



**Office of Children
and Family Services**

Emergency Medication Administration Overview

Participant Materials

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Bureau of Training and Development**

AND

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through
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**Office of Children
and Family Services**



**PROFESSIONAL
DEVELOPMENT PROGRAM
ROCKEFELLER COLLEGE
UNIVERSITY AT ALBANY
State University of New York**

Emergency Medication Administration Overview Participant Materials

TABLE OF CONTENTS

Agenda	1
Handout 1.1: New York State OCFS Child Day Care Regulations Pertaining to Administering Emergency Medication	3
Handout 1.2: Training Requirements Based on Medication Type	4
Handout 1.3: OCFS-LDSS-7020: Health Care Plan (DCC) Sections 7 – 12	7
Handout 2.1: What Are the <i>Five Rights</i> ?	15
Handout 2.2: Matching the <i>Five Rights</i>	17
Handout 2.3: OCFS-LDSS-7002: <i>Written Medication Consent Form</i>	19
Exercise 2.1: Finding the <i>Five Rights</i>	21
Answer Key 2.1: Finding the <i>Five Rights</i>	25
Handout 3.1: What Permissions and Instructions Do I Need to Give Emergency Medication?.....	29
Handout 3.2: OCFS-LDSS-7002: <i>Written Medication Consent Form</i>	31
Handout 3.3: OCFS-LDSS-7004: <i>Log of Medication Administration</i>	33
Handout 3.4: Good Documentation	35
Handout 4.1: Asthma Facts.....	37
Handout 4.2: Asthma Treatment.....	39
Handout 4.3: Example of a Care Plan for a Child with Asthma	41
Handout 4.4: New York State Department of Health Asthma Action Plan	44
Handout 5.1: Giving Emergency Medication Inhaled by Mouth	45
Handout 5.2: Skills Demonstration Competency—Inhaled Medication with MDI and MDI with Spacer	47
Handout 6.1: Anaphylaxis	53
Handout 6.2: How a Child Might Describe a Reaction	55
Handout 6.3: Epinephrine Auto-Injector (EpiPen® or Auvi-Q™) Use and Storage.....	56
Handout 7.1: Independent Medication Administration.....	59
Handout 7.2: Children with Special Health Care Needs.....	60
Handout 7.3: OCFS-LDSS-7006: <i>Individual Health Care Plan for a Child with Special Health Care Needs</i>	61
Handout 7.4: Additional Requirements for Administering Emergency Medication.....	63
Exercise 7.1: Completing an <i>Individual Health Care Plan for a Child with Special Health Care Needs</i>	65
Handout 8.1: Stock Epinephrine Auto-Injectors: What Your Program Needs to Know.....	67
Handout 8.2: OCFS-LDSS-7020: <i>Health Care Plan (DCC) Appendix J: Administration of Non-Patient-Specific Epinephrine Auto-Injector</i>	71

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Agenda

	Approximate Length
MODULE 1: Introduction to Emergency Medication Administration Overview	20 minutes
Introduction	
Using the Class Materials	
MODULE 2: The <i>Five Rights</i> of Safe Medication Administration	25 minutes
The Five Rights of Safe Medication Administration	
MODULE 3: Handling Medication	20 minutes
Permissions, Instructions and Documentation	
MODULE 4: Asthma	10 minutes
What Is Asthma?	
MODULE 5: Preparation and Administration Techniques	25 minutes
Giving Medication Inhaled Through the Mouth	
MODULE 6: Emergency Care	15 minutes
Anaphylaxis and Treatment	
MODULE 7: Special Situations	20 minutes
MODULE 8: Stock Epinephrine Auto-Injectors	15 minutes

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New York State OCFS Child Day Care Regulations Pertaining to Administering Emergency Medication

- 41*.11(h)(5) When a [program/caregiver] has not been authorized to administer medications in a day care setting in accordance with the requirements of section 41*.11(f) of this [Part/Subpart] [a designated staff person/such caregiver] may administer emergency care through the use of epinephrine auto-injector devices, diphenhydramine, when prescribed in combination with the auto-injector, asthma inhaler and asthma nebulizer when necessary to prevent anaphylaxis or breathing difficulty for an individual child but only when the parent and the child's health care provider have indicated such treatment is appropriate. In addition:
- (i) A written Individual Health Care Plan must be developed for the child;
 - (ii) The child's health care provider must issue a standing order and prescription for the medication;
 - (iii) The parent must approve, in writing, the administration of the medication as prescribed by the health care provider and keep medications current;
 - (iv) All [staff/caregivers] administering an emergency medication pursuant to section 41*.11(h)(5) of this [Part/Subpart] must be instructed on its use; and, the instruction must be provided by the parent, the child's health care provider or a health care consultant;
 - (v) [Staff/A caregiver] who have been instructed on the use of the auto-injector, diphenhydramine, inhaler or nebulizer must be present during all hours the child with the potential emergency condition is in care;
 - (vi) The [staff person/caregiver] administering the auto-injector, diphenhydramine, asthma medication or nebulizer must be at least 18 years old;
 - (vii) The [program/caregiver] must immediately contact 911 after administration of epinephrine;
 - (viii) If an inhaler or nebulizer for asthma is administered the [program/caregivers] must call 911 if the child's breathing does not return to its normal functioning after its use; and
 - (ix) Storage, documentation of the administration of medication and labeling of the auto-injector, asthma inhaler and asthma nebulizer must be in compliance with Section 41*.11 of this [Part/Subpart].
- 41*.11(h)(6) When a program is approved to administer an inhaler to a child with asthma or other diagnosed respiratory condition, or an epinephrine auto-injector for anaphylaxis, a school-aged child may carry and use these devices during day care hours if the program secures written permission of such use of a duly authorized health care provider, parental consent and completes a special health care plan for the child.

Training Requirements Based on Medication Type

The New York State Office of Children and Family Services Child Day Care Regulations allow child day care programs to administer “over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent; and/or epinephrine auto-injectors, diphenhydramine in combination with the auto injector, asthma inhalers and nebulizers.” Administration of any other medication requires the program to be approved by OCFS to administer medication, for medication administrators to be at least 18 years of age and have current certifications in Medication Administration Training (MAT), First Aid and CPR. Programs indicate their intention regarding medication administration in their Health Care Plan.

I want to administer...	What training is available from OCFS?	Is training required?
Over the counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent	None	No
Child-specific epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers, nebulizers (This training does not replace required instruction by the child's parent or health care provider, or health care consultant, in accordance with the child's Individual Health Care Plan.)	Emergency Medication Administration Overview NOT INCLUDING Stock Epinephrine Auto-Injectors	No, but instruction by the child's parent or health care provider, or health care consultant is required in accordance with the child's Individual Health Care Plan.
Non-patient-specific epinephrine auto-injectors	Emergency Medication Administration Overview INCLUDING Stock Epinephrine Auto-Injectors	Yes. NYS DOH approved training is required. (The OCFS Emergency Medication Administration Overview INCLUDING Stock Epinephrine Auto-Injectors course is DOH-approved for this purpose.)
All other types of medication	Medication Administration Training (MAT)	Yes (Note: Not all medication routes are covered; see table on next page.)

The table on the next page describes each OCFS-approved training type and its respective features.

	Medication Administration Training (MAT)	Emergency Medication Administration Overview NOT INCLUDING Stock Epinephrine Auto-Injectors	Emergency Medication Administration Overview Training INCLUDING Stock Epinephrine Auto-Injectors
Medication types covered	<p>Topical, oral, inhaled, eye and ear medication; medicated patches; epinephrine auto-injectors</p> <p>(If a child in a program needs to receive medication rectally, vaginally, or by injection, providers must complete MAT and receive additional training.)</p>	<p>Epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers, nebulizers</p>	<p>Non-patient-specific epinephrine auto-injectors</p>
Legal / Regulatory Basis	<p>NYS Social Services Law §390</p> <p>NYS OCFS Child Day Care Regulations [Part 41*.11]</p>	<p>NYS Social Services Law §390</p> <p>NYS OCFS Child Day Care Regulations [Part 41*.11]</p>	<p>Public Health Law §3000-c (as amended by Chapter 373 of the Laws of 2016)</p>
Training Requirement/ Frequency	<p>Every three (3) years</p> <p>(Training required to administer medication other than over the counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent; and/ or epinephrine auto injectors, diphenhydramine in combination with the auto injector, asthma inhalers and nebulizers.)</p>	<p>Not a required training.</p>	<p>One-time NYS DOH-approved training required to stock and use non-patient-specific epinephrine auto-injectors</p>
Additional Requirements	<ul style="list-style-type: none"> • Medication administrant must possess a current First Aid & CPR certification for the ages of children in care. • Medication administrant must be listed as such in the program’s OCFS- and health care consultant-approved health care plan. • Medication administrant must be at least 18 years of age. 	<ul style="list-style-type: none"> • The provider must also receive instruction from the child’s parent, health care provider, or health care consultant. • Staff administering the auto-injector must be at least 18 years of age. 	<ul style="list-style-type: none"> • Public Health Law §3000-c does not require staff administering non-patient-specific epinephrine auto-injectors to meet age or First Aid/CPR certification requirements.

Table continued on next page ►

	Medication Administration Training (MAT)	Emergency Medication Administration Overview NOT INCLUDING Stock Epinephrine Auto-Injectors	Emergency Medication Administration Overview Training INCLUDING Stock Epinephrine Auto-Injectors
Documentation Required	<ul style="list-style-type: none"> • OCFS Written Medication Consent Form* • OCFS Log of Medication Administration* • OCFS Individual Health Care Plan for a Child with Special Health Care Needs (depending on the medication/condition being treated)* 	<ul style="list-style-type: none"> • Written parental permission** • Standing order and prescription from the child's health care provider** • OCFS Individual Health Care Plan for a Child with Special Health Care Needs* 	<ul style="list-style-type: none"> • OCFS Log of Medication Administration*
Programs Affected	<ul style="list-style-type: none"> • Child day care programs licensed or registered by NYS OCFS • Enrolled legally exempt child care programs • NYC Day Care Centers licensed by the NYC Department of Health and Mental Hygiene 	<ul style="list-style-type: none"> • Child day care programs licensed or registered by NYS OCFS • NYC Day Care Centers licensed by the NYC Department of Health and Mental Hygiene 	<ul style="list-style-type: none"> • All child care programs ("public venues such as restaurants, youth organizations, sports leagues, theme parks, sport arenas, day care and educational facilities") that <i>opt</i> to stock epinephrine auto-injectors • NYC Day Care Centers licensed by the NYC Department of Health and Mental Hygiene, which are <i>legally required</i> to stock epinephrine auto-injectors

*or approved equivalent

**The OCFS Written Medication Consent Form and OCFS Log of Medication Administration may be used for this purpose.

OCFS-LDSS-7020: Health Care Plan (DCC) Sections 7 – 12

OCFS-LDSS-7020 (Rev. 03/2017)

Section 7: First Aid Kit

First aid kits will be kept out of reach of children and restocked when items are used. The program will have at least one first aid kit.

The program's first aid kit(s) will be stored in the following area(s) in the program:
(It is recommended that a kit be taken on all trips off the program site, and a kit be kept in the emergency bag for use in the event of an emergency evacuation.)

Explain here:

The following are recommended items that a first aid kit should contain, but is not limited to:

- Disposable gloves, preferably vinyl
- Sterile gauze pads of various sizes
- Bandage tape
- Roller gauze
- Cold pack

List any additional items *(or substitutions for the recommended items listed above)* which will be stored in the first aid kit:

Staff will check the first aid kit contents and replace any expired, worn, or damaged items:
(check all that apply)

- After each use
- Monthly
- Other:

Explain here:

LICENSEE INITIALS	DATE	HCC INITIALS <i>(if applicable)</i>	DATE
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OCFS-LDSS-7020 (Rev. 03/2017)

The program will: (check all that apply)

Keep the following non-child-specific over-the-counter topical ointments, lotions, creams, and sprays in the first aid kit: *(Programs must have parental permission to apply before using).*

Explain here:

Keep the following non-child-specific over-the-counter medication in the first aid kit: *(Programs that plan to store over-the-counter medication given by any route other than topical **must** be approved to administer medication and have all appropriate permissions as required by regulation before administering the medication to a child.)*

Explain here:

Keep the following types of child-specific medication (e.g., EpiPen®, asthma inhalers) in the first aid kit: *(Programs **must** be approved to administer medication, with the exception of epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers and nebulizers, and have all appropriate permissions as required by regulation before storing and administering the medication to a child.)*

Explain here:

The program must check frequently to ensure these items have not expired.

LICENSEE INITIALS	DATE	HCC INITIALS <i>(if applicable)</i>	DATE
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13

OCFS-LDSS-7020 (Rev. 03/2017)

Section 8: Program Decision on the Administration of Medication

The program has made the following decision regarding the administration of medication:
 (Check all that apply; at least one **MUST** be selected)

- The program **WILL** administer over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent.*
 (Complete Sections 9-12.)
- The program **WILL** administer epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers and nebulizers.*
 (Complete Sections 9-12.)
- The program **WILL** administer stock non-patient-specific epinephrine auto-injectors.
 (Complete Appendix J.)
- The program **WILL** administer medications that require the program to have this health care plan approved by a health care consultant as described in Sections 13 and 14.*
 (Complete Sections 9 and 13-21.)

If the program will **not** administer medication (other than over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent and/or epinephrine auto-injectors, diphenhydramine in combination with the auto-injector, asthma inhalers, and nebulizers), explain how the needs of the child will be met if the child is taking medication which requires administration during program hours.

Explain here:

***Parent/Relative Administration**

A person who is a relative, at least 18 years of age (with the exception of the child's parents), who is within the third degree of consanguinity of the parents or step-parents of the child, even if the person is an employee or volunteer of the program, may administer medication to the child he/she is related to while the child is attending the program, even though the program is not approved to administer medication.

A relative within the third degree of consanguinity of the parents or step-parents of the child includes: the grandparents of the child; the great-grandparents of the child; the great-great-grandparents of the child; the aunts and uncles of the child, including the spouses of the aunts and uncles; the great-aunts and great-uncles of the child, including the spouses of the great-aunts and great-uncles; the siblings of the child; and the first cousins of the child, including the spouses of the first cousins.

If medication is given to a child by a parent or a relative within the third degree of consanguinity of the parents or step-parents of the child during program hours, the dose and time of medication administration must be documented, and may be documented in the following manner: (check one; at least one **MUST** be selected)

- OCFS form **Log of Medication Administration (OCFS-LDSS-7004)**
- Other: (please attach form developed by the program)

LICENSEE INITIALS	DATE	HCC INITIALS (if applicable)	DATE
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OCFS-LDSS-7020 (Rev. 03/2017)

Section 9: Programs that WILL Administer Over-the-Counter Topical Ointments, Lotions and Creams, Sprays, including Sunscreen products and Topically Applied Insect Repellant, and/or Epinephrine Auto-injectors, Diphenhydramine in Combination with the Epinephrine Auto-injector, Asthma Inhalers, and Nebulizers.

Over-the-Counter Topical Ointments, Lotions and Creams, Sprays including Sunscreen Products and Topically Applied Insect Repellant (TO/S/R)

The program will have parent permission to apply any over-the-counter topical ointments, lotions and creams, sprays including sunscreen products and topically applied insect repellant TO/S/R.

Any over-the-counter TO/S/R will be applied in accordance with the package directions for use. If the parent's instructions do not match the package directions, the program will obtain health care provider or authorized prescriber instructions before applying the TO/S/R.

All over-the-counter TO/S/R will be kept in its original container. All child-specific TO/S/R will be labeled with the child's first and last names.

TO/S/R will be kept in a clean area that is inaccessible to children.

Explain where these will be stored:

All leftover or expired TO/S/R will be given back to the child's parent for disposal. TO/S/R not picked up by the parent may be disposed of in a garbage container that is not accessible to children.

All over-the-counter TO/S/R applied to a child during program hours will be documented and maintained in the following way: (check all that apply; at least one MUST be selected)

- OCFS form *Log of Medication Administration (OCFS-LDSS-7004)*
- On a child-specific log (*please attach form developed by the program*)
- Other:

Explain here:

LICENSEE INITIALS	DATE	HCC INITIALS (<i># applicable</i>)	DATE
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Handout 1.3

OCFS-LDSS-7020 (Rev. 03/2017)

All observable side effects will be documented. Parents will be notified immediately of any observed side effects. If necessary, emergency medical services will be called.

The program will: (check all that apply)

- Apply over-the-counter TO/S/R which parents supply for their child.
- Keep a supply of stock over-the-counter TO/S/R to be available for use on children. Whose parents have given consent. These include the following:

Explain here:

Parent permission will be obtained before any non-child-specific over-the-counter TO/S/R will be applied. Parents will be made aware that the TO/S/R being applied is not child-specific and may be used by multiple children.

The program will adhere to the following infection control guidelines whenever using non child-specific TO/S/R:

- o Hands will be washed before and after applying the TO/S/R.
- o Care will be taken to remove the TO/S/R from the bottle or tube without touching the dispenser.
- o An adequate amount of TO/S/R will be obtained so it is not necessary to get more once the staff has started to apply the TO/S/R (*if additional TO/S/R must be dispensed after applying it to a child's skin, hands will be washed before touching the dispenser*).
- o Gloves will be worn when needed.
- o TO/S/R which may be contaminated will be discarded in a safe manner.

It is the program's obligation to protect the children in care from injury. Part of this obligation includes the application of TO/S/R according to parent permission.

Describe the program's procedure for protecting children in the absence of parental permission to apply TO/S/R, such as sunscreen or insect repellent:

Explain here:

LICENSEE INITIALS	DATE	HCC INITIALS (if applicable)	DATE
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OCFS-LDSS-7020 (Rev. 03/2017)

Epinephrine Auto-Injectors, Diphenhydramine in Combination with the Epinephrine Auto-Injector, Asthma Inhalers, and Nebulizers.

Staff NOT authorized to administer medications may administer emergency care through the use of epinephrine auto-injector devices, diphenhydramine when prescribed for use in combination with the epinephrine auto-injector, asthma inhalers, or nebulizers, when necessary to prevent or treat anaphylaxis or breathing difficulty for an individual child, when the parent and the child's health care provider have indicated such treatment is appropriate.

In addition, the program will obtain the following:

- A written **Individual Health Care Plan for a Child with Special Health Care Needs** must be submitted. Form OCFS-LDSS-7006 may be used to meet this requirement (See Section 2: Children with Special Health Care Needs).
- An order from the child's health care provider to administer the emergency medication including a prescription for the medication. The OCFS **Medication Consent Form (Child Day Care Program) OCFS-LDSS-7002** may be used to meet this requirement.
- Written permission from the parent to administer the emergency medication as prescribed by the child's health care provider. The OCFS **Medication Consent Form (Child Day Care Programs) OCFS-LDSS-7002** may be used to meet the requirement.
- Instruction on the use and administration of the emergency medication that has been provided by the child's parent, child's health care professional, or a health care consultant.

Additionally:

- Staff who have been instructed on the use of the auto-injector, diphenhydramine, asthma medication, or nebulizer must be present during all of the hours the child with the potential emergency condition is in care and must be listed on the child's Individual Health Care Plan.
- The staff administering the auto-injector, diphenhydramine, asthma medication, or nebulizer must be at least 18 years old, unless the administrant is the parent of the child.
- Staff must immediately contact 911 after administering epinephrine.
- If an inhaler or nebulizer for asthma is administered, staff must call 911 if the child's breathing does not return to normal after its use.
- Storage, documentation of administration of medication, and labeling of the auto-injector, asthma inhaler, and asthma nebulizer must be in compliance with all appropriate regulations.

Explain where these will be stored:

LICENSEE INITIALS	DATE	HCC INITIALS (if applicable)	DATE
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OCFS-LDSS-7020 (Rev. 03/2017)

School-Age Children Exemptions for Carrying and Administering Medication

When a program has agreed to administer an inhaler to a child with asthma or other diagnosed respiratory condition, or an epinephrine auto-injector for anaphylaxis, a school-age child may carry and use these devices during day care hours if the program secures written permission of such use of a duly authorized health care provider or licensed prescriber, written parental consent, and completes an Individual Health Care Plan for the child.

The Individual Health Care Plan, parental consent, and health care provider or licensed prescriber consent documenting permission for a school-age child to carry an inhaler or auto-injector must be maintained on file by the program.

Sections 10-12 must be completed ONLY if the program plans to administer over-the-counter topical ointments, lotions and creams, sprays, including sunscreen products and topically applied insect repellent, and/or epinephrine auto-injector, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers, and nebulizers, and not administer any other medication.

Section 10: Confidentiality Statement

Information about any child in the program is confidential and will not be given to anyone except OCFS, its designees or other persons authorized by law.

Health information about any child in the program can be given to the social services district upon request if the child receives a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

Section 11. Americans with Disabilities Act (ADA) Statement

The program will comply with the provisions of the Americans with Disabilities Act. If any child enrolled in the program now or in the future is identified as having a disability covered under the Americans with Disabilities Act, the program will assess the ability of the program to meet the needs of the child. If the program can meet the needs of the child without making a fundamental alteration to the program and the child will need regular or emergency medication, the program will follow the steps required to have the program approved to administer medication.

Section 12. Licensee Statement

It is the program's responsibility to follow the health care plan and all day care regulations.

OCFS must review and approve the health care plan as part of the licensing process. OCFS must review and approve any changes or revisions to the health care plan before the program can implement the changes.

The program's health care policies will be given to parents at admission and whenever changes are made, and the health care plan will be made available to parents upon request.

Day Care Program's Name (please print):		License #:
Authorized Signature:	Authorized Name (please print):	Date:

LICENSEE INITIALS	DATE	HCC INITIALS (if applicable)	DATE
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What Are the *Five Rights?*



1. *Right Child*

- Make sure that the child you are about to give the medication to is the right child. 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 you trust to tell you the child's name. You can also ask the child to tell you his/her name. But never rely solely on the child to tell you his/her name.



2. *Right Medication*

- Only accept medication that is in its original container with the original label. Don't accept medication that a person has put into another container because you have no way of knowing if it's the right medication.
- The strength of the medication is also part of the right medication. The strength is how much of the active ingredient is in one pill or one dose. For example, EpiPen® comes in 0.15mg and 0.30mg strengths. So in addition to checking the name (EpiPen®), make sure you have the right strength of the medication (0.15mg or 0.30mg).



3. *Right Dose*

- The dose is how much of medication to give. For example, the dose could be 2 puffs or 1 vial.
- Measure the dose correctly using the tool (medicine cup, dosing spoon, oral syringe) the parent gave you for diphenhydramine, if applicable.
- If the medication is a liquid, make sure the tool the parent supplied, such as a dosing spoon, oral syringe or medicine cup, has the same measurement on it that is written on the consent form (teaspoons, tablespoons, cc's, etc.).



4. *Right Route*

- The route is the way the medication gets into the child's body, such as inhaled through the mouth or injected into the thigh.
- Always ask if you don't understand how to give the medication correctly by the route written.



5. *Right Time*

- Medication can be scheduled to be given at a specific hour or have instructions that tell you what to look for when the child needs the medication ("as needed").
- When a child arrives, check with the parent to find out if the child got any medication before coming to care.
- Give medication up to 30 minutes before or up to 30 minutes after the dose is due.

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Matching the *Five Rights*

Giving medication is a very serious part of your job. Knowing the **Five Rights** is not enough. To give medication, you must match the medication, time, dose, route and child's first and last names written on the medication label or over-the-counter package to the information written on the consent form to be sure you're giving the medication correctly. This is called matching the **Five Rights**.

Remember the following when matching the **Five Rights** to give medication:

Right Child

- Match the child's first and last names written on the consent form with the names written on the pharmacy label or package to the child you are about to give the medication to.

Right Medication

- Make sure the medication listed on the label of the container exactly matches the *Written Medication Consent Form*. Be careful, because the names of medication can sound alike and be spelled alike, but be very different medication.
- Some medication, such as inhalers and EpiPens® are inside a box with a pharmacy label on it. Always take the medication container out of the labeled box and match the medication name on the container with the label, including the strength.



Right Dose

- Match the dose written on the consent form with the dose written on the pharmacy label or package with the dose you have prepared to give.

Right Route

- Match the route written on the consent form with the route written on the pharmacy label or package with the way you are about to give the medication to the child.

Right Time

- Match the time written on the *Written Medication Consent Form* with the time written on the pharmacy label and package with the current time. Remember that if the health care provider did not write the hour to give it (e.g., 12:00 PM), check the back of the consent form (box 19) to see what time the parent wrote for you to give it.
- If the medication is given when the child needs it instead of at a specific hour, match the information written on the consent form and make sure it matches the child's symptoms. For example, if the instructions say to give Ventolin® when the child is short of breath or wheezing, you would know it's the right time to give it.

Remembering the *Five Rights*

A mnemonic is a helpful device for remembering information. Here is a mnemonic to help you remember the *Five Rights* of medication administration:

“Charlie Made Delicious Rich Toffee”

Charlie.....Child
MadeMedication
DeliciousDose
Rich.....Route
Toffee.....Time

OCFS-LDSS-7002: Written Medication Consent Form

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES MEDICATION CONSENT FORM CHILD DAY CARE PROGRAMS		
<ul style="list-style-type: none"> This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. Only those staff certified to administer medications to day care children are permitted to do so. One form must be completed for each medication. Multiple medications cannot be listed on one form. Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older. 		
LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).		
1. Child's First and Last Name: RIGHT CHILD	2. Date of Birth:	3. Child's Known Allergies:
4. Name of Medication (<i>including strength</i>): RIGHT MEDICATION	5. Amount/Dosage to be Given: RIGHT DOSE	6. Route of Administration: RIGHT ROUTE
7A. Frequency to be administered: RIGHT TIME (see #19)		
OR		
7B. Identify the symptoms that will necessitate administration of medication: (<i>signs and symptoms must be observable and, when possible, measurable parameters</i>): RIGHT TIME (for "as needed" medication)		
8A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects (<i>parent must supply</i>)		
AND/OR		
8B. 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 health care provider at phone number provided below <input type="checkbox"/> Other (<i>describe</i>): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (<i>parent must supply</i>)		
AND/OR		
10B. Additional special instructions: (<i>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 situation's when medication should not be administered.</i>) _____		
11. Reason for medication (<i>unless confidential by law</i>): _____		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires 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 (#33 and #35) 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 (#34 -#35) on the back of this form.		
14. Date Health Care Provider Authorized:	15. Date to be Discontinued or Length of Time in Days to be Given:	
16. Licensed Authorized Prescriber's Name (please print):	17. Licensed Authorized Prescriber's Telephone Number:	
18. Licensed Authorized Prescriber's Signature: X		

Handout 2.3

OCFS-LDSS-7002 (5/2015) REVERSE		
NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES MEDICATION CONSENT FORM CHILD DAY CARE PROGRAMS		
PARENT COMPLETE THIS SECTION (#19 - #23)		
19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the licensed authorized prescriber write 12pm?) <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No Write the specific time(s) the child day care program is to administer the medication (i.e.: 12 pm): RIGHT TIME (if not in Box 7A)		
20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to (child's name):		
21. Parent's Name (please print):	22. Date Authorized:	
23. Parent's Signature: X		
CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)		
24. Program Name:	25. Facility ID Number:	26. Program Telephone Number:
27. I have verified that (#1 - #23) and if applicable, (#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.		
28. Staff's Name (please print):	29. Date Received from Parent:	
30. Staff Signature: X		
ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)		
31. I, parent, request that the medication indicated on this consent form be discontinued on _____ (Date) Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.		
32. Parent Signature: X		
LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)		
33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.		
34. 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 you are ordering the change in the administration of the prescription to take place. 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.		
35. Licensed Authorized Prescriber's Signature: X		

Exercise: Finding the *Five Rights*

Directions: Circle each of the **Five Rights** on the prescription label below. Write each Right on the line provided. Then, circle the **Five Rights** on the *Written Medication Consent Form* on the next page and match each one with the **Five Rights** on the label.

Pharmacy Inc. #0012 Ph: 914-555-0102
100 Main Street, NYC, NY 10068
Rx#: 8145973-02 Tx: 8063264

Jose Martinez DOB: 11/30/XX
(914) 554-1984
461 Park Place, Brooklyn, NY 11202

albuterol (90mcg/inh)
(generic form of Ventolin®)

Give two puffs by oral inhaler as directed. May give every four hours up to three doses per day.

Prescriber: **Nancy Wallace MD (914) 564-9832**
221 Stream Place, Brooklyn, NY 11202
Refillable: 0 times QTY: 1 R.Ph. Init: RSL
Date filled: 7/15/XX Orig. Date: 7/15/XX Exp. Date: 7/15/XX

1. Right Child: _____
2. Right Medication: _____
3. Right Dose: _____
4. Right Route: _____
5. Right Time: _____

This page is intentionally blank.

Exercise 2.1

OCFS-LDSS-7002 (5/2015) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).

1. Child's First and Last Name: José Martinez	2. Date of Birth: 11-30-XX (6 years old)	3. Child's Known Allergies: Dust, pollen
4. Name of Medication (<i>including strength</i>): Albuterol 90mcg/inh	5. Amount/Dosage to be Given: 2 puffs	6. Route of Administration: inhaled
7A. Frequency to be administered: _____		
OR		
7B. Identify the symptoms that will necessitate administration of medication: (<i>signs and symptoms must be observable and, when possible, measurable parameters</i>): <u>Difficulty breathing, wheezing, and/or shortness of breath. May repeat dose in four hours, if needed.</u>		
8A. Possible side effects: <input checked="" type="checkbox"/> See package insert for complete list of possible side effects (<i>parent must supply</i>)		
AND/OR		
8B. 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 health care provider at phone number provided below <input type="checkbox"/> Other (<i>describe</i>): _____		
10A. Special instructions: <input checked="" type="checkbox"/> See package insert for complete list of special instructions (<i>parent must supply</i>)		
AND/OR		
10B. Additional special instructions: (<i>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 situation's when medication should not be administered.</i>) _____		
11. Reason for medication (<i>unless confidential by law</i>): <u>Asthma</u>		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If you checked yes, complete (#33 and #35) 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 (#34 -#35) on the back of this form.		
14. Date Health Care Provider Authorized: 7/15/XX	15. Date to be Discontinued or Length of Time in Days to be Given:	
16. Licensed Authorized Prescriber's Name (please print): Nancy Wallace, M.D.	17. Licensed Authorized Prescriber's Telephone Number: (718) 564-9832	
18. Licensed Authorized Prescriber's Signature: X <i>Nancy Wallace, MD</i>		

Exercise 2.1

OCFS-LDSS-7002 (5/2015) REVERSE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES MEDICATION CONSENT FORM CHILD DAY CARE PROGRAMS		
PARENT COMPLETE THIS SECTION (#19 - #23)		
19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the licensed authorized prescriber write 12pm?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No Write the specific time(s) the child day care program is to administer the medication (i.e.: 12 pm): _____		
20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to (child's name): José Martinez		
21. Parent's Name (please print): Alicia Martinez	22. Date Authorized: 7/15/XX	
23. Parent's Signature: X <i>Alicia Martinez</i>		
CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)		
24. Program Name: ABC Child Care	25. Facility ID Number: 01376 DCC	26. Program Telephone Number: (212) 555-8363
27. I have verified that (#1 - #23) and if applicable, (#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.		
28. Staff's Name (please print): Carla Carson	29. Date Received from Parent: 7/15/XX	
30. Staff Signature: X <i>Carla Carson</i>		
ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)		
31. I, parent, request that the medication indicated on this consent form be discontinued on _____ (Date) Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.		
32. Parent Signature: X		
LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)		
33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child. See Individual Health Care Plan _____ _____ _____		
34. 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 you are ordering the change in the administration of the prescription to take place. 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.		
35. Licensed Authorized Prescriber's Signature: X <i>Nancy Wallace, MD</i>		

Exercise: Finding the *Five Rights* ANSWER KEY

Pharmacy Inc. #0012 Ph: 914-555-0102
100 Main Street, NYC, NY 10068
Rx#: 8145973-02 Tx: 8063264

Child → **Jose Martinez** **DOB: 11/30/XX**
(914) 554-1984
461 Park Place, Brooklyn, NY 11202

Medication → **albuterol (90mcg/inh)** **Time / Route**
(generic form of Ventolin®)

Dose → **Give two puffs by oral inhaler as directed.** May give every four hours up to three doses per day.

Prescriber: **Nancy Wallace MD (914) 564-9832**
221 Stream Place, Brooklyn, NY 11202
Refillable: 0 times QTY: 1 R.Ph. Init: RSL
Date filled: 7/15/XX Orig. Date: 7/15/XX Exp. Date: 7/15/XX

1. Right Child: José Martínez
2. Right Medication: albuterol 90 mcg/inh
3. Right Dose: 2 puffs
4. Right Route: inhaled by oral inhaler
5. Right Time: When José shows these symptoms: shortness of breath, wheezing, complaint of difficulty breathing. (Label states "as directed," so follow the health care provider instructions when matching the right time.)

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Answer Key 2.1

OCFS-LDSS-7002 (5/2015) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#33 - 35) AND AS NEEDED (#33 - 35)

1. Child's First and Last Name: José Martinez	2. Date of Birth: 11-30-XX (6 years old)	3. Known Allergies: Eggs, pollen
4. Name of Medication (including strength): Albuterol 90mcg/inh	5. Amount/Dosage to be Given: 2 puffs	6. Route of Administration: inhaled
7A. Frequency to be administered: _____		
OR		
7B. Identify the symptoms that will necessitate administration of medication. (signs and symptoms must be observable and, when possible, measurable parameters): <u>Difficulty breathing, wheezing, and/or shortness of breath. May repeat dose in four hours, if needed.</u>		
8A. Possible side effects: <input checked="" type="checkbox"/> See package insert for complete list of possible side effects (parent must supply)		
AND/OR		
8B. 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 health care provider at phone number provided below <input type="checkbox"/> Other (describe): _____		
10A. Special instructions: <input checked="" type="checkbox"/> See package insert for complete list of special instructions (parent must supply)		
AND/OR		
10B. 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 situation's when medication should not be administered.) _____		
11. Reason for medication (unless confidential by law): <u>Asthma</u>		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If you checked yes, complete (#33 and #35) 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 (#34 -#35) on the back of this form.		
14. Date Health Care Provider Authorized: 7/15/XX	15. Date to be Discontinued or Length of Time in Days to be Given:	
16. Licensed Authorized Prescriber's Name (please print): Nancy Wallace, M.D.	17. Licensed Authorized Prescriber's Telephone Number: (718) 564-9832	
18. Licensed Authorized Prescriber's Signature: <input checked="" type="checkbox"/> <u>Nancy Wallace, MD</u>		

Answer Key 2.1

OCFS-LDSS-7002 (5/2015) REVERSE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES MEDICATION CONSENT FORM CHILD DAY CARE PROGRAMS		
PARENT COMPLETE THIS SECTION (#19 - #23)		
19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the licensed authorized prescriber write 12pm?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No Write the specific time(s) the child day care program is to administer the medication (i.e.: 12 pm): _____		
20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to (child's name): José Martinez		
21. Parent's Name (please print): Alicia Martinez	22. Date Authorized: 7/15/XX	
23. Parent's Signature: X <i>Alicia Martinez</i>		
CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)		
24. Program Name: ABC Child Care	25. Facility ID Number: 01376 DCC	26. Program Telephone Number: (212) 555-8363
27. I have verified that (#1 - #23) and if applicable, (#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.		
28. Staff's Name (please print): Carla Carson	29. Date Received from Parent: 7/15/XX	
30. Staff Signature: X <i>Carla Carson</i>		
ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)		
31. I, parent, request that the medication indicated on this consent form be discontinued on _____ (Date) Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.		
32. Parent Signature: X		
LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)		
33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child. See Individual Health Care Plan _____ _____ _____		
34. 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 you are ordering the change in the administration of the prescription to take place. 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.		
35. Licensed Authorized Prescriber's Signature: X <i>Nancy Wallace, MD</i>		

What Permissions and Instructions Do I Need to Give Emergency Medication?

You must have **written** permission from the parent and **written** instructions from the child's health care provider to give any emergency medication.

- The permission and instructions must be written in a language in which you can read and write.
- Parents and health care providers must renew the written permission and instructions at least once every six months for children under the age of five (5) years, and once per year for children five (5) years and older.
- You can accept faxed consents for written permission and instructions.
- All written permission and instructions should be provided on the OCFS *Written Medication Consent Form* or an approved equivalent.

Your program's Health Care Plan outlines the policies and procedures that you *must* follow when administering emergency medication. Check your program's health care plan to see:

- If your program has created its own permission and instructions form.
- If you can accept written permission and instructions on an approved equivalent of the OCFS *Written Medication Consent Form*. It would be Best Practice to include:
 - ◆ Child's first and last name
 - ◆ Date of birth
 - ◆ Known allergies (KA)
 - ◆ Medication name (including strength)
 - ◆ Medication dosage
 - ◆ Route of administration
 - ◆ How often to give medication, or what symptoms child must exhibit that necessitate administering the medication
 - ◆ Possible side effects and/or additional side effects
 - ◆ Actions to take if side effects are observed
 - ◆ Special instructions via package insert and/or additional special instructions
 - ◆ Reason the child is taking the medication (unless confidential by law)
 - ◆ Does the child have a Special Health Care Need according to OCFS' definition?
 - ◆ Is this a change from a previous medication order?
 - ◆ Date prescriber authorized
 - ◆ Date to be discontinued
 - ◆ Prescriber name, telephone number and licensed authorized prescriber's signature

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Handout 3.2

OCFS-LDSS-7002 (5/2015) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).

1. Child's First and Last Name:	2. Date of Birth:	3. Child's Known Allergies:
4. Name of Medication (<i>including strength</i>):	5. Amount/Dosage to be Given:	6. Route of Administration:
7A. Frequency to be administered: _____		
OR		
7B. Identify the symptoms that will necessitate administration of medication: (<i>signs and symptoms must be observable and, when possible, measurable parameters</i>): _____		
8A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects (<i>parent must supply</i>)		
AND/OR		
8B. 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 health care provider at phone number provided below <input type="checkbox"/> Other (<i>describe</i>): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (<i>parent must supply</i>)		
AND/OR		
10B. Additional special instructions: (<i>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 situation's when medication should not be administered.</i>) _____		
11. Reason for medication (<i>unless confidential by law</i>): _____		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires 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 (#33 and #35) 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 (#34 -#35) on the back of this form.		
14. Date Health Care Provider Authorized:	15. Date to be Discontinued or Length of Time in Days to be Given:	
16. Licensed Authorized Prescriber's Name (please print):		17. Licensed Authorized Prescriber's Telephone Number:
18. Licensed Authorized Prescriber's Signature: X		

Handout 3.2

OCFS-LDSS-7002 (5/2015) REVERSE

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
MEDICATION CONSENT FORM
CHILD DAY CARE PROGRAMS

PARENT COMPLETE THIS SECTION (#19 - #23)

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (*For example, did the licensed authorized prescriber write 12pm?*) Yes N/A No

Write the specific time(s) the child day care program is to administer the medication (*i.e.: 12 pm*): _____

20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to (*child's name*):

21. Parent's Name (*please print*):

22. Date Authorized:

23. Parent's Signature:

X

CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)

24. Program Name:

25. Facility ID Number:

26. Program Telephone Number:

27. I have verified that (#1 - #23) and if applicable, (#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Staff's Name (*please print*):

29. Date Received from Parent:

30. Staff Signature:

X

ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)

31. I, parent, request that the medication indicated on this consent form be discontinued on _____ (Date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent Signature:

X

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)

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

34. 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 you are ordering the change in the administration of the prescription to take place.

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.

35. Licensed Authorized Prescriber's Signature:

X

Handout 3.3

OCFS-LDSS-7004 (5/2014) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
LOG OF MEDICATION ADMINISTRATION

- Caregivers may use this form or an approved equivalent to document medications administered in the day care program.
- Documentation must be kept with the child's written medication consent form.
- Any doses of the medication listed below not given must be documented.

CHILD NAME:

MEDICATION:(including dose)

COMPLETE FOR ALL DOSES GIVEN				COMPLETE WHEN SIDE EFFECTS ARE NOTED		COMPLETE FOR 'AS NEEDED' MEDICATION ONLY	
Date Given (M/D/Y)	Dose	Time (AM or PM)	Administered by (full signature)	Any Noted Side Effects	Were parents notified of side effects?	For "as needed" medication – write the symptoms the child exhibited that necessitated the need for the medication	Were parents notified "as needed" medicine was given
		<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"/> 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

OCFS-LDSS-7004 (5/2014) REVERSE

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
LOG OF MEDICATION ADMINISTRATION

Complete this section if the above medication was not given as written on the child's written consent form

Date Not Given	Description of reason why medication not given	Parents notified	Signature of Provider
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes: _____

Good Documentation

You must keep a record of all medication given at your program. 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 accidentally receiving two doses.

Here are some tips for good documentation:

- Use one *Log of Medication Administration* for each medication the child is taking.
- Write in ink.
- Write down all medication you give immediately after the child takes it.
- Always document the date and dose you gave, what time you gave it, and sign the log.
- If you gave an “as needed” medication, be sure to write down why you gave the medication and whether or not you notified the child’s parent.
- Write down in the child’s log any side effects you observe and that you notified the child’s parent.
- If a medication was not given, write down the reason why.
- Write down any medication the child received at home before arriving in your care.
- If a family member came to your program to give the child medication, you must write down who gave the medication, the dose and the time it was given by the family member.
- If you make an error when writing down the medication you gave the child, cross out the incorrect information with a single line and write “error” with your initials next to it, then write the correct information.
e.g., Dose: ~~One puff~~ Error MW
Dose: Two puffs
- DO NOT use correction fluid.

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Asthma Facts

- Asthma is a chronic disease of the lungs.
- Every child feels differently when having asthma symptoms, but most often will have repeated coughing, wheezing, breathlessness and chest tightness. These symptoms are from swelling (inflammation) of the airways. This makes the airways very sensitive and they usually react strongly to certain things (called triggers) in the environment.
- There is no cure for asthma, but with proper care it can be controlled.

Triggers are things that start an asthma episode. These can be viruses or other things in the environment that stimulate the child's immune system and cause airways to become inflamed. Except for colds, which trigger asthma episodes in most young children, triggers that start asthma episodes are different for each child. Things that trigger one child will not bother another. Also, triggers can change as a child grows older. You can help by knowing what triggers the child's asthma and avoiding them to reduce the child's risk of having an episode. Triggers may include:

Triggers	Prevention
Respiratory illness, such as a cold or the flu <i>A cold is the most common trigger of asthma in young children.</i>	Follow proper hand washing procedures; clean and sanitize toys and surfaces; flu vaccination
Tobacco smoke	Do not allow smoking in child care areas. Do not wear clothing that smells like cigarette smoke.
Cockroach and rodent droppings	Keep kitchen area clean; seal cracks in and around pipes; seal mouse holes.
Mold	Prevent water leakage; inspect bathrooms often for mold.
Dust, dust mites	Control dust; vacuum after children leave; mop with wet/damp cloths.
Pet dander	Keep pets out of child care areas at all times.
Perfume	Don't use perfumes or other strongly scented products.
Emotions, such as excitement or anxiety	Avoid emotional extremes.
Exercise	Give medication before exercise, if instructed to so by the child's health care provider.
Grass and tree pollens	Talk to parents about the best ways to limit triggers while their child is outside and pollen levels are high. Control pollen in child care areas; vacuum after children leave; mop with damp/wet cloths.
Cold air, humidity and changes in weather	Proper clothing; avoid temperature extremes.

Handout 4.1

Early warning signs are mild symptoms that happen *before* an asthma episode. Being able to spot early warning signs is helpful because you can take quick action. Early action may decrease the seriousness of the attack or even prevent an asthma episode from happening at all. Early warning signs are different for every child, so knowing each child's specific early warning signs is important. Some common early warning signs are:

- behavior changes, such as nervousness;
- coughing;
- stuffy or runny nose;
- headache;
- fatigue;
- watery eyes, itchy throat or chin.

Signs and symptoms of an asthma episode:

- acting agitated or scared
- breathing rapidly or differently
- wheezing
- can't stop coughing
- having trouble breathing when lying down
- sitting with shoulders hunched over
- unusually pale skin

Management of an asthma episode:

- Remove the child from asthma triggers.
- Calm the child to reduce anxiety.
- Give medication as instructed by the child's health care provider.
(See the child's *Written Medication Consent Form*.)
- Call the child's parent or guardian.
- Follow the child's asthma care plan.
- Call 911, depending upon child's condition.

Asthma Treatment

Medication Used to Treat Asthma

Many children with asthma need to take medication at some point. Some children take a combination of medication to help manage their asthma. There are two types of asthma medication.

Controller Medication:

These medications *control* asthma and can prevent asthma attacks. Some children may need to take medication on a regular basis to prevent an asthma episode. These medications are taken on a regular basis, usually daily. For children with persistent asthma, daily use of inhaled corticosteroids is the most effective treatment.

Quick Relief/Rescue Medication:

Some children may only need medication when they are having an asthma episode or to prevent exercise-related asthma attacks. These medications work quickly to relieve asthma symptoms, but do not control airway inflammation or airway sensitivity.

Ways to Give Asthma Medication

Asthma medications most commonly come in an inhaled form. How the child takes the medication depends on the type of medication and the age of the child.

Nebulizer Machine:

A nebulizer machine converts liquid medicine into a mist that can be breathed into the lungs. The child breathes normally when using a nebulizer.

Metered-Dose Inhaler:

A metered dose inhaler (MDI) is used to get the medication directly to the child's lungs.

Metered-Dose Inhaler with a Spacer Device:

A spacer can be attached to a metered dose inhaler (MDI). When the MDI is pushed, the medication goes into the tube of the spacer. The child then easily breathes in the medication from the spacer tube over several breaths.

Dry Powder Inhaler:

A dry powder inhaler is used to deliver dry powder medication directly to the lungs. Dry powder inhalers work differently than metered-dose inhalers, since the inhaler is activated when the child takes a breath.

Oral Medication:

Oral medication may be prescribed for children either alone or in combination with inhaled medication.

Peak Flow Meter

School-age children with persistent asthma can keep track of how well their asthma is controlled by using a peak flow meter. A peak flow meter is a portable handheld device used to measure how hard and fast the child can push air out of his lungs. Peak flow meter measurements can provide important information to help manage the child's asthma.

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Example of a Care Plan for a Child with Asthma

Child's Name: _____

Date of Birth: _____

This plan is to help you know the child's triggers, early warning signs and symptoms of an asthma episode. It includes what you should do if the child has an asthma episode while in care.

If the child takes medication, follow the instructions on the child's *Written Medication Consent Form*.

Known triggers for this child's asthma (*circle all that apply*):

- | | |
|--------------|-----------------|
| colds | excitement |
| mold | weather changes |
| exercise | animals |
| tree pollens | smoke |
| dust | foods: _____ |
| strong odors | _____ |
| grass | other: _____ |
| flowers | _____ |

Activities when this child has needed special attention in the past (*circle all that apply*):

- | <i>Outdoors</i> | <i>Indoors</i> |
|--------------------------------|--------------------------------|
| outdoors on cold or windy days | kerosene/wood stove |
| jumping in leaves | heated rooms |
| animals | painting or renovations |
| running hard | art projects with chalk, glues |
| gardening | pet care |
| playing in freshly cut grass | sitting on carpets |
| recent lawn treatment | other: _____ |
| other: _____ | _____ |
| _____ | |

Early Warning Signs for this child's asthma (*circle all that apply*):

- | | |
|---------------------------------------|-------------------------------------|
| behavior changes, such as nervousness | headache |
| rapid breathing | fatigue |
| wheezing, coughing | changes in peak flow meter readings |
| stuffy or runny nose | watery eyes, itchy throat or chin |
| other: _____ | _____ |
| _____ | _____ |

Typical signs and symptoms of this child’s asthma episodes (*circle all that apply*):

- | | |
|---------------------------|---|
| fatigue | agitation |
| red, pale or swollen face | flaring nostrils |
| grunting | mouth open (panting) |
| breathing faster | persistent coughing |
| wheezing | complaints of chest pain/tightness |
| restlessness | gray or blue lips or fingernails |
| dark circles under eyes | difficulty playing, eating, drinking, talking |
| sucking in chest/neck | Other: _____ |

Peak Flow Meter

Does this child use a **peak flow meter** to monitor the need for medication in care? Yes No

- Personal best reading _____
- Reading to give extra dose of medicine _____
(See the child’s *Written Medication Consent Form* for instructions.)
- Reading to get medical help..... _____

How often has this child needed urgent care from a doctor for an episode of asthma:

- in the past 3 months? _____
- in the past 12 months? _____

Staff

Identify the staff who will provide care to this child:

Name	Credentials or Professional License Information*

Describe any additional training, procedures or competencies the staff listed will need to care for this child. Also describe how this additional training and competency will be achieved, including who will provide this training. This includes training for using a peak flow meter, if the child uses one to help manage asthma.

Plan of Action if child is having an asthma episode:

1. Remove child from any known triggers.
2. Follow any health care provider instructions for administration of asthma medication.
3. Notify parents immediately if medication is administered.
4. Get emergency medical help if:
 - the child does not improve 15 minutes after treatment and family cannot be reached;
OR
 - after receiving a treatment, the child:
 - ◇ is grunting or working hard to breathe;
 - ◇ won't play;
 - ◇ is breathing fast at rest (>50/min)
 - ◇ has gray or blue lips or fingernails;
 - ◇ has trouble walking or talking;
 - ◇ cries more softly and briefly;
 - ◇ has nostrils open wider than usual;
 - ◇ is hunched over to breathe;
 - ◇ has sucking in of skin (chest or neck) with breathing;
 - ◇ is extremely agitated or sleepy;
 - ◇ passes out or stops breathing.

Signature of Authorized Program Representative:

I understand that it is my responsibility to follow the above plan and all health and infection control day care 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 the staff identified to provide all treatments and administer medication to the child listed in this health care plan have a valid MAT certificate, CPR and first aid certifications, if applicable, 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 ID number:	Facility Telephone Number:
Authorized child care provider's name (please print):		Date:
Authorized child care provider's signature:		

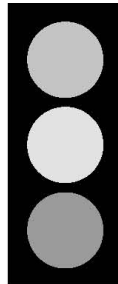
Signature of Parent or Guardian

	Date:
--	-------

New York State Department of Health Asthma Action Plan

Asthma Action Plan

Name	Date
Doctor	Medical Record #
Doctor's Office Phone #: Day	Night/Weekend
Emergency Contact	
Doctor's Signature	



The Colors of a traffic light will help you use your asthma medicines.

Green means **Go Zone!**
Use preventive medicine.

Yellow Means **Caution Zone!**
Add quick-relief medicine.

Red means **Danger Zone!**
Get help from a doctor.

Personal Best Peak Flow _____

GO

You have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Peak flow from _____
to _____

CAUTION

You have **any** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
- Tight chest
- Mild wheeze
- Coughing at night

Peak flow from _____
to _____

DANGER

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

Peak flow
reading below

Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

For asthma with exercise, take:

--	--	--

Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR PRIMARY CARE PROVIDER.

Take these medicines and call your doctor now.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Giving Emergency Medication Inhaled by Mouth

Emergency medication can be inhaled by mouth using an inhaler, inhaler with a spacer, or a nebulizer.

In addition to any medication-specific instructions, follow these principles to give medication inhaled by mouth:

Metered-Dose Inhalers (MDIs)

A metered-dose inhaler is a device used to deliver a precise dose of medication from a multi-dose container, into the lungs.

When using a metered-dose inhaler (MDI)

- Put on 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 mucous;
 - ◇ the medication to be given should not touch **your** skin; or
 - ◇ you feel more comfortable wearing gloves to apply the medication.
- Remove the cap and check the mouthpiece for foreign objects before using.
- Read package instructions. Most inhalers need to be shaken before administration.
- Have the child breathe according to the package instructions.
- If the child needs two or more puffs, follow the instructions for how long to wait before giving another puff.
- Always watch the child use the inhaler.
- Check the counter on the MDI to see how many doses are remaining. 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.

A spacer may be 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.

To help prevent the spread of germs or giving a wrong dose due to buildup of medication, keep the inhaler and spacer clean. Follow the instructions for cleaning. Never put the medication canister in water.

Nebulizers

A nebulizer is an air compressor device that finely disperses a liquid drug in a mist that is inhaled through the mouth and/or nose.

When using a nebulizer

- Be sure you know how to assemble the nebulizer parts and use the machine.
- Check to make sure you have all of the necessary nebulizer parts.
- Turn on the machine to make sure it is working.
- Attach the tubing and nebulizer parts to the compressor per the manufacturer's instructions.
- Medication administered by nebulizer will come in a single-dose vial. Be sure to read the health care provider instructions. Read and follow storage instructions, as most medication administered by nebulizer must be kept in a dark location.
- Put on gloves.
- Watch the child during the entire treatment to make sure (s)he gets all of the medication.

To help prevent the spread of germs or giving a wrong dose due to buildup of medication, keep the nebulizer and parts clean. Follow the manufacturer's instructions for cleaning.

Sharing nebulizer machines

Unless a nebulizer machine is labeled "for single patient use," your program can have a nebulizer machine that is shared by two or more children. Make sure the parent agrees if you are sharing a nebulizer.

Each child must have his or her own tubing, medication cup and mouthpiece or facemask. These should be kept in a separate labeled bag. In addition, the manufacturer's instructions regarding use and care of the machine must be followed.

Skills Demonstration Competency: Inhaled Medication with MDI and MDI with Spacer

PATIENT PACKAGE INSERT

Ventolin Inhalation Aerosol

Before using your Ventolin inhalation aerosol, read complete instructions carefully.

Children should use Ventolin inhalation aerosol under adult supervision, as instructed by the patient's doctor.

The blue adapter supplied with Ventolin inhalation aerosol should not be used with any other product canisters, and adapters from other products should not be used with a Ventolin inhalation aerosol canister. The refill canister is to be used only with the blue Ventolin inhalation aerosol adapter.

- 1. SHAKE THE INHALER WELL** immediately before each use. **Then remove the cap from the mouthpiece;** the strap on the cap will stay attached to the actuator. If the strap is removed from the actuator and lost, the inhaler mouthpiece should be inspected for the presence of foreign objects before each use. Make sure the canister is fully and firmly inserted into the actuator.
- 2. BREATHE OUT FULLY THROUGH THE MOUTH,** expelling as much air from your lungs as possible. Place the mouthpiece fully into the mouth, holding the inhaler in its upright position and closing the lips around it.
- 3. WHILE BREATHING IN DEEPLY AND SLOWLY THROUGH THE MOUTH, FULLY DEPRESS THE TOP OF THE METAL CANISTER** with your index finger.
- 4. HOLD YOUR BREATH AS LONG AS POSSIBLE.** Before breathing out, remove the inhaler from your mouth and release your finger from the canister.
5. Wait one minute and **SHAKE** the inhaler again. Repeat steps 2 through 4 for each inhalation prescribed by your doctor.
- 6. CLEANSE THE INHALER THOROUGHLY AND FREQUENTLY.** Remove the metal canister and cleanse the plastic case and cap by rinsing thoroughly in warm, running water at least once a day. After thoroughly drying the plastic case and cap, gently replace the canister into the case with a twisting motion and put the cap back on the mouthpiece.
7. As with all aerosol medications, it is recommended to “test spray” the inhaler into the air before using for the first time and when the inhaler has not been used for a prolonged period of time (*i.e.*, more than 4 weeks).
- 8. DISCARD THE CANISTER AFTER YOU HAVE USED THE LABELED NUMBER OF INHALATIONS.** The correct amount of medication in each inhalation cannot be assured after 80 actuations from the 6.8-g canister and 200 actuations from the 17.0-g canister, even though the canister is not completely empty. The canister should be discarded when the labeled number of actuations have been used. Before you reach the specific number of actuations, you should consult your physician to determine whether a refill is needed. Just as you should not take extra doses without consulting your physician, you also should not stop using Ventolin inhalation aerosol without consulting your physician.

Dosage: use only as directed by your doctor.

WARNINGS: The action of Ventolin inhalation aerosol may last up to 6 hours or longer. Ventolin inhalation aerosol should not be used more frequently than recommended. Do not increase the dose or frequency of Ventolin inhalation aerosol without consulting your doctor. If you find that treatment with Ventolin inhalation aerosol becomes less effective for symptomatic relief, your symptoms become worse, and/or you need to use the product more frequently than usual, you should seek medical attention immediately. When taking Ventolin inhalation aerosol, other inhaled drugs and asthma medicines should be used only as prescribed by your doctor.

Contents Under Pressure: Do not puncture. Do not use or store near heat or open flame. Exposure to temperatures above 120°F may cause bursting. Never throw container into fire or incinerator. Keep out of reach of children. Avoid spraying in eyes.

Store between 15-30°C (59-86°F). As with most inhaled medications in aerosol canisters, the therapeutic effect of this medication may decrease when the canister is cold; for best results, the canister should be at room temperature before use. Shake well before using.

Handout 5.2

Note the statement below is required by the Federal government Clean Air Act for all products containing chlorofluorocarbons.

This product contains trichloromonofluoromethane and dichlorodifluoromethane, substances which harm the environment by depleting ozone in the upper atmosphere.

Your doctor has determined that this product is likely to help your personal health. **USE THIS PRODUCT AS DIRECTED UNLESS INSTRUCTED TO DO OTHERWISE BY YOUR DOCTOR.** If you have any questions about alternatives, consult your doctor.

DRUG NAME: ALBUTEROL

GENERIC NAME: ALBUTEROL (al-BYOO-ter-ole)

COMMON USES: This medicine is a bronchodilator used to treat or prevent the symptoms of asthma, emphysema, and other breathing conditions. This medicine is also used to prevent the symptoms of exercise-induced asthma. It may also be used to treat other conditions as determined by your doctor.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. STORAGE REQUIREMENTS FOR THIS PRODUCT depend on the product that your doctor has prescribed. Consult your package labeling for instructions on how to store your medicine. DO NOT USE this medicine if the solution changes color or becomes cloudy. IF YOU MISS A DOSE OF THIS MEDICINE and you are using it regularly, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule.

CAUTIONS: DO NOT INCREASE YOUR DOSE without checking with your doctor. If your symptoms do not improve or if they become worse, check with your doctor. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. THIS MEDICINE MAY CAUSE dry mouth or an unpleasant taste in your mouth. Rinsing your mouth with water after each dose may help relieve these effects. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. DO NOT BREAST-FEED while taking this medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include nervousness, tremors, headache, difficulty sleeping, or nausea. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; fast or irregular heartbeat; new or worsening wheezing; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing; or hoarseness. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist.

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms of overdose may include chest pain; fast or irregular heartbeat; seizures; severe or persistent dizziness or headache; and severe or persistent nervousness, tremor, or trouble sleeping.

ADDITIONAL INFORMATION: If your symptoms do not improve or if they become worse, check with your doctor. Carry an identification card at all times that states you are taking this medicine. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

The information in this monograph is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This information is generalized and is not intended as specific information. Check with your doctor, pharmacist, or nurse.

VORTEX®

Non Electrostatic Valved Holding Chamber

SINGLE PATIENT USE

LATEX FREE ■ DISHWASHER SAFE

SAVE THESE INSTRUCTIONS



CAUTION

U.S. Federal Law restricts this device to sale by or on the order of a physician. Use only when prescribed by a physician and with the prescribed medication. Read all warnings and instructions before use. Use the product only for its intended use as described in these Instructions For Use. Improper use can result in serious or fatal illness/injury.

WARNING

1. Close supervision is necessary when this product is used by children or near the physically or mentally impaired. This device contains small parts that may present a choking hazard to small children. Always keep out of the reach of children three years old and under. All parts should be seated firmly in place. Use of an improperly assembled PARI VORTEX® Non Electrostatic Valved Holding Chamber could prevent adequate delivery of medication. If not sure of the suitability and/or functioning of your MDI, consult MDI instructions and/or your physician.
2. To reduce the risk of infection, illness or injury from contamination and to reduce the risk of improper performance and treatment, you must thoroughly clean and dry all parts of the PARI VORTEX® as instructed on reverse side.
3. To reduce the risk of improper treatment, use only PARI accessories (e.g. masks).
4. To reduce the risk of improper treatment, product should be replaced if valves or parts are damaged or missing.
5. To reduce the risk of improper treatment, make sure duckbill valve is properly fitted.
6. If unsure on how to use this product, talk to your physician or pharmacist.
7. Administer medication per MDI instructions.

AVIS

En vertu de la loi fédérale des États-Unis, cet appareil ne peut être vendu que sur ordonnance médicale. Utiliser uniquement avec le médicament prescrit et selon l'ordonnance du médecin. Lire attentivement les instructions et les mises en garde avant l'utilisation. Respecter les utilisations prévues pour le produit, tel qu'indiqué dans le mode d'emploi. Un usage abusif peut entraîner une blessure grave ou la mort.

AVERTISSEMENT

1. Une étroite surveillance est recommandée lorsque cet appareil est manipulé par des enfants ou utilisé à proximité de personnes ayant une déficience physique ou intellectuelle. La chambre d'inhalation contient de petites pièces que les jeunes enfants peuvent avaler. Garder hors de la portée des enfants de trois ans ou moins. Toutes les pièces doivent être solidement fixées. L'assemblage inadéquat de la chambre d'inhalation peut entraver la délivrance du médicament. En cas de doute quant à l'utilisation ou le fonctionnement de l'aérosol-doseur, relire les instructions ou consulter un médecin.
2. Afin de réduire les risques d'infection, de blessure ou de maladie et assurer l'efficacité du traitement, nettoyer et faire sécher toutes les pièces de la chambre d'inhalation avec soin, selon les instructions apparaissant au verso.
3. Afin d'assurer l'efficacité du traitement, utiliser exclusivement les accessoires d'oxygénothérapie PARI (par exemple le masque facial).
4. Afin d'assurer l'efficacité du traitement, remplacer l'appareil si la valve ou une autre pièce est endommagée ou perdue.
5. Afin d'assurer l'efficacité du traitement, toujours vérifier que la valve en bec-de-canard est bien installée.
6. En cas de doute sur l'utilisation de ce produit, consulter un médecin ou un pharmacien.
7. Administrer le médicament selon les instructions.

PRECAUCIÓN

La ley federal de los Estados Unidos exige que este aparato sea vendido por, o bajo receta de, un médico. Utilícelo sólo cuando sea recetado por un médico y con el medicamento recetado. Lea todas las precauciones e instrucciones antes de usarlo. Use este producto sólo para los fines apropiados según se describe en estas instrucciones en su uso. El uso inapropiado de este aparato puede causar una enfermedad/lesión seria o fatal.

ADVERTENCIA

1. Es necesaria la supervisión cuidadosa cuando este producto es usado por niños o cerca de personas discapacitadas física o mentalmente. Este aparato contiene partes pequeñas que pueden asfixiar a un niño pequeño. Siempre debe ser mantenido lejos del alcance de los niños menores de tres años. Todas las partes deben estar firmemente colocadas en su sitio. Utilizar un PARI VORTEX® con cámara de retención mal armado puede obstaculizar la administración adecuada del medicamento. Si no está seguro de que el MDI es apropiado y/o funciona bien, consulte las instrucciones del MDI y/o con su médico.
2. Para reducir el riesgo de infección, enfermedad y lesión a causa de contaminación y para reducir el riesgo de un funcionamiento y tratamiento inapropiados, usted debe limpiar, desinfectar (o esterilizar) y secar bien todas las partes del PARI VORTEX® con cámara de retención tal como se indica del otro lado de este documento.
3. Para reducir el riesgo de recibir un tratamiento inapropiado, use sólo accesorios de equipo respiratorio de PARI (por ejemplo, máscaras).
4. Para reducir el riesgo de recibir un tratamiento inapropiado, el producto debe ser reemplazado si las válvulas o las partes son dañadas o faltan.
5. Para reducir el riesgo de recibir un tratamiento inapropiado, asegúrese de que la válvula de punta chata esté bien colocada.
6. Si no está seguro de cómo usar este producto, hable con su médico o con el farmacéutico.
7. Dé el medicamento según las instrucciones del MDI.

ATTACHING VORTEX® MDI RECEPTACLE / ATTACHER LA DOUILLE DE L'AÉROSOL-DOSEUR VORTEX® / CÓMO CONECTAR EL RECEPTÁCULO VORTEX® MDI

<p>1.</p> <p>Place the unit in an area that is clean and free of dust. Place the MDI Receptacle on a stable flat surface.</p> <p>Placer la douille de l'aérosol-doseur sur une surface plate et stable. Placer l'unité dans un endroit propre et sans poussière.</p> <p>Coloque el receptáculo MDI sobre una superficie estable y plana. Coloque la unidad en un área limpia y libre de polvo.</p>	<p>2.</p> <p>Align metal cylinder directly on top of MDI Receptacle and insert onto the MDI Receptacle.</p> <p>Aligner le cylindre en métal directement sur le douille de l'aérosol-doseur et insérer sur la douille de l'aérosol-doseur.</p> <p>Alinee el cilindro de metal directamente sobre el receptáculo MDI e inserte en el receptáculo MDI.</p>	<p>3.</p> <p>Rock metal cylinder back and forth until MDI Receptacle is completely attached around the cylinder.</p> <p>Basculer le cylindre en métal jusqu'à ce que la douille de l'aérosol-doseur soit complètement attachée autour du cylindre.</p> <p>Mueva el cilindro de metal de atrás hacia adelante hasta que el receptáculo MDI esté completamente unido alrededor del cilindro.</p>	<p>4.</p> <p>MDI Receptacle is now firmly attached.</p> <p>La douille de l'aérosol-doseur est maintenant attaché fermement.</p> <p>El receptáculo MDI está ahora firmemente conectado.</p>

PARI VORTEX® HOLDING CHAMBER has a 6 month limited warranty for home use.



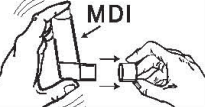
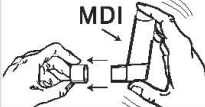




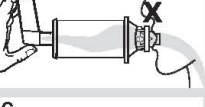
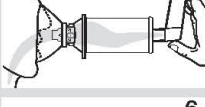




www.PARI.com
 Email ProductInfo@PARI.com
 Respiratory CEU Programs Available
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PARI RESPIRATORY EQUIPMENT, INC.
 2943 Oak Lake Blvd. Midlothian, VA 23112-3998 USA
 USA and CANADA 1.800.FAST.NEB (327.8632)
 Tel 1.804.253.PARI (7274) Fax 1.800.727.4112



INSTRUCTIONS FOR USE - PARI VORTEX® Non Electrostatic Valved Holding Chamber
IMPORTANT: Follow instructions included with your metered dose inhaler (MDI)

MOUTHPIECE			FACE MASK	
<p>1.</p> 	<p>Look for foreign objects, damaged and/or missing parts.</p>	<p>S'assurer que la chambre d'inhalation ne contient aucun corps étranger et qu'aucune pièce n'est endommagée ou manquante.</p>	<p>Fijese si hay objetos extraños, partes dañadas y/o faltantes.</p>	<p>1.</p> 
<p>2.</p> 	<p>Shake metered dose inhaler (MDI) per instructions. Remove cap.</p>	<p>Secouer l'aérosol-doseur selon les instructions du fabricant. Retirer le capuchon.</p>	<p>Sacuda el inhalador de dosis medida MDI según las instrucciones. Quite la tapa.</p>	<p>2.</p> 
<p>3.</p> 	<p>Insert MDI into MDI receptacle back of PARI VORTEX®.</p>	<p>Insérer l'aérosol-doseur dans l'arrière de la chambre d'inhalation PARI VORTEX®.</p>	<p>Inserte el MDI en la parte de atrás de la cámara de retención del PARI VORTEX®.</p>	<p>3.</p> 
<p>4.</p> 	<p>Place mouthpiece into mouth. Alternatively, firmly attach optional mask to mouthpiece and apply mask to face.</p>	<p>Introduire l'embout dans la bouche. Alternativement, fixez le masque facial facultatif à l'embout et appliquez le masque sur le visage.</p>	<p>Coloque la boquilla en la boca. Alternativamente, una firmemente la máscara optativa a la boquilla y coloque la máscara sobre la cara.</p>	<p>4.</p> 
<p>5.</p> 	<p>Depress MDI. Inhale slowly and deeply. Hold breath if possible. If using mask, maintain good seal for 2-3 breaths after depressing MDI.</p>	<p>Appuyer sur l'aérosol-doseur. Inspirer lentement et profondément, puis retenir la respiration, si possible. Pour inhalation avec le masque facial : après avoir appuyé sur l'aérosol-doseur, maintenir fermement le masque sur la bouche et le nez pendant deux ou trois respirations.</p>	<p>Apriete el MDI. Comience a inhalar lentamente y profundamente, luego contenga el aliento de ser posible. Si está usando una máscara, mantenga la unidad bien sellada durante 2-3 inhalaciones después de apretar el MDI.</p>	<p>5.</p> 
<p>6.</p> 	<p>Wait as prescribed per MDI instructions before repeating steps 4-5.</p>	<p>Attendez le temps prescrit par les instructions de l'aérosol-doseur avant de répéter les étapes 4 et 5.</p>	<p>Espere según las instrucciones del MDI antes de repetir los pasos 4-5.</p>	<p>6.</p> 








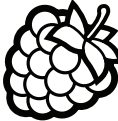


INSTRUCTIONS FOR CLEANING / INSTRUCTIONS DE NETTOYAGE / INSTRUCCIONES DE LAVADO

Option A WASHING BY HAND	1	2	3	4	5
					
<p>Clean PARI VORTEX® as instructed before first use. After first use, clean once a week.</p>	<p>Remove metered dose inhaler (MDI) receptacle. Remove mask (optional).</p>	<p>A. Soak parts and mask for 15 minutes in luke warm water with liquid detergent. Agitate gently. OR B. Place parts in top shelf of dishwasher. Hand wash mask separately.</p>	<p>A. Rinse in clean water. Shake out in sink. OR B. Remove from dishwasher. Shake out excess water.</p>	<p>Thoroughly air dry in vertical position on a clean, lint-free cloth or on a drying rack.</p>	<p>Replace MDI receptacle and mask (optional) when unit is completely dry and ready for use.</p>
<p>Nettoyer la chambre d'inhalation à valve antistatique PARI VORTEX® selon les instructions suivantes avant la première utilisation, puis à toutes les semaines.</p>	<p>Retirer la douille de l'aérosol-doseur. Retirer le masque facial (facultatif).</p>	<p>A. Laisser tremper les pièces et le masque pendant 15 minutes dans de l'eau tiède additionnée de détergent liquide. Agiter doucement. OU B. Mettre les pièces dans le panier supérieur du Lave-vaisselle. Laver le masque à la main séparément.</p>	<p>A. Rincer à l'eau claire. Secouer au-dessus de l'évier. OU B. Retirer du lave-vaisselle. Secouer pour éliminer l'excédent d'eau.</p>	<p>Laisser sécher à la verticale sur un linge propre non pelucheux ou sur un séchoir.</p>	<p>Lorsque les pièces sont bien sèches et prêtes à être utilisées, replacer la douille de l'aérosol-doseur et le masque facial (facultatif).</p>
<p>Limpie la cámara de contención de PARI VORTEX® sólo según las instrucciones antes del primer uso y luego semanalmente.</p>	<p>Quite el receptáculo del inhalador de dosis medida (MDI). Quite la máscara (opcional).</p>	<p>A. Coloque las partes y la máscara en remojo durante 15 minutos en agua tibia con detergente líquido. Agite suavemente. O B. Coloque las partes en el estante superior de la lavadora de platos. Lave la máscara a mano por separado.</p>	<p>A. Enjuague con agua limpia. Sacuda en la piletta. O B. Saque del lavaplatos. Elimine el agua excesiva sacudiendo.</p>	<p>Seque completamente al aire en posición vertical sobre una tela limpia y libre de pelusa o sobre una rejilla para secar.</p>	<p>Vuelva a colocar el receptáculo MDI y la máscara (opcional) cuando la unidad esté totalmente seca y lista para ser usada.</p>
Option B DISHWASHER	1	2	3	4	5
					

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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 (allergens) that can cause a severe allergic reaction in children:

 <p>Nuts, including (but not limited to) peanuts and tree nuts (pecans, walnuts, cashews, etc.)</p>	 <p>Insect or bee venom from bites or stings</p>
 <p>Medications</p>	 <p>Seafood, including fish and shellfish</p>
 <p>Eggs</p>	 <p>Milk</p>
 <p>Wheat</p>	 <p>Berries</p>
 <p>Soy</p>	 <p>Latex</p>



What does anaphylaxis look like?

Handout 6.1

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



- Itching
- Swelling of the lips and/or tongue
- Tingling of the lips and/or tongue
- Metallic taste in the mouth



- Shortness of breath
- Coughing
- Wheezing
- Difficulty breathing



- Itching
- Redness
- Hives
- Swelling
- Pale, cool and damp skin



- Itching
- Hoarseness
- Tightness/closure
- Difficulty swallowing



- Chest pain
- Weak pulse
- Dizziness
- Passing out
- Rapid heartbeat



- Confusion
- Headache



- Vomiting
- Nausea
- Diarrhea
- Cramps

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

call 911 immediately!



How a Child Might Describe a Reaction

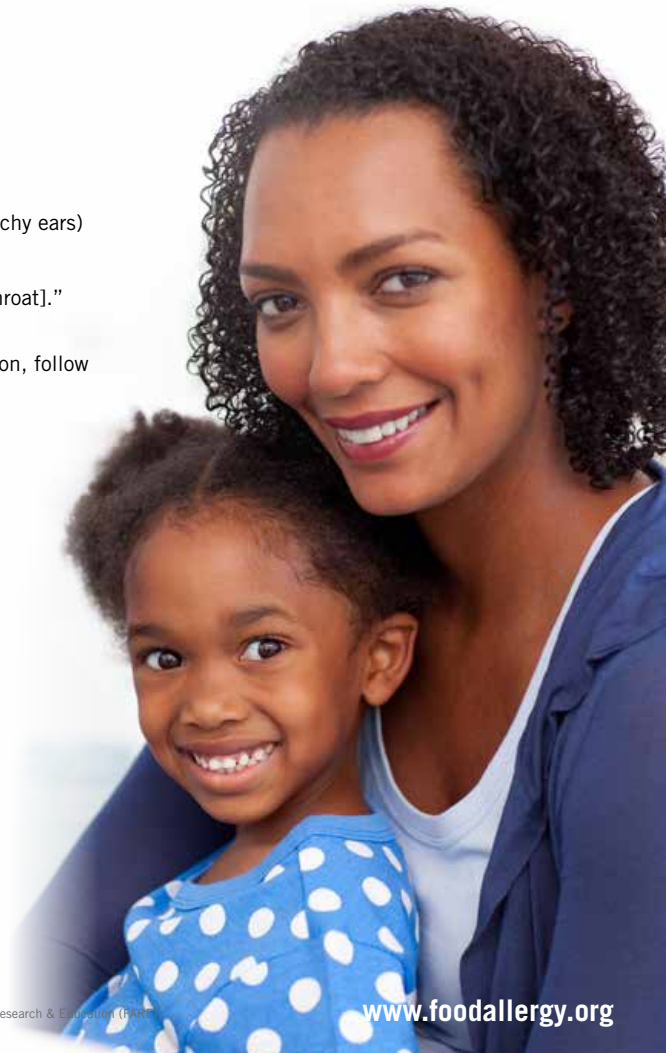
Children have unique ways of describing their experiences and perceptions, and allergic reactions are no exception. Precious time is lost when adults do not immediately recognize that a reaction is occurring or don't understand what a child is telling them.

Some children, especially very young ones, put their hands in their mouths or pull or scratch at their tongues in response to a reaction. Also, children's voices may change (e.g., become hoarse or squeaky), and they may slur their words. The following are examples of the words a child might use to describe a reaction:

- "This food is too spicy."
- "My tongue is hot [or burning]."
- "It feels like something's poking my tongue."
- "My tongue [or mouth] is tingling [or burning]."
- "My tongue [or mouth] itches."
- "It [my tongue] feels like there is hair on it."
- "My mouth feels funny."
- "There's a frog in my throat."
- "There's something stuck in my throat."
- "My tongue feels full [or heavy]."
- "My lips feel tight."
- "It feels like there are bugs in there." (to describe itchy ears)
- "It [my throat] feels thick."
- "It feels like a bump is on the back of my tongue [throat]."

If you suspect that your child is having an allergic reaction, follow your doctor's instructions and treat the reaction quickly.

Learn more about treatment at www.foodallergy.org/treating-an-allergic-reaction.



FARE

Food Allergy Research & Education

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www.foodallergy.org

Epinephrine Auto-Injector (EpiPen® or Auvi-Q™) Use and Storage

Epinephrine is the medication that, when given as an injection, can help relieve the symptoms of anaphylaxis and can save a child's life. If a child in your care has known allergies to bee stings or certain foods, and has a history of anaphylaxis, the child's health care provider will probably prescribe epinephrine to be kept on hand.

Epinephrine auto-injectors come in two main forms:

- **EpiPen®** (including EpiPen® Jr) is a disposable, prefilled automatic injection device that contains a single dose of epinephrine.
- **Auvi-Q™** is a compact epinephrine auto-injector that talks you through the injection process step by step.

EpiPen® Use and Storage

To correctly ADMINISTER an EpiPen®

- Remove the auto-injector from the clear carrier tube: Flip open the yellow cap of the EpiPen® or the green cap of the EpiPen Jr® Auto-Injector carrier tube. Tip and slide the auto-injector out of the carrier tube.
- Grasp the auto-injector in your fist with the orange tip pointing downward.
Note: The needle comes out of the orange tip. NEVER put your thumb, fingers, or hand over the orange tip.
- With your other hand, remove the blue safety release by pulling straight up without bending or twisting it.
- Place the orange tip against the middle of the outer thigh at a right angle (perpendicular) to the thigh. While holding the leg firmly in place, swing and firmly push the orange tip against the outer thigh until it “clicks”. Hold firmly against the thigh for approximately 3 seconds (count slowly: 1, 2, 3) to deliver the drug. 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. Get emergency medical help right away. The child may need further medical attention. Symptoms can reoccur, even hours later, so even if the child seems better, (s)he still needs emergency care.
- Send the used auto-injector with the child to the hospital, and be sure to include the child's health history card.

These instructions reflect the May 2016 revisions by the US Food and Drug Administration (FDA) and will differ from the package insert instructions for EpiPen® epinephrine auto-injectors manufactured before or near that date.

(continued on next page)

Handout 6.3

- The used auto-injector with extended needle cover will not fit in the carrier tube.
- Most of the liquid medicine stays in the auto-injector and cannot be reused. The child has received the correct dose of the medicine if the orange needle tip is extended and the window is blocked.
- Do not attempt to take apart the EpiPen® or EpiPen® Jr Auto-Injector.

It is standard protocol to send the used auto-injector with the child on the ambulance.

Remember, an epinephrine auto-injector is a prescription medication that is for a specific child. If a child in your care is having symptoms of anaphylaxis and does *not* have an auto-injector, get emergency help by calling 911. You **MAY NOT** use one child's auto-injector for another child under any circumstances.

STORING an EpiPen® or EpiPen Jr.®

- Store EpiPen® or 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 a vehicle's glove box and **do not** store in the refrigerator or freezer.
- Examine the contents in the clear window of the 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 the 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 prevent accidental injection. Keep the blue safety release on until you need to use EpiPen® or EpiPen Jr.®.
- The EpiPen® or EpiPen Jr.® has an expiration date. Replace it before the expiration date.
- **Keep EpiPen®/EpiPen Jr.® and all medication out of the reach of children. Store the auto-injector so it is easily accessible and you can get to it quickly, such as in a first aid kit or your program's emergency or "going outside" bag.**

Auvi-Q™ Use and Storage

To correctly ADMINISTER an Auvi-Q™

- Remove Auvi-Q™ from the outer case.
Once you have removed Auvi-Q™ from the outer case, it will begin playing audible instructions to guide you through administering the medication.
- Pull off the red safety guard.
- Place the black end of Auvi-Q™ against the middle of the outer thigh (through clothing, if needed), then press firmly, and hold in place for 2 seconds.
Only inject into the middle of the outer thigh. **Do not** inject into any other part of the body.
- After using Auvi-Q™, get emergency medical help right away

It is standard protocol to send the used auto-injector with the child on the ambulance.

Remember, an epinephrine auto-injector is a prescription medication that is for a specific child. If a child in your care is having symptoms of anaphylaxis and does *not* have an auto-injector, get emergency help by calling 911. You **MAY NOT** use one child's auto-injector for another child under any circumstances.

STORING an AuviQ™

- Epinephrine is light sensitive and should be stored in the outer case provided to protect it from light. Store at 20° to 25° C (68° to 77° F); excursions permitted to 15° to 30° C (59° to 86° F) [See USP Controlled Room Temperature]. Do not refrigerate. Before using, check to make sure the solution in the auto-injector is clear and colorless. Replace the auto-injector if the solution is discolored, cloudy, or contains particles.

Independent Medication Administration

The New York State OCFS Child Day Care Regulations allow school-age children to carry and use an asthma inhaler or epinephrine auto-injector under the following circumstances:

“No child in care will be allowed to independently administer medications, except for those medications administered pursuant to section 41.11(h)(6) of this Part, without the assistance and direct supervision of caregivers that are authorized to administer medications pursuant to section 41*.11 of this Part. Any program that elects to offer the administration of medication to children when children who attend the program independently administer medications or when children assist in the administration of their own medications must comply with all the provisions of section 41*.11 of this Part.”*
[41*.11(f)(3)]

“When a program is approved to administer an inhaler to a child with asthma or other diagnosed respiratory condition, or an epinephrine auto injector for anaphylaxis, a school-aged child may carry and use these devices during day care hours if the program secures written permission of such use of a duly authorized health care provider, parental consent and completes a special health care plan for the child.” [41*.11(h)(6)]

Whether a program is approved to administer medication or approved to administer emergency medication only, the program must maintain on file the following for each school-age child who will independently administer his asthma inhaler or epinephrine auto-injector:

- written permission from the child’s health care provider;
- parental consent; and
- a completed Individual Health Care Plan for a Child with Special Health Care Needs for the school-age child. The child’s individual health care plan will:
 - ◆ 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; and
 - ◆ list any additional training or competencies staff approved to give medication may need to care for the child and who will provide this training.

The child’s parental consent, health care provider consent, and completed Individual Health Care Plan for a Child with Special Health Care Needs must document permission for a school-age child to carry an inhaler or auto-injector.

Form OCFS-LDSS-7006: Individual Health Care Plan for a Child with Special Health Care Needs is available and may be used.

Children with Special Health Care Needs

A **child with special health care needs** is defined by OCFS regulations as a child who has a “chronic physical, developmental, behavioral or emotional condition that is expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally.”

To care for a child with special health care needs, you must work with the child’s parent and health care provider to write an *Individual Health Care Plan for a Child with Special Health Care Needs* (see Handout 7.3). The plan must:

- Describe the special health care needs of the child.
- List the program staff who will provide care to this child. All staff who will administer medication or treatments to the child must be approved medication administrators.
- Describe any additional training or skills the staff identified will need to give the medication or treatment to the child, what the training will be and who will provide this training.
- Have an authorized program representative and the parent sign the child’s *Individual Health Care Plan for a Child with Special Health Care Needs*. Keep the plan on file.

Because administration techniques and the needs of children differ, any training staff receive to care for a child with special health care needs is child-specific and is not transferable from one child to another.

OCFS-LDSS-7006 (5/2014) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**INDIVIDUAL HEALTH CARE PLAN
FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS**

You may use this form or an approved equivalent to document an individual health care plan developed for a child with special health care needs.

A child with a special health care need means a child who has a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally.

Working in collaboration with the child's parent and child's health care provider, the program has developed the following health care plan to meet the individual needs of:

Child Name:	Child 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 special health care needs of this child and the plan of care as identified by the parent and the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment.

Identify the caregiver(s) who will provide care to this child with special health care needs:

Caregiver's Name	Credentials or Professional License Information (if applicable)

OCFS-LDSS-7006 (5/2014) REVERSE

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
**INDIVIDUAL HEALTH CARE PLAN
 FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS**

Describe any additional training, procedures or competencies the caregiver identified will need to carry out the health care plan for the child with special health care needs as identified by the child's parent and/or the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.

This plan was developed in close collaboration with the child's parent and the child's health care provider. The caregivers identified to provide all treatments and administer medication to the child listed in the specialized individual health care plan are familiar with the child care regulations and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

Program Name:	License/Registration Number:	Program Telephone Number:
Child care provider's name (please print):		Date:
Child care provider's signature:		
X		

Signature of Parent:

<p>X</p>	Date:
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Additional Requirements for Administering Emergency Medication

At the completion of the Emergency Medication Administration Overview training, you will receive a certificate for the following number of credit hours:

- 2.5 credit hours for *Emergency Medication Administration Overview INCLUDING Stock Epinephrine Auto-Injectors* if you completed all eight (8) modules of this training;
—OR—
- 2.25 credit hours for *Emergency Medication Administration Overview NOT INCLUDING Stock Epinephrine Auto-Injectors* if you completed only the first seven (7) modules of this training.

This certificate alone does **not** allow you to administer emergency medication to children in your program. You **must** also meet **all** of the following requirements before you can administer emergency medication:

- Be at least 18 years old.
- Be instructed on the use of each child's emergency medication; the instruction **must** be provided by the child's parent or health care provider, or a health care consultant.

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Exercise 7.1

OCFS-LDSS-7006 (5/2014) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**INDIVIDUAL HEALTH CARE PLAN
FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS**

You may use this form or an approved equivalent to document an individual health care plan developed for a child with special health care needs.

A child with a special health care need means a child who has a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally.

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

Child Name:	Child 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 special health care needs of this child and the plan of care as identified by the parent and the child’s health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment.

Identify the caregiver(s) who will provide care to this child with special health care needs:

Caregiver’s Name	Credentials or Professional License Information (if applicable)

Exercise 7.1

OCFS-LDSS-7006 (5/2014) REVERSE

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**INDIVIDUAL HEALTH CARE PLAN
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Describe any additional training, procedures or competencies the caregiver identified will need to carry out the health care plan for the child with special health care needs as identified by the child’s parent and/or the child’s health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.

This plan was developed in close collaboration with the child’s parent and the child’s health care provider. The caregivers identified to provide all treatments and administer medication to the child listed in the specialized individual health care plan are familiar with the child care regulations and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

Program Name:	License/Registration Number:	Program Telephone Number:
Child care provider’s name (please print):		Date:
Child care provider’s signature: X		

Signature of Parent:

X	Date:
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Stock Epinephrine Auto-Injectors: What Your Program Needs to Know

When a child has a known allergy that may result in anaphylaxis, caregivers have the advantage of being aware of the situation so they can help avoid allergic triggers and respond appropriately to severe reactions like anaphylaxis. But sometimes a child may be unknowingly allergic to a substance (s)he either hasn't come into contact with yet or has previously been exposed to with no reaction, so the allergy will be undiagnosed and the child and family will be unaware that the allergy exists. In these situations, it's possible that the child's exposure to an allergen in your program could result in anaphylaxis. Since anaphylaxis is a sudden, life-threatening allergic reaction, being able to respond immediately is vital.

New York State Public Health Law §3000-c (effective March 28, 2017) allows certain entities, including child day care programs, to purchase and keep on hand *non-patient-specific* epinephrine auto-injectors for emergency use when someone in the program experiences anaphylaxis. Child care programs are *not required* to have this medication—with the exception of New York City Day Care Centers regulated under Article 47 of the New York City Health Code, which are legally required to stock non-patient-specific epinephrine auto-injectors—but many programs may wish to do so. If your program keeps non-patient-specific epinephrine auto-injectors on hand, it's important to know how to store and use them safely.

The New York State Department of Health requires entities that opt to keep non-patient-specific epinephrine auto-injectors on hand to complete training that includes:

- signs and symptoms of severe allergic reactions, including anaphylaxis;
- recommended dosage for adults and children;
- standards and procedures for storing and administering an epinephrine auto-injector; and
- emergency follow-up procedures.

This *Emergency Medication Administration Overview* course has so far included three of these requirements. The fourth requirement applies in a non-patient-specific situation: recommended dosage for adults and children. Child-specific medication is prescribed by the child's authorized health care provider, who determines the appropriate strength. For a non-patient-specific epinephrine auto-injector, you need to determine the correct dosage.



***How do you determine the correct
epinephrine auto-injector dosage?***

Handout 8.1

Epinephrine auto-injectors come in three strengths:

- 0.3mg for individuals weighing *66 pounds or more*
- 0.15mg for individuals weighing *between 33 pounds and 66 pounds*
- 0.1mg for individuals weighing *between 16.5 and 33 pounds*

For children weighing *less than 16.5 pounds* or for whom the program does not stock the appropriate dose, CALL 911.

Since young children grow at different rates, caregivers in child care programs need to consider how they will determine which strength of epinephrine auto-injector to give. The nature of anaphylaxis allows little time to make this determination in an emergency.

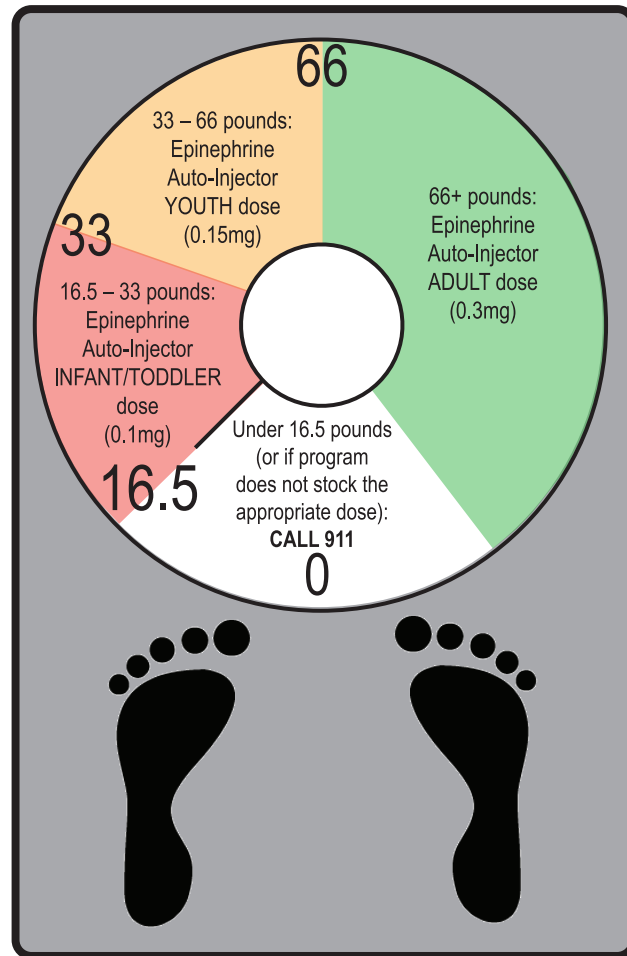
Symptoms of an allergic reaction can range from mild symptoms (like watery eyes and runny nose) to a severe breathing problem.

Handout 6.1: Anaphylaxis discussed the symptoms of anaphylaxis for individuals who have been diagnosed with anaphylaxis and have been prescribed an epinephrine auto-injector. If someone in your program is having a hard time breathing (severe respiratory distress) and you suspect the individual has been exposed to an allergen (see Handout 6.1), you will need to administer the appropriate dose of the non-patient-specific epinephrine auto-injector.

After administering the epinephrine auto-injector, continue to calm and reassure the individual. Have the person remain seated or lying down. If there are signs of a weak, rapid pulse, and/or cool clammy skin, slightly elevate the individual's feet.

Report this information to EMS:

- Substance (allergen) the individual was exposed to
- How long ago the exposure occurred
- The signs and symptoms the individual experienced before the epinephrine auto-injector was administered
- The time and dose of the epinephrine auto-injector administered (it is best practice to give EMS the used auto-injector)




Handout 8.1

- Any changes or effects in the individual after the epinephrine auto-injector was administered
- Any demographic information about the individual, such as name, age, medical history

In accordance with your program's OCFS-approved Health Care Plan, document the administration of the epinephrine auto-injector on the *OCFS-LDSS-7004 Log of Medication Administration* form or approved equivalent, and complete an incident report (Form *OCFS-4436: Incident Report for Child Day Care* is available for this purpose).

Stock Epinephrine Auto-Injector Storage and Disposal


Consider where your program will store the non-patient-specific epinephrine auto-injector. Remember, it needs to be accessible to adults who may need to administer it, but out of children's reach. OCFS regulations require stock medication to be stored separately from child-specific medication. You also need to include this information in your program's health care plan.



NYC child care facilities regulated under Article 47 with a requirement to stock the epinephrine auto-injector must report any administration of this medication to their NYC DOHMH borough office (www1.nyc.gov/assets/doh/downloads/pdf/dc/cc-boro-offices-gcc.pdf).

If the used epinephrine auto-injector does not accompany the individual to the hospital or if an epinephrine auto-injector is expired, it must be properly disposed following the New York State Department of Health (NYS DOH) regulations (10 NYCRR Part 80.137). For a list of authorized disposal facilities, visit the New York State Safe Sharps Collection Program website at www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/sharps/.

Whether or not your program opts to keep non-patient-specific epinephrine auto-injectors on hand, you still need to **call 911 any time you suspect a severe allergic reaction like anaphylaxis.**



Since the current OCFS Health Care Plan form pre-dates the availability of the 0.1mg epinephrine auto-injector, programs choosing to stock the 0.1mg epinephrine auto-injector need to hand-write this strength on their Health Care Plan.

In addition, programs should **CROSS OUT** the following text in Appendix J of their Health Care Plan:

“For children weighing less than 33 pounds, the program will not administer epinephrine auto-injector devices, but will call 911.”

and **REPLACE** it with the following text:

“For children weighing less than 16.5 pounds or for whom the program does not stock the appropriate dose, the program will not administer epinephrine auto-injector devices, but will call 911.”

until OCFS revises the Health Care Plan.

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OCFS-LDSS-7020: Health Care Plan (DCC)

Appendix J: Administration of Non-Patient-Specific Epinephrine Auto-Injector

OCFS-LDSS-7020 (Rev. 12/2018)

Appendix J:
Administration of Non-Patient-Specific Epinephrine Auto-injector device

The program will purchase, acquire, possess and use non-patient-specific epinephrine auto-injector devices for emergency treatment of a person appearing to experience anaphylactic symptoms.

The program agrees to the following:

- The program will designate one or more employee(s) or caregiver(s) who have completed the required training to be responsible for the storage, maintenance, control, and general oversight of the non-patient-specific epinephrine auto-injector devices acquired by the program. The designated employee(s) or caregiver(s) may not use a non-patient-specific epinephrine auto-injector device on behalf of the program until he or she has successfully completed a training course in the use of epinephrine auto-injector devices conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or by an entity, or individual approved by DOH, or is directed in a specific instance to use an epinephrine auto-injector device by a health care practitioner who is authorized to administer drugs, and who is acting within the scope of his or her practice. The required training must include: (i) how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis; (ii) recommended dosage for adults and children; (iii) standards and procedures for the storage and administration of an epinephrine auto-injector devices; and (iv) emergency follow-up procedures.
- Verification that each designated employee or caregiver has successfully completed the required training will be kept on-site and available to OCFS or its representatives.
- By way of this form's completion and submission to OCFS, the program is requesting a waiver of the following regulation in order to stock non-patient-specific epinephrine auto-injector devices pursuant to New York Public Health Law Section 3000-c.
 - School-Age Child Care: 414.11(g)(7)
 - Group Family Day Care: 416.11(g)(7)
 - Family Day Care: 417.11(g)(7)
 - Day Care Center: 418-1.11(g)(7)
 - Small Day Care Center: 418-2.11(g)(7)
- The program will obtain a non-patient-specific prescription for an epinephrine auto-injector device from a health care practitioner or pharmacist who is authorized to prescribe an epinephrine auto-injector device.
- The program will obtain the following epinephrine auto-injector devices. (check all that apply):
 - Adult dose (0.3 mg) for persons 66 lbs. or more.
 - Pediatric dose (0.15 mg) for persons who are 33-66 lbs.
 - Infant/Toddler dose (0.1 mg) for persons who are 16.5-33 lbs.
- For children weighing less than 16.5 lbs., the program will **NOT** administer epinephrine auto-injector, and will call 911.
- The program will check the expiration dates of the epinephrine auto-injector devices and dispose of units before each expires. How often will the program check the expiration date of these units?
 - Every three months
 - Every six months
 - Other:

Appendix J

39

OCFS-LDSS-7020 (Rev. 12/2018)

- The program will dispose of expired epinephrine auto-injector devices at:
 - A licensed pharmacy, health care facility, or a health care practitioner's office.
 - Other
- The program understands that it must store the epinephrine auto-injector device in accordance with all of the following:
 - In its protective plastic carrying tube in which it was supplied (original container)
 - In a place that is easily accessed in an emergency
 - In a place inaccessible to children
 - At room temperature between 68 and 77 degrees
 - Out of direct sunlight
 - In a clean area
 - Store separately from child specific medication
- Stock medication labels must have the following information on the label or in the package insert:
 - name of the medication
 - reasons for use
 - directions for use, including route of administration
 - dosage instructions
 - possible side effects and/or adverse reactions, warnings or conditions under which it is inadvisable to administer the medication, and expiration date
- The program will call 911 immediately and request an ambulance after the designated employee or caregiver administers the epinephrine auto-injector device.
- A *Log of Medication Administration (OCFS-LDSS-7004)* will be completed after the administration of the epinephrine auto-injector device to any day care child.
- In the event that an epinephrine auto-injector device is administered to a child experiencing anaphylaxis, the program will report the incident immediately to the parent of the child and OCFS (Regional or Borough office). The following information should be reported:
 - Name of the epinephrine auto-injector device
 - Location of the incident
 - Date and time epinephrine auto-injector device was administered
 - Name, age and gender of the child (to OCFS only)
 - Number and dose of the epinephrine auto-injector administered
 - Name of ambulance service transporting child
 - Name of the hospital to which child was transported

Program Name: _____

Facility ID Number: _____

Director or Provider name (Print): _____

Director or Provider Signature: _____

Date: _____

Once completed, keep this form on-site as part of the health care plan, share with any health care consultant associated with the program and send a signed copy to your Regional Office/ Borough Office licensur or registrar.

40

Appendix J