



Hidalgo County Head Start Program

Policy Council Regular Meeting

DATE: June 17, 2019

SUBJECT: Discussion/Approval of Revised Medication Administration Procedure

RATIONALE/NEED: The distribution of the medication procedure must be updated and strengthened with the recommendations from the Regional Head Start Office of Training and Technical Assistance.

RECOMMENDATION: Administration recommends approval.

COST:

RELATED INFORMATION INCLUDES:*Letter from the Office of Head Start
*Memorandum from Director of Health
*Updated Medication Distribution Procedures/Forms

INITATED BY: Carlota J. Amézquita, MSN, RN - Health Services Director *C.A.*

REVIEWED BY: Edmundo Garcia, Assistant Program Director *[Signature]*

EXECUTIVE DIRECTOR'S APPROVAL: *[Signature]*



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Head Start | 4th Floor – Switzer Memorial Building, 330 C Street SW, Washington DC 20024 eclkc.ohs.acf.hhs.gov

Program Performance Summary Report

To: Authorizing Official/Board Chairperson

Mr. Richard Cortez

Hidalgo County Head Start Program

1901 W State Highway 107

McAllen, TX 78504 - 9552

From: Responsible HHS Official

Date: 04/22/2019

Dr. Deborah Bergeron

Director, Office of Head Start

From 02/11/2019 to 02/11/2019, the Administration for Children and Families conducted a monitoring review of the Hidalgo County Head Start Program. This report contains information about the grantee's performance and compliance with the requirements of the Head Start Program Performance Standards (HSPPS) or Public Law 110-134, *Improving Head Start for School Readiness Act of 2007*.

The Office of Head Start would like to thank your governing body, policy council, parents, and staff for their engagement in the review process. **Based on the information gathered during this review, we have found your program needs improvement in one or more areas.** The report provides you with detailed information in each area where program performance did not meet one or more applicable HSPPS, laws, regulations, and policy requirements, and the required timeframes for corrective action.

Please contact your Regional Office for guidance should you have any questions or concerns. Your Regional Office will follow up on the content of this report and can work with you to identify resources to support your program's continuous improvement.

DISTRIBUTION OF THE REPORT

Copies of this report will be distributed to the following recipients:

Ms. Frances Majestic, Regional Program Manager

Ms. Teresa Flores, Chief Executive Officer/Executive Director

Ms. Teresa Flores, Head Start Director

Glossary of Terms

| | |
|------------------------------|---|
| Compliant | No findings. Meets requirements of Head Start Program Performance Standard. |
| Area of Concern | An area for which the agency needs to improve performance. These issues should be discussed with the grantee's Regional Office of Head Start for possible technical assistance. |
| Area of Noncompliance | An area for which the agency is out of compliance with Federal requirements (including but not limited to the Head Start Act or one or more of the regulations) in one or more areas of performance. This status requires a written timeline of correction and possible technical assistance or guidance from the grantee's program specialist. If not corrected within the specified timeline, this status becomes a deficiency. |
| Deficiency | <p>As defined in the Head Start Act, the term "deficiency" means:</p> <p>(A) a systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</p> <ul style="list-style-type: none"> (i) a threat to the health, safety, or civil rights of children or staff; (ii) a denial to parents of the exercise of their full roles and responsibilities related to program operations; (iii) a failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management; (iv) the misuse of funds received under this subchapter; (v) loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or (vi) failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified; <p>(B) systemic or material failure of the governing body of an agency to fully exercise its legal and fiduciary responsibilities; or</p> <p>(C) an unresolved area of noncompliance.</p> |

Performance Summary

| Applicable Standards | Grant Number(s) | Timeframe for Correction | Compliance Level | Service Area |
|----------------------|-----------------|--------------------------|------------------|------------------|
| 1302.90(c) | 06CH010420 | 120 days | ANC | Safety Practices |



Monitoring and Implementing Quality Health Services

Safety Practices

Does the grantee implement a process for monitoring and maintaining healthy and safe environments ?

Monitoring Results:

- The grantee did not maintain a system for ensuring appropriate safety practices. 1302.47(b)(5)(i); 1302.47(b)(5)(ii); 1302.47(b)(5)(iii); 1302.47(b)(5)(iv); 1302.90(c)

ANC 1302.90(c)

Timeframe for Correction: 120 days

1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (i) Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behavior; (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (A) Use corporal punishment; (B) Use isolation to discipline a child; (C) Bind or tie a child to restrict movement or tape a child's mouth; (D) Use or withhold food as a punishment or reward; (E) Use toilet learning/training methods that punish, demean, or humiliate a child; (F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child; (G) Physically abuse a child; (H) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or, (I) Use physical activity or outdoor time as a punishment or reward; (iii) Ensure staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition; (iv) Require staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws; and, (v) Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care. (2) Personnel policies and procedures must include appropriate penalties for staff, consultants, and volunteers who violate the standards of conduct.

The grantee did not establish, follow, and practice, as appropriate, procedures for handling, storing, and administering medication to ensure child safety.

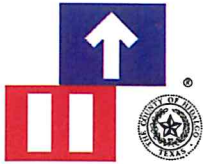
In an interview, the Executive Director reported that on December 21, 2018, a Support Service Assistant--responsible for dispensing the medication--administered prescription medication for one 4-year-old child to another 4-year-old child. The dispensation witness, as per procedure, also failed to notice that while it was the exact same medication and dosage, the bottle belonged to child A and not child B. The Center Manager found the error shortly after the medication was given and notified the Registered Nurse/Health Services Director.

Immediately afterward, an on-site Technical Assistance and Training meeting was conducted at the Head Start Administration office with the Executive Director, Assistant Program Director, Assistant Program Director, Registered Nurse/Health Services Director, Licensed Vocational Nurse/Health Coordinator, Education Area Director, and Education Administrator.

The Center Manager reported the incident to child care licensing and the parents. Licensing visited the same day, and at the time of the review, a report had not been issued.

The grantee did not establish, follow, and practice, as appropriate, procedures for handling, storing, and administering medication to ensure child safety; therefore, it was not in compliance with the regulation.

----- End of Report -----



Hidalgo County Head Start Program

P. O. Box 0117 Edinburg, Texas 78540-0117

MEMORANDUM

To: Teresa Flores, Executive Program Director

From: Carlota J. Amézquita, MSN, RN - Health Services Director

Date: June 02, 2019

Through: Edmundo Garcia, Assistant Program Director

CC: Nora Munoz, Assistant Program Director

This is a summary of the process that was developed after the medication administration error that took place on 12/21/2018.

On 12/21/2018 I received a call at about 2:15 p.m. from Edinburg IV Head Start center manager. Edinburg IV center manager called to report a medication administration error occurring at approximately 1:00 pm – 1:30pm. As soon as the call with center manager ended, Head Start Executive Director (Mrs. Teresa Flores), Head Start Assistant Program Directors (Mr. Edmundo García and Mrs. Nora Muñoz) were informed about the situation.

Mr. García took the lead and reported the incident to Heather Colwell, Program Specialist from the U.S. Department of Health and Human Services, Administration for Children and Families Division. An in-house technical assistance meeting was immediately scheduled and conducted on 12/21/2018 at 3:06 pm at our Administration office. During the meeting, a consensus was reached and a disciplinary probation improvement plan was issued to the center manager and the support service assistant.

The incident was also reported to Child Care Licensing at 3:51 pm. Following up with Edinburg IV center manager, Laura Treviño, licensing staff, visited the center on 12/21/2018 at around 5:00pm. Mrs. Treviño informed center manager that a report would be issued and recommendations would be provided.

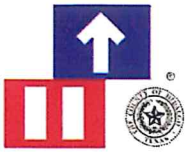
Our Program was contacted by Jean Marie Gueniot, Region VI Head Start Health Specialist, on 01/07/2019. Our office, the Health Services department and Mrs. Gueniot maintained open communication from 01/07/2019 through 05/06/2019. Following two site visits and a comprehensive review of our medical distribution procedures, Ms. Gueniot made procedural recommendations which in our view will strengthen and streamline our internal procedures and therefore we propose to implement.

- Provide manageable documentation for medication administration – *Forms were revised to facilitate the understanding of medication administration process.*
- Streamline procedures – No duplications. Many of the forms and/or performance standards contain the same information. – *Research of the policies and procedures in question was conducted for several days, looking to purge any redundant information that could slow down the employee workflow. A new policies and procedures plan took place, thus eliminating as many duplicate instructions as possible.*
- Add “Strength of Medication”, “Proper Disposal of Medication”, “Common Adverse Drug Reactions” on the Medication Authorization Form and Individual Medication Daily Log.
- Add “Name-to-Face” to the Individual Medication Daily Log – *Ms. Jean Marie stated many Head Start Programs are adopting this step: Add picture of child on medication administration forms.*
- Add “Time” to the Medication Administration Agreement Not Requiring Supervision Form.
- Incorporate live monitoring – *To monitor in-person when medication is being administered at the center. (New form “On-Site Real Time Monitoring for Medication Administration” created – Refer to pages 144-145 of the Health Procedure Manual).*
- Medication administration flow chart – *New flow chart “Steps to Medication Administration” created – Will be posted next to medication cabinet as a visual aid for staff when handling medication.*

The Health Services department team worked diligently and was able to incorporate Mrs. Gueniot suggestions in our revised forms and procedures.

On May 06th, 2019 the last meeting with Mrs. Gueniot and Health Services department was conducted at the LBJ Administration Building. Joining the meeting was Head Start Executive Director (Mrs. Teresa Flores) and Head Start Assistant Program Director (Mr. Edmundo García) to provide support and assist with any questions that could arise. Mrs. Gueniot went through the revised documentation and agreed with the changes made.

Revised procedures and appropriate forms are attached for your review and approval.



Hidalgo County Head Start Program Procedure for Medication Administration

Performance Standard 1302.47 (b) (4) (i) (C) & 1302.47 (b) (7) (iv)

Hidalgo County Head Start will only allow the dispensing of medications for chronic conditions and in specific cases, when medication cannot be given at home. Parent must administer medications for a short-term illness at home unless the doctor's instructions specifically state that the medications need to be given at a specific time. This also includes all over-the-counter prescribed medications.

- All prescription and non – prescription medication (such as diaper rash ointments, insect repellants and sunscreen) to be given at a Head Start center require written authorization from the child's doctor, as well as parent written consent.
- The child's doctor written authorization must match the medication label and action plan instructions (If applicable). A new Medication Authorization Form and Individual Medication Daily Log (Health Procedure Manual p.73-74) and a Medication Administration Agreement Not Requiring Supervision (Health Procedure Manual p.76) and must be completed for each child.

Procedure:

1. Head Starts' center managers and support service assistants are the staff designated to be responsible for the handling and administration of medications. Teachers, teacher assistants, center managers and support service assistants, will assist to three (3) medication administration trainings throughout the school year to be qualified and maintain compliance to witness, administer, and store medications.
2. Head Starts' qualified staff for medication administration, will be able to accurately identify the student that needs medication(s), utilizing and knowing the eight (8) rights of medication administration; what constitutes a medication error and what to do; will be able to read/follow/understand doctor's written orders; will be able to review medication forms; will use clean technique when handling and preparing medications into appropriate containers; will be able to monitor/detect changes in student after medication administration; and will be able to report any reactions/incident/accidents to the corresponding departments.
3. Medication will not be transferred on the Head Starts' busses. Absolutely no medication will be given to any child on the Head Starts' busses. In case of an EMERGENCY while children riding the busses, staff will provide first-Aid/CPR and 911 will be activated.
4. All medication should be transported to the school by an adult (parent/guardian) and handed to the Head Starts' qualified staff for medication administration. A complete action plan (Asthma, seizure, or anaphylaxis plan; if applicable) and all medication must be brought to the Head Start center in the original labeled container prepared by the pharmacy, doctor, or pharmaceutical company (i.e., no envelopes, foil, or baggies). The label must include child's first and last names, name of medication, dosage of medication to be given, frequency of administration, route of administration, name of physician ordering medication, date of prescription, medication's expiration date, medication's administration and storage instructions. Head Starts' qualified staff for medication administration will not administer medication that does not contain the above information.



Hidalgo County Head Start Program
Procedure on Medication Administration
(Continuation)

Performance standard

1302.47 (b) (4) (i) (C) & 1302.47 (b) (7) (iv)

5. All medication information will be reviewed by the Health Services Department. Health staffings conducted by the Health Services Department will only be on children with a complex medical history background or specific cases. If a health staffing is requested for children with the conditions mentioned previously, then the parent/guardian must bring pertinent documentation for the Health Services Department to create a specific care plan for the child. Health staffings will summon center manager, support service assistant, child's teacher, the parent/guardian, and the nurse. Health staffings for children with chronic conditions will be conducted by center manager, support service assistant, child's teacher, and the parent/guardian, and working in consultation with the Health Services Department.
6. Once medication administration has been authorized by the Health Services Department, parent/guardian must sign the Medication Authorization Form and Individual Medication Daily Log (Health Procedure Manual p.73) and a Medication Administration Agreement Not Requiring Supervision (Health Procedure Manual p.76) before any medication is administered. Parent/guardian must continue to sign the Medication Authorization Form and Individual Medication Daily Log (Health Procedure Manual p.73) on a monthly basis to confirm that there are/are no changes. The first dose of medication must always be given at home.
7. Head Starts' qualified staff for medication administration must wash their hands properly before and after administering ANY medication. Head Starts' qualified staff for medication administration will use GLOVES when handling and during medication administration.
8. Each time medication is given to a child, the Head Starts' qualified staff for medication administration will verify the name and strength of medication, date, time, dose, and route; then will document and provide full signature (No initials); in conjunction, the witness will also provide full signature (No initials) on the Individual Medication Daily Log (Health Procedure Manual p.74). Head Starts' qualified staff for medication administration will advise teacher to document and report back any changes observed, after medication has been given, on the child's state or behavior.
9. In the absence of the Head Starts' qualified staff for medication administration, parent/guardian must be notified to come to center to administer medication or for child to stay at home. Also, the Parent/guardian may administer medication to own child at the center if requested. This should not be done in the classroom, but in the place designated for medication administration. Parent is to stay with child at least ten (10) minutes after giving the medication to monitor for adverse reactions. Head Starts' qualified staff for medication administration must still verify that medication is prescribed for child and must also supervise parent/guardian giving medication to child and document accordingly in the Health Progress Notes in child's folder.
10. If a medication dose is missed, Head Starts' qualified staff for medication administration must notify parent, doctor, and Health Services Department. Doses that are not given should be documented appropriately (i.e. child absent, left early, refused medication). Documentation must be entered in the Health Progress Notes and on the Individual Medication Daily Log (Health Procedure Manual p.74).



Hidalgo County Head Start Program
Procedure on Medication Administration
(Continuation)
Performance standard
1302.47 (b) (4) (i) (C) & 1302.47 (b) (7) (iv)

11. For new medication or if the medication dosage is increased or decreased, a copy of a new doctor's written authorization and a copy of the new medication labeled container must be provided/faxed to the Health Services Department for review. After granting authorization, medication information has to be documented on a new Medication Authorization Form and Individual Medication Daily Log (Health Procedure Manual p.73-74) and a Medication Administration Agreement Not Requiring Supervision (Health Procedure Manual p.76). Also, it must be documented in the Health Progress Notes.
12. All medication must be under lock and key in medication cabinets at all times, away from food and the reach of children. Medications must be refrigerated if necessary. Exceptions are rescue medications, such as EpiPen and asthma medications. These medications will be stored in carrying cases and will be placed in the classroom, being available to the corresponding child at all times. All medications will be labeled individually per child, utilizing name-to-face recognition system (Child's photograph).
13. **Unused/expired medications must be returned to the parent/guardian for disposal and obtain a parent signature. No medication that has expired will be administered at the Head Start center** (*This information it is also included in the Medication Authorization Form and Individual Medication Daily Log (Health Procedure Manual p.73).* If medication is close to the expiration date (one [1] month before expiration date), parent/guardian must be notified to pick up expired medication bottle and advised on requesting a new medication refill (If applicable) or obtaining a new prescription (Required for controlled medications or new/added medications, if applicable).
14. New refills for controlled substances, such as attention deficit/hyperactivity disorder (ADHD) medications, must be counted or measured and verified by both Head Starts' qualified staff for medication administration and parent/guardian and must document on the Medication Authorization Form and Individual Medication Daily Log (Health Procedure Manual p.73-74). Also, must keep a weekly count to check for medication quantity accuracy and it must be documented in the Health Progress Notes. Old documentation will be filed in child's folder.
15. If medication label is unclear or Head Starts' qualified staff for medication administration has any other question(s) regarding the medication to be administered, prescribing physician must be contacted to get clarification or Health Services Department should be called for assistance.
16. The Health Services Department will train Head Starts' qualified staff for medication administration to use any equipment needed to administer medication. No medication administration, treatment or procedure (i.e., nebulizer treatment, injection, etc.) shall be performed without first being trained and checked off by the Health Services Department.



Hidalgo County Head Start Program Medication Authorization Form and Individual Medication Daily Log

I, _____ authorize the staff of the Hidalgo County Head Start Program (“Program”) to administer the medication/s as indicated below to my child _____, DOB: ____/____/____.

I understand that the staff members are **not licensed health care professionals**. I hereby release the program, the County of Hidalgo, its employees, elected or appointed officials and its staff from any and all liability for any reaction(s) or issues which may occur proximately caused by the administered medication. The parties agree to resolve any dispute relating to administration of medication by Head Start through the privacy of Arbitration.

Yo, _____ autorizo al personal del Programa Head Start del Condado de Hidalgo (“Programa”) que administre como se ha indicado el(los) medicamento(s) a mi niño/a _____,

Fecha de Nacimiento: ____/____/____. Yo entiendo que los miembros del personal de Head Start **no son profesionales de la salud y no tienen ninguna licencia médica**. Yo absuelvo y libero al programa, el Condado de Hidalgo, sus empleados y funcionarios, y su personal de toda obligación o responsabilidad por cualquier reacción(es) ó problemas que puedan ocurrir en forma inmediata a consecuencia del medicamento administrado. Las partes acuerdan resolver cualquier disputa relacionada con la administración de medicamentos por Head Start a través de la privacidad de un Arbitraje.

| Medication Name/ Strength of Medication | Dose | Frequency | Route | Time | Dates of Administration Start and/End dates | Signature of Parent/ Legal Guardian |
|--|------|-----------|-------|------|---|--|
| | | | | | | |
| | | | | | | |
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| | |
|---|---|
| Medication EXPIRATION Date ____/____/____ | Routes: PO – By mouth Inh – Inhalation Inj – Injection Gtt – Drops Frequency: PRN – As needed QD – Every day |
| *Call for any clarification | |
| <i>*Common Adverse Drug Reactions: Loss of appetite, nausea, bloating, constipation, diarrhea, dizziness, headaches, shortness of breath, sleepiness, increased/decreased heart rate—If you believe you have a medical emergency, you should immediately call 911, child’s parents, pediatrician, and Health Services Department.</i> | |
| <i>*Reacciones adversas a medicamentos comunes: Pérdida de apetito, náuseas, hinchazón, estreñimiento y diarrea, mareos, dolores de cabeza, falta de aire al respirar, somnolencia, aumento o disminución de la frecuencia cardíaca – Si crees que hay una emergencia médica, debes llamar de inmediato al 911, los padres del niño(a), al pediatra, y al Departamento de Servicios de Salud.</i> | |
| <i>*Proper Disposal of Medication: As soon as medication therapy is complete, please return medication container(s) to parent(s) for its proper disposal and obtain a parent signature. (Procedure for Medication Administration – Health Procedure Manual pg. 72 procedure #13).</i> | |
| <i>*Eliminación adecuada de los medicamentos: Tan pronto como finalice la terapia de medicamento, devuelva el (los) envase(s) de medicamento a los padres para su eliminación adecuada y obtenga la firma del padre. (Procedimiento para la administración de medicamentos - Manual de procedimientos de salud, pág. 72, procedimiento n. ° 13).</i> | |



Hidalgo County Head Start Program Individual Daily Medication Log

***if a new medication is prescribed; or dosage changes, a new medication log needs to be completed. ***

Side 1 of 2

INFORMATION SECTION

Center: _____ Child: _____ DOB: _____
 Teacher: _____ Room: _____ Physician: _____ Frequency: _____
 Medication: _____ Strength: _____ Dose: _____
 Route: _____ Time: _____ Expiration Date: _____/_____/____ Date Information Section completed: _____/_____/_____

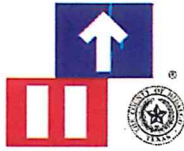
Child's Photo

AUGUST 2019

| Medication Name | Amount | | Parent / Legal Guardian Signature | Staff Signature |
|---|---|---|---|---|
| | Received | Discarded | | |
| Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ | Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ | Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ | Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ | Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ |
| Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ | Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ | Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ | Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ | Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ |
| Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ | Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ | Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ | Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ | Code: _____ Time: _____ Medication Given By (Signature): _____ Witness Signature: _____ |
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This section is for the documentation of controlled substances only; such as ADHD medications Este documento fue traducido al español para el padre / tutor legal.

Code (Documentation Reason): G = Given A = Absent R = Refused M = Missed ED = Early Dismissal O = Omitted/Attempted
 PA = Parent Administered NM = No Medication at School NS = No School DC = Medication Discontinued



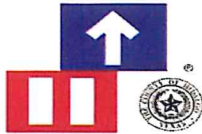
Hidalgo County Head Start Program
Medication Administration Agreement
Not Requiring Supervision

Performance Standard
1302.47 (b) (4) (i) (C) & 1302.47 (b) (7) (iv)

Procedure:

This form explains that another person other than the program nurse will administer all medication at the centers. Head Starts' qualified staff for medication administration and parent must fill out the "Medication Administration Agreement Not Requiring Supervision" form.

Head Starts' qualified staff for medication administration will explain agreement in parents' primary language so that the parent can get a clear understanding of its purpose. Head Starts' qualified staff for medication administration and parent must sign this form and keep it with the Medication Authorization Form and Individual Medication Daily Log.



Hidalgo County Head Start Program Medication Administration Agreement Not Requiring Supervision

*****REGISTERED NURSE*****APPROVAL*****REQUIRED*****

I, _____, parent/guardian of _____,
Child's Name

I am the responsible adult directing _____
Employees' Names

to perform medication administration **WITHOUT** the Registered Nurse supervision. I will participate in directing the unlicensed person in carrying out the medication administration to the above named child. I am willing and able to train the unlicensed person in the proper performance of medication administration.

I (Parent/guardian) have trained the unlicensed person and received returned demonstration, at least once, on the proper performance of medication administration to insure he/she can competently perform the administration of medication. I will be immediately accessible in person or by telephone to the unlicensed person if there are any questions or concerns.

Parent/Guardian Signature: _____ Date: ___/___/___ Time: _____

Staff Signature: _____ Date: ___/___/___ Time: _____

Programa del Condado de Hidalgo Head Start Acuerdo de Administración de Medicamentos sin Supervisión Requerida

*****APROBACIÓN*****ENFERMERA REGISTRADA*****REQUERIDA*****

Yo _____, el padre/tutor legal de _____,
Nombre de Niño(a)

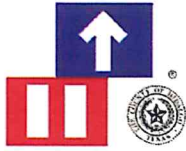
Yo soy la persona responsable para entrenar a _____,
Nombres de Empleados(as)

para administrar medicamento **SIN** la supervisión de una enfermera registrada. Yo participaré con las indicaciones para que la persona sin licencia médica pueda administrar medicamento al niño(a) mencionado(a). Yo estoy dispuesto(a) y puedo entrenar a la persona sin licencia médica en la forma apropiada para administrar el medicamento.

Yo (Padre/madre/guardian) he entrenado a la persona sin licencia médica y me ha demostrado, al menos una vez, la forma apropiada para administrar el medicamento y me he asegurado que él/ella puede y tiene el entrenamiento requerido para administrar el medicamento. Yo estaré disponible inmediatamente en persona o por teléfono cuando la persona sin licencia médica tenga alguna pregunta o duda.

Firma del Padre/Tutor Legal: _____ Fecha: ___/___/___ Hora: _____

Firma del Empleado (a): _____ Fecha: ___/___/___ Hora: _____



Hidalgo County Head Start Program
On–Site Real Time Monitoring
For Medication Administration

**Performance Standard
1302.42 (c) (2)**

Procedure:

This tool must be used to document monitoring results while medication administration process is initiated throughout the centers.

The “On–Site Real Time Monitoring for Medication Administration” tool, will be utilized by nurses and other department monitors when medications are being administered to children in real time while at the center. This document must include the center’s name, name of the person completing the monitoring, printed name and signature of the Head Starts’ qualified staff for medication administration handing medication, date, time, and any comments from observations. In the event that Head Starts’ qualified staff for medication administration does not follow medication administration process, it must be conveyed to the attention of the Health Services department.



Hidalgo County Head Start Program
On-Site Real Time Monitoring For Medication Administration

| | |
|----------------------|---------------------------------|
| Center: _____ | Form Completed By: _____ |
| Date: _____ | Time: _____ |

| | Look For | Yes | No | Notes |
|---|--|-----|----|-------|
| 1 | Medication was administered at the right time | | | |
| 2 | Knows the 8 rights of medication administration. | | | |
| 3 | Described what constitutes a medication error and actions to take when a medication error is made or detected. | | | |
| 4 | Able to read/follow/understand doctor's orders by identifying required information on the medication label. | | | |
| 5 | Coordinated/communicated with witness to administer medication. | | | |

Demonstrate Appropriate Technique When Administering Medication

| | | | | |
|----|---|--|--|--|
| 1 | Employed multi-factor child identification system by utilizing the first 5 rights (Right patient, drug, route, dose, and time), name-to-face system (Child's picture), and date of birth (DOB). | | | |
| 2 | Gathered appropriate equipment and keeps equipment clean. | | | |
| 3 | Reviewed Medication Authorization Form and Individual Medication Daily Log, prior to administering medication to confirm it has not already been given and verify with witness. | | | |
| 4 | Read label 3 times. Label is checked against order on the Medication Authorization Form and Individual Medication Daily Log and verified by witness. | | | |
| 5 | Utilized appropriate hand-washing technique and infection control principles during medication administration. | | | |
| 6 | Offered sufficient fluids to swallow medication (Pill/tablet, capsule, caplet). | | | |
| 7 | Observed child taking medication and assured medication was swallowed. | | | |
| 8 | Utilized special administration/ monitoring techniques as indicated (i.e. crush medications, mix with food or liquid.) | | | |
| 10 | Documented and signed Medication Authorization Form and Individual Medication Daily Log immediately after medication administration. | | | |
| 12 | Described what to do when there is a change in the child's condition or health status due to medication administration. | | | |
| 14 | Documented medications that are refused, held, or not administered appropriately. | | | |
| 15 | Stored medication properly. | | | |
| 16 | Re-checked Medication Authorization Form and Individual Medication Daily Log to make sure all medications had been given and documented. | | | |
| 16 | Maintained medications in a secured location during medication administration. | | | |
| 17 | Assured medication cabinet is locked when not in use. | | | |

Employee Name: _____

Employee Signature: _____

Comments: _____

Steps to Medication Administration

STEP 1 BEFORE YOU ADMINISTER ANY MEDICATION ASK YOURSELF:

- Is it the **RIGHT CHILD**, **RIGHT MEDICATION**, **RIGHT TIME**?
- Are **ALL** parent consents signed?
- Has **Health Services Department** authorized me to proceed?
- Do I have all the required forms to document the administration?

CALL HEALTH SERVICES
DEPARTMENT WITH
ANY QUESTIONS!!

NO

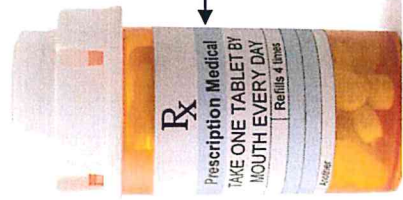
STOP & GO TO STEP 1

YES

**DON'T FORGET
ONLY ONE
CHILD AT A
TIME!!**

Reading the RX label:

- Child's name
- Medication name
- Ordered dose
- Direction on how to take the medicine
- Expiration date
- Quantity
- Doctor's name



STEP 2

1. WASH YOUR HANDS.
2. WEAR GLOVES
3. DOUBLE CHECK WITH YOUR WITNESS THAT YOU ARE GIVING THE CORRECT MEDICATION & DOSE TO THE **RIGHT CHILD**.
4. ADMINISTER THE MEDICATION & MONITOR FOR ANY SIDE EFFECTS
5. DOCUMENT

Medication Dispensation

