as allowed by the label instructions or written health care provider instructions. (D-4) Contractors must obtain signed parent consent forms before providing:... Administration of medication...</p>	<p>1304.22 (3) (c) Medication administration. Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with Federal laws. The procedures must include:... (3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;</p>
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<p>(170-295-3070) (1) You must store medications in the original container labeled with: (a) The child's first and last names; (b) If a prescription, the date the prescription was filled; (c) The expiration date; and (d) Easy to read instructions on how to give the medication (i.e., the bottle is in the original package or container with a clean and readable label). (2) You must store medications: (a) In a container inaccessible to children (including staff medications); (b) Away from sources of moisture; (c) Away from heat or light; (d) Protected from sources of contamination; (e) According to specific manufacturers or pharmacists directions; (f) Separate from food (medications that must be refrigerated must be in a container to keep them separate from food); and (g) In a manner to keep external medications that go on the skin separate from internal medications that go in the mouth or are injected into the body. (3) All controlled substances must be in a locked container.</p>	<p>(170-151-230) ... (5) Must accept from the child's parent, guardian, or responsible relative only medicine in the original container, labeled with: (a) The child's first and last names; (b) The date the prescription was filled; or (c) The medication's expiration date; and (d) Legible instructions for administration, such as manufacturer's instructions or prescription label. (6) Must keep medication, refrigerated or nonrefrigerated, in an orderly fashion and inaccessible to the child; (7) Must store external medication in a compartment separate from internal medication;</p>		<p>(D-11) ... Contractors must: Store all child and staff medications so that they are inaccessible to children. Medications must be in a labeled and locked container, except for emergency medications that must be available for immediate administration....</p>	<p>1304.22 (3) (c)... (1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;...</p>
<p>(170-295-3080) You can keep bulk containers of diaper ointments and nontalc type powders intended for use in the diaper area and sun screen if you: (1) Obtain written parental consent prior to use; (2) Use for no longer than six months; and (3) Notify the parents of the: (a) Name of the product used; (b) Active ingredients in the product; and (c) Sun protective factor (SPF) in sun screen. (4) Apply the ointments in a manner to prevent contaminating the bulk container.</p>				
<p>(170-295-3090) You must not keep old medications on site. When a child is finished with a medication, you must either: (1) Give it back to the parent; or (2) Dispose of it by flushing medication(s) down the toilet.</p>	<p>(170-151-230) ... (9) Must return to the parent or other responsible party, or must dispose of medications no longer being taken;</p>	<p>(170-296-0870) ... (b) Return any unused medication to the parent or legal guardian of the child;</p>		

<p>(170-295-3100) (1) Children can take their own medication if they: (a) Have a written statement from the parent requesting the child take their own medication; (b) Have a written statement from a health care provider with prescriptive authority stating that the child is physically and mentally capable of taking their own medication; and (c) Meet all other criteria in chapter 170-295 WAC including storage of medications. (2) A staff member must observe and document that the child took the medication.</p>	<p>(170-151-230) ... (10) May, at your option, permit self-administration of medication by a child in care if: (a) The child is physically and mentally capable of properly taking medication without assistance; (b) You include in the child's file a parental or physician's written statement of the child's capacity to take medication without assistance; and (c) You have stored the child's medications and other medical supplies so the medications and medical supplies are inaccessible to other children in care.</p>			
<p>(170-295-3110) To give liquid medication you must use a measuring device designed specifically for oral or liquid medications. Parents should provide the measuring devices for individual use.</p>				
<p>(170-295-3120) You must keep a confidential, written record in the child's file of: (1) Child's full name, date, time, name of medication and amount given (indicate if self-administered); (2) Initial of staff person giving medication or observing the child taking the medication with a corresponding signature on the medication record to validate the initials; and (3) Provide a written explanation why a medication that should have been given was not given.</p>	<p>(170-151-230) ... (8) Must keep a record of medication dispensed;</p>	<p>(170-296-0870) ... (2) You must: (a) Keep a written record of all medications you give a child;</p>	<p>(D-11) ... Maintain records of all medication dispensed...</p>	<p>1304.22 (3)(c)... (4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents; (5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and</p>
<p>(170-295-3130) (1) Only staff persons who have been oriented to your center's medication policies and procedures can give medications. (2) You must have documentation that the staff person has been oriented. (3) Before a staff may administer medications they must ask parents to provide instruction on specialized medication administration procedures or observations, i.e., how to use the nebulizer, epi-pens or individual child's preference for swallowing pills</p>			<p>(D-11)... Designate trained staff to administer medications...</p>	<p>1304.22 (3)(c)... (2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications; ... (6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.</p>

<p>(170-295-7010) (1) You must keep current organized confidential records and information about each child in care on the premises. You must make sure that each child's record contains, at a minimum:...</p> <p>(e) Individual plan of care when needed for chronic health conditions and life threatening medical conditions;... h) Instructions from parent or health care providers related to medications, specific food or feeding requirements, allergies, treatments, and special equipment or health care needs if necessary; ...</p>	<p>(170-151-460) You must maintain the following documentation on the premises:... (6) A list of each child's allergies and dietary restrictions, if any;... (8) A record of medication your staff gives to any child;...</p>		<p>(D-5) Contractors must maintain current and confidential health files on all enrolled children that include...allergy information... (D-2) Contractors must work with parents too:...develop an individual health plan if indicated, such as for a child with special health care needs, medication, asthma, allergies...</p>	<p>1304.22 (b) (3)...must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.</p>
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