

# Medication Administration Training (MAT) Student Guide

A training for Unlicensed Assistive Personnel in Public, Charter, Private and Parochial Schools, Child Care Centers, Preschools, School-Age Child Care, Residential Camps, Day Camps, and Family Child Care Homes

2017, Sixth Edition

Recognized and Approved by:

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This manual may be downloaded by approved medication administration facilitators at Healthy Child Care Colorado, Qualistar  
[www.qualistar.org](http://www.qualistar.org)

# Agenda: Full Medication Administration Training

Total Time: 4 - 4.5 hours

Section	Time
Introduction	5 minutes
Part 1: Knowledge-Building	
Module 1: Managing Medications	25 minutes
Module 2: Administering Medications	30 minutes
Module 3: Asthma and Inhaled Medications	15 minutes
Module 4: Preventing and Responding to Severe Allergies/Anaphylaxis	15 minutes
Part 2: Practical Skills Application	2 hours
Part 2: Test and Review	30 minutes
Part 3: Delegation and Communication Plan (completion of Skills, Delegation, and Supervision Checklist)	30 minutes
Total	4 - 4.5 hours

## Student Responsibilities

The student is responsible for:

- Recognizing his/her responsibility in giving medications safely and accurately;
- Identifying different types of medications, and why and how medications are given;
- Demonstrating proper hand washing techniques and standard precautions;
- Demonstrating competency in storage of medication, measuring the correct dosage of medication, and administration procedures of different types of medications using various medication containers and measuring devices (e.g., oral, inhaled, topical, eye, ear, and epinephrine auto-injectors), and disposal of expired and unused medication;
- Demonstrating the process for receiving medications, and communicating with parents and the CCHC/SN;
- Demonstrating appropriate and accurate record-keeping, including proper documentation of all doses of medication administered, and medication incidents;
- Identifying medication incidents, and describing how to ensure medications are delivered safely;
- Describing his/her responsibility in the performance of the delegated of medication administration, under the supervision of the CCHC/SN;
- Providing the facilitator a certificate demonstrating successful completion of Part 1, Knowledge-Building, if completed online. If a certificate has not been earned and presented to the CCHC/SN, the student may not complete Part 2, Practical Skills Application;
- Passing a written test, answering 80 percent of the questions correctly; and
- Receiving a signed certificate of completion.

## Delegation

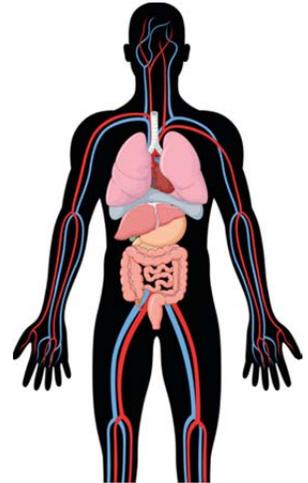
In the state of Colorado, only a Registered Nurse (RN) or Physician can delegate the task of administering medication. Your Child Care Health Consultant or School Nurse (CCHC/SN) will review the delegation process with you. If you are delegated to administer medications, you cannot pass that responsibility onto someone else. The CCHC/SN can take away your delegation if they feel you are not able to perform the task responsibly.

## What Is Medication and How Does It Work?

Medications are chemical substances used to prevent illness, relieve symptoms, and manage and even cure various health problems. They may be used for more than one purpose; for example, diaper rash creams can prevent and treat diaper rash.

No matter how they are given, medications eventually get absorbed by the body and end up in the bloodstream. The medicine then travels throughout the body, gets broken down (often by the liver), and the parts that are no longer useful are eventually removed from the body.

Even though it may be necessary to give medications to children in school or child care settings, medications should be given at home whenever possible.



## Types of Medication

The medications included in this training are routine medications. These are medications considered typical and common medications for short-term use, long-term use, and emergency use, and include oral, topical, ear/eye, and inhaled medications and epinephrine auto-injectors.

Experimental medications are not considered routine medications and therefore not covered here. There are also a number of products that are not considered medications. These products are not covered in this training and are not allowed in child care programs. They include home remedies, homeopathic and herbal preparations, and medical marijuana. A licensed child care provider, will NOT be administering these products. For students in K-12, please check with your CCHC/SN and review your district policy regarding homeopathic or herbals preparations.

This training will not cover medications that require nursing or medical judgment, or which require taking blood pressure, pulse, or breathing rate to determine the correct dose.

## Giving Medication

You must know why you are providing the medication to the child. The way a medication is delivered is considered the “route” of administration.

Medication must be given within a 60-minute timeframe: 30 minutes before the scheduled time or 30 minutes after. If a medication is given any earlier or later, it is a medication incident.

## Undesired Results of Medication

Children do not process medication in the same way as adults and are more vulnerable to medication side effects, overdoses and allergies.

- Side Effects are the natural, expected and predictable effects of a medication that can happen along with the intended effect.
- Adverse Reactions are the unexpected or potentially harmful reaction to a medication.
- Allergic Reactions happen when the body’s immune system attacks something in the body that is normally harmless.

## Receiving Medications

Documentation should begin as soon as you receive a medication. When you receive a medication: double check the accuracy of the information in the authorization form, including making sure the medication is not expired, then document the medication on a log. If you receive more than one medication, each medication should be documented on its own log.

All medications, whether prescription or over the counter, must arrive in their original packaging with specific, identifying information before you can accept them from the parent/guardian. There are two main types of medication: prescription and over the counter. No matter which type, all medications must have three things: they must be in the original container, labeled with the child's name, and have dosage instructions. Medication samples may be used if properly labeled. Remember, you must keep all information about a child's health, from their condition to their medications, confidential.

## Controlled Medications

Controlled medications are prescription medications regulated by the government. These medications must be kept in a locked storage area. If one of your emergency medications is also a controlled medication, talk to your CCHC/SN to determine where to safely store that medication. When you receive controlled medications, count the medication with the parent/guardian who brought it in. Document the amount of medication in the controlled medications log. Count the medication each time you give it to the child, and when you return it to the parent/guardian or when the medication is disposed.



***Controlled medications must be counted every two weeks.***

Count the medication every two weeks, with a witness, and document the amount of medication. If you are a family child care home provider, you can contact the child's parent/guardian, or the child's health care provider, or a local pharmacy with any questions.

## Disposing of Medication

All medications, in out-of-home settings no longer being used or expired, should ideally be returned to the child's parent/guardian for disposal. Medications should not be sent home in a child's/student's backpack. Medications must be or stored out of reach and inaccessible to children. Notify the parent/guardian to pick up the medication, and document your contact with them on the medication log according to your program's policy.

If the medicine has not been picked up within one week of the date of parent/guardian notification, dispose of the medication per program policy and the following disposal procedures.

## Emergency Medications

Emergency medications must be stored in an area IMMEDIATELY available, easily accessible, and identifiable to trained staff, but out of reach of children. They are not required to be stored in a locked area. Consult your CCHC/SN for recommendations. Emergency medications must "stay with the child." Refer to your program's medication policy for details. For licensed child care programs, including preschools, when away from the classroom, staff must carry emergency medications in a bag on their person. If you are a family child care home provider, you must remember to keep emergency medications with you if the child is still in your care away from home.

## Six Rights of Medication Administration

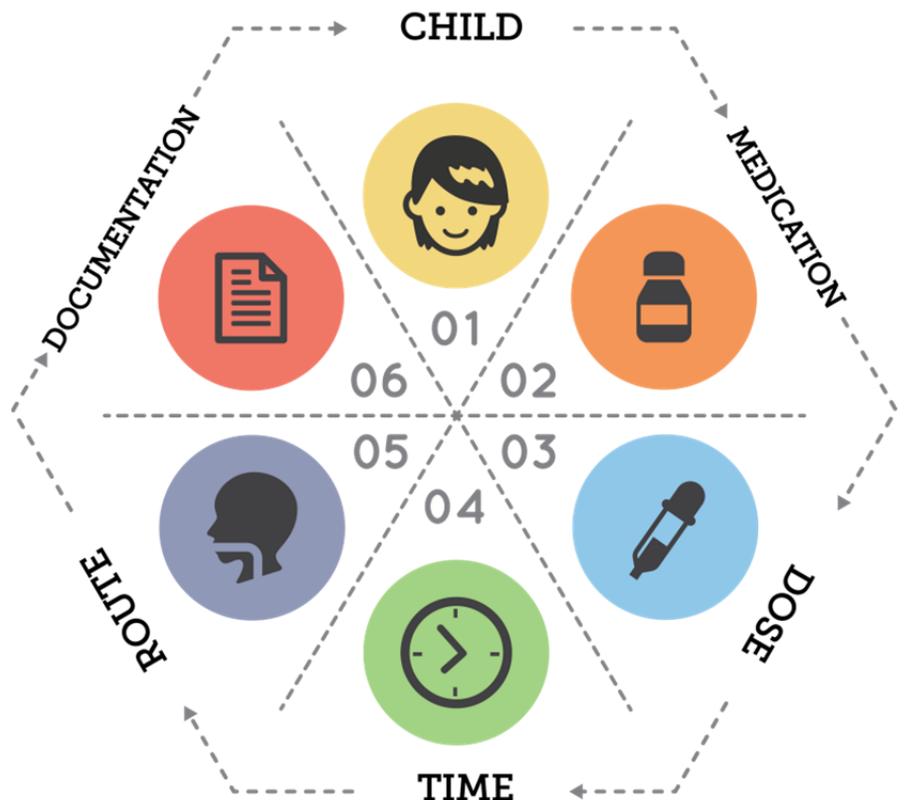
1. **Right Child:** Make sure you are giving the medication to the right child. Double and triple check the child's identity and date of birth on the medication forms and log.
2. **Right Medication:** Compare the pharmacy label on the medication bottle to the health care provider's written instructions on the authorization form and the information on the medication log.
3. **Right Dose:** When providing medication, you must give the exact amount specified in the dosing instructions from the pharmacy and the health care provider. Use the measuring devices that comes with the medication, including calibrated spoons, cups, droppers and syringes.
4. **Right Time:** Medication must be given within a 60-minute time frame (window): 30 minutes before the scheduled time or 30 minutes after. Any earlier or later and you have a medication incident, which you will learn more about later. You may need to contact the child's parent/guardian to see if the medication has already been given for the day.
5. **Right Route.** Double check the authorization form, medication log and the pharmacy label to determine the route the medication should take (mouth, inhaled, ear, and eye or topical).
6. **Right Documentation:** You must have the right documentation, which is a relatively new right. Every time you give a child a medication, you must document that you did so. In the medication log, document in ink, that you gave the child the medication and remember, if you make a mistake in documentation, draw a line through the mistake, write the word "error," and initial it.

## Medication Incidents

A medication incident is a violation of any of the 6 Rights, including things like giving a medication to the wrong child, giving a medication at the wrong time, or a child vomiting after the medication is given.

Stay calm, contact the appropriate people, and follow your school or program's policy.

If needed, call  
Poison Control at  
1-800-222-1222.



# Administering Medications

*DO NOT, UNDER ANY CIRCUMSTANCES, GIVE ONE CHILD'S MEDICINE TO ANOTHER CHILD.*

## Administering Oral Medications

- Start with clean hands and clean equipment.
- Crushing or sprinkling a medication can only be done with written authorization by the health care provider.
- If ordered or allowed, mix the dose in a small amount (i.e., 1 teaspoon) of food or drink, to be sure the child will swallow the entire dose at once. **NOT ALL** medications, however, can be mixed in water or juice. Contact the pharmacist for more information.

### Pills/Tablets/Capsules:

- Pour medication into a medicine cup, lid of the bottle, paper towel, or a paper cup.
- Have the child wash his hands, before putting the medication into his mouth.
- Give the child 6-8 ounces of water.
- Never refer to medication as “candy.”
- Observe the child swallowing the medication.

### Liquids:

- Medication may be prescribed in teaspoons, ccs, or mls.  
1cc = 1ml      5ccs or 5mls = 1 teaspoon
- Use a calibrated medicine spoon or cup, syringe, or dropper to measure liquid medications.
- Check carefully for the appropriate line measurement on the spoon, cup, syringe, or dropper.
- Never use household utensils to measure liquid medication.
- Pour medication from the side opposite the label, so that the label remains readable.
- For an infant: Drop medication into a nipple for them to suck. Always follow by giving the infant a bottle. **NEVER** mix medications with an entire bottle.

It's important to be accurate. Do not over or under fill.

## Ways to Give Liquid Medication

### Medicine Spoon or Cup:

- Read the cup on a flat surface, at eye level, for accuracy.
- Do not try to measure something for an infant or toddler with a small medicine cup. The amount will not be accurate.
- When using a calibrated spoon or syringe, pour or draw up medication to the appropriate line.

### Dropper:

- Droppers are included as part of the medicine bottle.
- Only use the dropper that is included with the medicine bottle.
- Withdraw the correct dosage and squeeze the dropper, placing the medicine into the side of the child's mouth.

### Syringe:

- Pour a small amount of medication into a paper cup, or any small cup.
- Place the tip of the syringe into the liquid in the cup and pull back on the plunger.
- Avoid air bubbles by keeping the tip below the level of the liquid. Draw up enough to equal the dosage amount.
- Pour the remainder of the medicine back into the bottle.
- To give the medicine, slowly squirt small amounts toward the back and side of the child's mouth. Do not squirt toward the back of the throat. (This will cause gagging.)

**Make Sure the Child/Student Takes All of the Medicine!**

### Helpful Hints for Administering Oral Medications:

- A syringe adapter is a plastic device that fits on the medicine bottle.
- This is an easy way to draw the amount from the bottle with a syringe.
- Hold infants in the cradle position to administer oral medication.
- Allow toddlers to sit up in a high chair.

### Refusal or Vomiting of Medication:

- If the child does not take all of the medication, spits part of it out, vomits, or refuses to take part of the medication, do not give another dose.
- Contact the child's parent or guardian and request further instructions from the health care provider.

### Administering Topical Medication

- Start with clean hands and clean equipment.
- Wear gloves when applying topical medications.
- After use, dispose of them and any contaminated dressings in a plastic-lined covered container.
- Keep topical medications separate from oral medications.
- Read instructions carefully to avoid mixing up eye and ear drops.

#### Eye Drops:

- Wash your hands and put on gloves.
- Check the 6 Rights.
- Rub medication bottle between the palms of your hand to help warm the drops.
- Clean child's eye by wiping each eye once from the inside to the outside. Use a clean tissue for each eye.
- Place child on his/her back, if younger than five. You may need an assistant to help.
- If older than five, the child may be seated.
- Ask child to look up, then gently open the eye and pull down the lower lid to make a pocket.
- Bring the medicine toward the eye, outside of the child's field of vision.
- Do not touch the eye or anything else with the bottle or dropper.
- With the bottle no more than one inch above the eye, drop one drop into the lower lid.
- Close the eye. Apply pressure on the inside corner of eye for 10-20 seconds.
- Wipe away any excess medication or tearing with clean tissue.
- Dispose of gloves after use in a plastic-lined container, out of reach of children.
- Wash hands.

#### Ear Drops:

- Wash your hands and put on gloves.
- Check the 6 rights.
- Rub medication bottle between the palms of your hand to warm the drops.
- Have child lie down, with affected ear facing up.
- Child younger than three years old: Hold ear lobe and pull down and back.
- Child older than three years old: Hold upper part of ear lobe and pull up and back.
- A child older than five may sit in a chair and tilt head, with affected ear facing up.
- Clean ear with cotton and discard.
- Note: If you see blood or pus, do not administer the drops. Notify the CCHC/SN and the child's parent/guardian.
- Drop medication on the side of ear canal.
- Do not touch the dropper to the ear.
- Have child stay on his/her side for several minutes.
- Dispose of gloves after use in a plastic-lined container, out of reach of children.
- Wash hands.

**Never insert Q-tips or cotton balls  
into the ear canal!**

### Eye Ointments:

(Follow instructions for eye drops.)

- Apply along the inside of the lower eyelid.
- Rotate the tube when you reach edge of the outer eye. (This will help detach the ointment from the tube.)
- After applying, hold the eye open for a few seconds, and then have the child keep it closed for about 1 minute.
- Wipe away any excess medication or tearing with clean tissue.
- Dispose of gloves after use in a plastic-lined container, out of reach of children.
- Wash hands.

### Skin Creams and Ointments:

- A cream is a type of medication for topical use (on the skin) that is 50% oil (usually lanolin or petrolatum) and 50% water.
- An ointment is a type of medication for topical use (on the skin) that usually contains 80% oil (usually lanolin or petrolatum) and 20% water.
- The more oil in a topical medication, the “greasier” and “stickier” the product is. Ointment will stay on the skin longer, and may be prescribed if slower absorption is desired.
- Creams are easier to “spread”, and are often prescribed for larger areas.
- Creams absorb into the skin quickly.

### When Applying Skin Creams and Ointments:

- Always use Standard Precautions.
- Wash your hands and put on gloves.
- Check the 6 Rights.
- Remove bandage, if applicable.
- Apply cream or ointment to affected area with applicator (or gloved finger).
- Use a small amount to cover the area and rub onto the skin.

### If instructions state to cover the affected area:

- If the affected area is larger, use gauze pads for dressing.
  - Place the medicine on the dressing (the gauze pad).
  - Then place the dressing on the affected area.
  - Cover the dressing with a bandage, such as gauze wrap or an elastic bandage, and tape in place.
  - Dispose of gloves after use in a plastic-lined container, out of reach of children.
  - Wash hands.
  - Document.
- If the affected area is small, use a band-aid.
  - Place medication on the gauze pad of the band-aid, then cover the area with the band-aid.

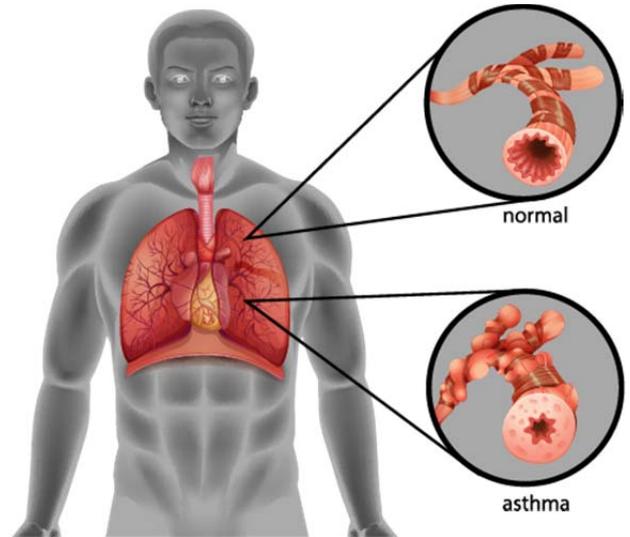
### Notes:

- Carefully follow label instructions when applying any type of topical medication.
- Contact your CCHC/SN if you have any questions about application instructions.

## Defining Asthma

Asthma, is a chronic (meaning constant or long-term) lung disease where airways narrow, swell, and produce extra mucus. This inflammation and increased mucus causes a child to have trouble breathing.

Asthma affects people of all ages and it most often starts in childhood. Asthma is a leading cause of hospitalizations and missed school days. There is no cure for asthma and children do not outgrow it, though symptoms may get better sometimes. However, the disease is manageable with the use of anti-inflammatory medications.



## Managing Asthma

There are several types of medications used to prevent asthma and control the disease. Children with asthma can be taking quick relief, short-term, and long-term medications to manage their asthma. These medications can be oral (such as swallowed corticosteroids) or inhaled.

## Avoiding and Reducing Triggers

Many children have allergies that can trigger asthma symptoms. Not all children with asthma will be triggered by the same things, so it is important to know, ahead of time, what triggers a child in your care may have. These should be recorded in the child’s asthma or respiratory health care plan.

Triggers can include:

- ✓ Exercise
- ✓ Illnesses
- ✓ Extreme or sudden changes in weather
- ✓ Pollen
- ✓ Mold
- ✓ Animals with fur/feathers
- ✓ Dust
- ✓ Odors
- ✓ Dust mites
- ✓ Cockroaches
- ✓ Strong emotions (such as laughing, excitement or anxiety)

To reduce triggers:

- Minimizing dust by reducing clutter
- Not allowing animals with fur or feathers
- Not using strong smelling cleaning solutions, diffusers or air fresheners
- Not having carpet in your facility, avoiding carpeted rooms or having custodians use HEPA-vacuum cleaners
- Reducing moisture problems (such as leaks) to prevent mold growth

Once a child is exposed to an asthma trigger, they can begin to show symptoms or warning signs they are having a hard time breathing. These symptoms can be different for every person.

Early Warning Signs of Trouble Breathing		Early Warning Signs for Infants and Toddlers
Behavioral changes	Headache	Noisy breathing
Coughing	Fatigue	Crying that sounds softer or different
Anxiety	Sneezing	Difficulty sucking or eating
Itchy throat	Low tolerance for exercise	Breathing that seems too fast
Trouble sleeping	Dark circles under eyes	Wheezing or panting with normal activities
Stuffy or runny nose	Funny feeling in chest	Lethargy or disinterest in normal or favorite activities

<b>Asthma Medications</b>	
	<p><b>Metered Dose Inhaler</b></p> <ul style="list-style-type: none"> <li>• A metered dose inhaler or MDI is the most commonly used device to deliver asthma medication.</li> <li>• It provides a specific amount of medication, in aerosol form, to the lungs.</li> <li>• You may see a metered dose inhaler deliver either quick relief medications or controller medications.</li> <li>• As a trained and delegated provider, you should provide the inhaler to the child.</li> <li>• If the child is old enough and knows how to properly use the inhaler, the child may use the inhaler with your supervision.</li> </ul>
	<p><b>ProAir RespiClick®</b></p> <ul style="list-style-type: none"> <li>• This inhaler is the ProAir RespiClick® which is a dry powder, breath activated device.</li> <li>• This inhaler is prescribed for children four years of age and older.</li> <li>• The RespiClick® has a dose counter that you can check to make sure the child received the dose and to keep track of when the inhaler needs to be refilled.</li> </ul>
	<p><b>DISKUS®</b></p> <ul style="list-style-type: none"> <li>• A DISKUS® inhaler is a flat, round inhaler used to deliver asthma medications in a powder form.</li> <li>• Like the RespiClick®, the DISKUS® has a dose counter window so you can see how many doses are left.</li> <li>• DISKUS® is typically a long-term controller inhaler that is given at home.</li> <li>• If you receive one in your school or program, be sure to compare the medication you receive to the Asthma Health Care Plan.</li> <li>• This inhaler is most appropriate for children who are 8 years old or older.</li> <li>• You may see these in an overnight camp or on an overnight field trip.</li> </ul>

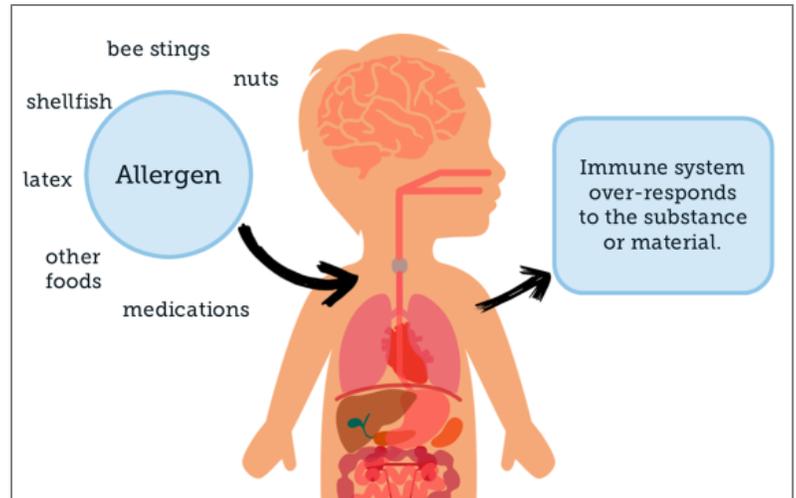
<b>What to Do During an Asthma Episode</b>	
Action Steps	Call 911 if...
<ol style="list-style-type: none"> <li>1. Provide treatment outlined in the Colorado School Asthma Care Plan</li> <li>2. Encourage the child/student to relax with slow, deep breaths</li> <li>3. Offer sips of warm water to help child/student relax</li> <li>4. Contact the parent or guardian as soon as you treat the child/student and again if you do not see improvement in 10-15 minutes</li> </ol>	<ul style="list-style-type: none"> <li>• The child's/student's symptoms do not improve 10-15 minutes after treatment</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• The child/student has difficulty breathing accompanied by any of the following:                             <ul style="list-style-type: none"> <li>• Check/neck "pulling in" with breathing</li> <li>• Hunching over</li> <li>• Struggling to breathe</li> <li>• Trouble walking/talking</li> <li>• Inability to play/continue normal activities</li> <li>• Inability to complete a sentence</li> <li>• Lips or fingernails turning gray or blue</li> <li>• Decreasing/loss of consciousness</li> </ul> </li> </ul>

## What Are Allergies?

Allergies are the body's immune system over-responding to a substance or material that normally would not cause a reaction. This substance is called an allergen and it can be any substance that causes a reaction in someone. Allergens can also be a trigger for asthma.

Things that can cause an allergic reaction include but are not limited to:

- Medications
- Latex
- Insect stings



## The Top 8 Foods that Cause Allergies

- Milk
- Tree nuts
- Shellfish
- Fish
- Wheat
- Peanuts
- Soy
- Eggs

## Mild Reactions

Mild reaction symptoms can appear within seconds or a few hours after exposure to an allergen. They can be easily treated with antihistamines. It may be difficult to see these symptoms in young children/students or they may not be able to tell you that they are having a mild symptom.

## Severe Reactions

A severe reaction, or anaphylaxis, is a rapid, and life-threatening allergic reaction that can affect the entire body. It can be caused by a variety of allergens, though it is most commonly caused by a food allergy.

The diagram shows a human silhouette with internal organs highlighted. It is divided into two columns of symptoms:

Mild Reaction Symptoms	Severe Reaction Symptoms
Brain	Brain
Gut or Tummy	Brain
Nose	Brain
Skin	Brain
	Throat
	Heart
	Lung
	Skin

**Mild Reaction Symptoms**

- Mild nausea
- Stomach discomfort
- Blocked nose
- Itchy nose
- Runny nose
- Itchy eyes
- A few hives

**Severe Reaction Symptoms**

- Feelings of confusion or anxiety
- Feeling like something bad is about to happen
- Light headedness
- Loss of consciousness
- Headache
- Vomiting
- Severe diarrhea
- Cramps
- Swelling of the eyes
- Runny nose
- Significant swelling of the tongue and/or lips
- Hoarseness
- Tightness
- Swelling of the throat
- Trouble breathing or swallowing
- A fast or slow pulse
- Low blood pressure
- Pale or blue skin
- Feeling faint
- Dizziness
- Shortness of breath
- Wheezing
- Repeatedly coughing
- Widespread hives
- Itchiness
- Redness

## How to Administer Epinephrine Auto-injector

1.	Check the 6 rights, even in an emergency.
2.	Remember epinephrine auto-injectors come in different doses, <u>always</u> check the dose of the epinephrine auto-injector before administering.
3.	Have the child/student lie down and stay down.
4.	Explain what you are doing.
5.	Pull the safety cap off the epinephrine auto-injector. This cap may be a different color depending on the epinephrine auto-injector.
6.	Place the tip against the big muscle in the outer thigh. The tip may be a red or black, depending on the epinephrine auto-injector.
7.	Press hard until you hear it click.
8.	Hold the epinephrine auto-injector in place. Follow the instructions given with the epinephrine auto-injector you have. Epinephrine auto-injectors have different times for how long to hold it.
9.	Follow the instructions given with the epinephrine auto-injector you have as to whether to massage.
10.	If the injector does not have a covered needle, using one hand to carefully re-insert the epinephrine auto-injector, needle first, into the carrying tube, then recap the tube. If the injector has a covered needle, cap it and slide it back into the pouch (if there is one).
11.	Keep the child/student lying flat. Sudden changes to the body's position can result in cardiac arrest.
12.	Document that you gave the child/student epinephrine.

## After Epinephrine Auto-injector: Next Steps

1.	If you have not already, call 911 immediately. You need to call 911 because using an epinephrine auto-injector requires a child/student to be evaluated at a hospital.
2.	Continue to observe the child/student until help arrives.
3.	Contact the child's/student's parent/guardian or emergency contact.
4.	Notify your CCHC/SN
5.	If symptoms persist, administer another dose of epinephrine if prescribed in the child's/student's emergency care plan.
6.	You should accompany the child to the hospital.
7.	Be sure to give the child's/student's emergency care plan and emergency contact information to the emergency responders.
8.	Licensed child care programs must report to the Colorado Department of Human Services any time 911 is called or when medical care is sought. Schools and child care must report to the Colorado Department of Education.

Licensed child care programs must report to the Colorado Department of Human Services any time 911 is called and when outside medical care is needed for injury or illness (including severe allergy/anaphylaxis). You may report here: <https://chats.state.co.us/InjuryReport/>

7.702.93 B. Each center must immediately report in writing to the Colorado Department of Human Services any accident or illness occurring at the center that resulted in medical treatment by a physician or other health care professional, hospitalization, or death. This report must be made within 48 hours after the accident or illness occurred.

Licensed child care programs and schools must report to the Colorado Department of Education any time symptoms of severe allergy/anaphylaxis are seen or if an epinephrine auto-injector is used. You may report here: <http://fs24.formsite.com/305medicaid/form5/index.html>