

# **AMAT Course**

## **Key Handouts**

**01/21/25 Version**

*Includes the 10/03/19 revision of  
Handouts 8.2 and 8.3*

*Print and distribute one set per participant.  
Includes key handouts and all the AMAT Procedure  
Guides*



# Matching the Five Rights

## 1. *Right child*

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

## 2. *Right medication*

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

## 3. *Right dose*

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

#### 4. ***Right Route***

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

#### 5. ***Right Time***

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

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



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

1. <b><u>CHILD’s first and last name:</u></b>	2. Date of birth:	3. Child’s known allergies:
4. <b><u>Name of MEDICATION</u></b> (including strength):	5. <b><u>Amount/DOSAGE to be given:</u></b>	6. <b><u>ROUTE of administration:</u></b>
7A. <b><u>FREQUENCY:</u></b> _____ <b><u>Specific TIME(s)</u></b> (e.g. 1p.m.): _____ <b><u>to administer</u></b> <p style="text-align: center;"><b>OR</b></p> 7B. Identify the <b><u>symptoms that will necessitate administration</u></b> of medication: (signs and symptoms must be observable and, when possible, measurable parameters).		
8. <b>Possible side effects:</b> <input type="checkbox"/> See package insert (parent must supply) <i>AND/OR</i> additional side effects:		
9. What action should the child care provider take if side effects are noted: <input type="checkbox"/> Contact parent <span style="margin-left: 100px;"><input type="checkbox"/> Contact prescriber at phone number provided below</span> <input type="checkbox"/> Other (describe):		
10. <b>Special instructions:</b> <input type="checkbox"/> See package insert (parent must supply) <i>AND/OR</i> Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child’s age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) _____		
11. <b>Reason the child is taking the medication</b> (unless confidential by law): _____		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #25 and #27 on the back of this form.		
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #26 and #27 on the back of this form.		
14. <b><u>Date consent form completed:</u></b>	15. <b><u>Date to be discontinued or length of time in days to be given</u></b> (this date cannot exceed 12 months from the date authorized or this order will not be valid):	
16. <b>Prescriber’s name</b> (please print):	17. <b>Prescriber’s telephone number:</b>	
18. <b>Licensed authorized prescriber’s signature:</b>  Required for long-term (more than 10 working days) prescription medications, nebulizer or epinephrine auto-injector medications and when dosage directions state “consult a physician”. Not required for over-the-counter medications/products applied to the skin.		

**PARENT/GUARDIAN MUST COMPLETE THIS SECTION**

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

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

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

**LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED**

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

**CHILD DAY PROGRAM TO COMPLETE THIS SECTION**

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

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

CHILD'S NAME \_\_\_\_\_

MEDICATION (and strength)\_\_\_\_\_

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

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

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

Notes:

## Required Permissions to Give Medications

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

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

### PERMISSION REQUIREMENTS

#### SHORT-TERM MEDICATION ADMINISTRATION

The following table indicates the permission needed to administer a medication to any child in your care for <u>ten working days or less</u> .			
Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over-the-counter*	Oral Liquid and Tablets	Written	<i>None needed</i>
Prescription	Inhaler	Written	<i>None needed</i>
	Epinephrine auto-injector	Written	Written

## PERMISSION REQUIREMENTS LONG-TERM MEDICATION ADMINISTRATION

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

The following table indicates the permissions/instructions needed to administer a long-term medication to any child in your care. Long-term medication is defined as any medication that is authorized by the parent and/or health care provider to be administered or possibly administered for <u>more than ten working days</u> .			
Medication Type	Medication Route	Type of Permission Needed (written)	
		Parent Permission	Health Care Provider Instructions
Over-the-counter*	Oral Liquid and Tablets	Written	Written
Prescription	Inhaler	Written	Written
	Epinephrine auto-injector	Written	Written

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

## Accepting Medication

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

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

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



# Giving Medication Safely

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

## 1. *Preparing to give the medication:*

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

## 2. *Giving the medication:*

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

### 3. *Documenting the dose:*

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

## How to Document a Dose

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

### Here is how to document a dose:

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

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

Dose: One Drop



## Auto Injector (EpiPen®) Procedure Guide

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

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## Next Steps

### *AMAT Certificate*

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

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

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

#### **Your AMAT certificate:**

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

### *Authorization to Administer Medication in a Child Day Program*

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

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

### *Updates to the Handouts*

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

### *Additional Resources*

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



*For Providers:*

## **Accessing Your MAT Program Online Certificate and Keeping It Current** *(as of 10/03/19)*

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

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

- ☐ **Your MAT Online Learning Center account:** The individual email address that you provided when you registered for the MAT class is your **username** for your account on the MAT Online Learning Center system.
  - **This email address must be a working, individual (not shared) email address.** We will email your temporary password to this email address. For security reasons, **we will not create multiple accounts with the same email address.**
  - **How can your manager/administrator see your certificate(s)?** Your administrator can get a special **administrator-level MAT Online Certificate account**, which gives her access to all the current MAT Program certificates for the providers working at her program. **Handout 8.3** provides easy instructions on how to open this account. **Please give this handout to your manager!**
- ☐ **Receiving your temporary password (for new accounts):** Within 2 weeks of your date of training, we will email your temporary password to the email address that you gave your trainer when you registered for the class.
- ☐ **To log in to your MAT Online Certificate account,** go to the MAT Program website ([mat.medhomeplus.org](http://mat.medhomeplus.org)) and click the **View Your Certificate(s)** link in the left column menu.
  - The system will ask for your **username and password**. Your username is the email address you gave your trainer when you registered for this class. The first time you log in, enter the temporary password we have emailed to you. ***HINT: Please “copy-paste” the temporary password in,*** to avoid typos! The system will prompt you to change your password to anything you like. You can use a password you’ve used before. Please write it down in a secure place! But if you lose it, we are happy to reset it for you.

❑ **What if there's a problem with my MAT Online Certificate?**

- **If there are any issues with your certificate**, just go to the **MAT Program website** ([mat.medhomeplus.org](http://mat.medhomeplus.org)), click the green **Need Help** tab at the top of the page, select **Online Certificate Problem** as the Type of Problem, fill in the form that pops up and submit it. Our customer service staff will be happy to help you.

❑ **How do I print a copy of my MAT Online Certificate?**

- Just log in to your account as outlined above. As soon as you reset your password, a **"See My Certificates"** button will appear. Click that button and your Certificates Report will appear. Click the **PRINT** icon at the end of the certificate data row(s) to print. **PRINT IN LANDSCAPE AND GREYSCALE** so the watermark appears behind your name and date of training!! Here's a sample:



❑ **What if I forget my username or password or need to change them?**

- **Report the problem** to the MAT Program as outlined above. For quickest service, click **Forgot Username and/or Password** as the Type of Problem and fill in the form that pops up.

❑ **What if I change employers?**

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

## *For Child Day Program Administrators:*

# Accessing Your Employees' MAT Program Online Certificates *(as of 10/03/19)*

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

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

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

**Documenting MAT certification compliance:** MAT Program certificates earned before 8/26/19 can be documented using the paper MAT Program Certificates issued for those classes.

**For Licensing purposes, all MAT Program Online Certificates earned from 8/26/19 on MUST be documented with a printout of each certificate in the employee's personnel file.**

Providers who have attended MAT classes from 8/26/19 on have received instructions on how to access and print these documents after each MAT class they pass. If you have opened an Administrator account, **you can print these certificates as well.**

Please note – from 8/26/19 until 10/3/19, this document was in a report format. **Reports previously printed in the report format are still valid for Licensing documentation purposes – there's no need to reprint them.**

On 10/3/19, we switched to a full-page certificate format. Here is a sample of what these certificates look like – **please note the watermark and verification code that must appear on the printed certificates.**



For your convenience, if you have an Administrator account on the MAT Online Certificate system, you can see **and print** the MAT Program certificates for all your employees. It's not necessary to open an Administrator account, but it can be a useful convenience. Here's how easy it is:

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

**To open your Administrator account:**

- **Request the account:** Go to the **MAT Program website** ([mat.medhomeplus.org](http://mat.medhomeplus.org)), click the green **Need Help** tab at the top of the page, and in Type of Problem, click **For Administrators – Request New Account**. Fill in the form that pops up and submit it. **We'll contact you by email when your account is set up.**
- **Seeing your certificates:** After receiving your new account notification email, go to the MAT Program website ([mat.medhomeplus.org](http://mat.medhomeplus.org)), click the **See My Certificates** link in the menu. Log in, and **you should see all your employees' current MAT Program certificates earned from 8/26/19 onward.**

**Frequently Asked Questions:**

- ☐ **What if I forget my username or password or need to change them?**
  - **Let us know** by clicking the green **Need Help** tab at the top of the **MAT Program website** ([mat.medhomeplus.org](http://mat.medhomeplus.org)), selecting **Forgot Username and/or Password** as the Type of Problem. Our customer service staff will help you promptly.
- ☐ **What if there are inaccuracies in the MAT Program certificates listed for my program location?**
  - **If the list of post-8/26/19 MAT Certificates for your program location is incorrect:** Your Administrator account should show all MAT Program certificates received from 8/26/19 on by providers who work at your program location. If there are any inaccuracies, we will be happy to quickly correct the problem. Just go to the **MAT Program website** ([mat.medhomeplus.org](http://mat.medhomeplus.org)), click the green **Need Help** tab at the top of the page, select **Online Certificate LIST Problems** as the type of problem, and fill in the short form.
- ☐ **My program has multiple locations and I want to see them all in one report:** You can request custom, multi-location reporting by submitting an Online Certificate LIST Problems request per the instructions above, describing your needs.

## Procedure Guide: Giving Oral Tablets

**In addition to any medication-specific instructions, follow these steps to give medication by tablet or capsule:**

- ☐ For oral medications, you **make the decision on wearing gloves**, unless you are applying medication to the gums.
- ☐ For oral medications other than those applied to the gums, you should wear gloves if:
  - The skin on your hands is cut, scabbed, or broken
  - The medication should not touch *your* skin
  - You feel more comfortable wearing gloves to apply the medication
- ☐ When removing pills or capsules from a container, **avoid touching them with your hands**.
  - **Pour the number of tablets or capsules you need into the container cap and then into a small cup.** If you pour too much, return the excess to the bottle without touching it.
- ☐ **Never crush or split medication or open capsules** unless instructed to do so on the medication consent form or the medication label.
- ☐ Compare the child's medication consent form against the medication label to match the **Five Rights** just before administering the medication to the child.
  - ☐ child's full name    ☐ medication and strength    ☐ dose    ☐ route    ☐ time
- ☐ **Give the medication** to the child.
  - *If this medication is chewable, ask the child to chew the medication.*
  - *If this medication is a melt or oral dissolvable medication, ask the child to place the medication in their mouth and allow it to melt or dissolve as directed on the medication package.*
- ☐ **Give a cup of water** to the child to help her swallow the medication.
- ☐ **Watch the child take the medication and look in the child's mouth and under the tongue** to make sure the child swallowed it.
- ☐ If you wore gloves, **remove gloves and discard using the appropriate technique**.



## Procedure Guide:

# Measuring and Giving Liquid Medication By Cup

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

### Measuring the medication:

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

### Giving the medication:



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

### *Cleaning Medication Tools*

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





## Procedure Guide:

# Measuring and Giving Liquid Medication by Spoon

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

### Measuring the medication:

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

### Giving the medication:

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

### *Cleaning Medication Tools*

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

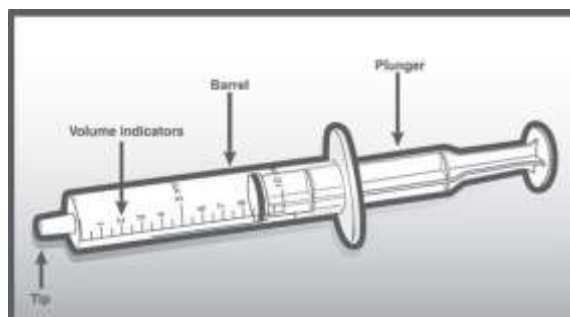


## Procedure Guide: Measuring and Giving Medication by Oral Syringe

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

### Measuring the medication:

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



☐ **Remove all air bubbles.** To do this:

- Turn the syringe so the tip is pointed toward the ceiling.
- To remove any air bubbles, either tap the syringe until the air bubbles are gone, or pull the plunger down past the air bubble making a big pocket of air, then slowly push the plunger up
- Make sure all air bubbles are gone.

☐ **Check the syringe at eye level** to make sure the dose is correct.

### **Giving the medication:**

☐ Compare the child's medication consent form against the medication label to match the **Five Rights** just before administering the medication to the child.

☐ child's full name    ☐ medication and strength    ☐ dose    ☐ route    ☐ time

☐ **Carefully place the syringe in the child's mouth between the rear gum and cheek.**

Do not squirt more medication than the child can swallow at one time. Never aim the syringe directly down the child's throat as this can cause choking.

### ***Cleaning Medication Tools***

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

## Procedure Guide: Giving Medication by Inhaler

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

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

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

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

### ***Care of Inhaler***

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



## Procedure Guide: Giving Medication by Inhaler with Spacer

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

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

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

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

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

### ***Care of Inhaler***

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



## KEY FACTS – Children’s Zyrtec®

Zyrtec is a widely used allergy medication that is often given instead of Benadryl because **a dose of Zyrtec is effective for 24 hours**, while Benadryl is given every 4 to 6 hours.

Available Children’s Zyrtec routes are:

- oral liquid syrup
- oral tablets, dissolvable
- oral tablets, chewable

Children’s Zyrtec Allergy Syrup is available for:

- Children 6 years and over: 5 mL or 10 mL once daily depending upon severity of symptoms
- Children 2 to under 6 years of age may take 2.5 mL once daily. If needed, dose can be increased to a maximum of 5 mL once daily or 2.5 mL every 12 hours.

Children’s Zyrtec Dissolvable Tablets are available for:

- Children 6 years and over: 1 tablet (10 mg) once daily; do not give more than 10 mg tablet in 24 hours. A 5 mg product may be appropriate for less severe symptoms.

Children’s Zyrtec Chewable Tablets are available for:

- Children 2 to under 6 years of age may chew and swallow 1 tablet (2.5 mg) once daily; If needed, dose can be increased to a maximum of 2 tablets (5 mg) once daily or 1 tablet (2.5 mg) every 12 hours. Do not give more than 2 tablets (5 mg) in 24 hours.
- Children 6 years and over may chew and swallow 2 tablets (5 mg) or 4 tablets (10 mg) once daily depending upon severity of symptoms; do not take more than 4 tablets (10 mg) in 24 hours.

**Is Zyrtec an “as needed” or a scheduled medication?** Zyrtec can be given **both ways**. Some children are given Zyrtec **every day year round**. Others are given Zyrtec **throughout allergy season**. Usually, daily medication Consent Forms are set up with a **scheduled time** each day when the medication is to be given. Other children are given Zyrtec **only “as needed” for the symptoms listed on the Consent Form**. And some children may have a “hybrid” Consent Form for Zyrtec, which directs you to start Zyrtec when the child first shows the listed symptoms (“as needed”), and then to give Zyrtec daily after that (“scheduled”), until the Consent Form or the parent direct you to stop. **Be sure to review the Consent Form thoroughly with the parent when they first deliver the medication to you so you clearly understand when you are permitted to give this medication.**

**Required Permissions:** Per AMAT Handout 4.1 Permissions, over-the-counter medications such as Zyrtec can be given with only a parent signature on the child's Zyrtec Consent Form, **IF** the medication is to be given for 10 working days or less. However, Zyrtec is often given daily for an extended period (more than 10 working days), such as throughout allergy season. **If an over-the-counter medication such as Zyrtec is to be given for more than 10 working days, the parent can provide a new Consent Form every 10 days, or the parent can have the child's healthcare provider also sign the Consent Form.**

**CAUTION: Confirm Strength and Recommended/Maximum Dosage Carefully** - As of January 2025, Children's Zyrtec is available in different **forms** – syrup (liquid), chewables and dissolveables/melts. In addition, Children's Zyrtec is also available in different **strengths**. For example, Children's Zyrtec Chewable is available as 2.5 mg tablets and as 10 mg tablets. All Zyrtec products have recommended daily doses and maximum daily doses, which can differ by the form and strength of the specific Zyrtec product. **It is possible to accidentally give an overdose** if, for instance, you assume the child is receiving Zyrtec 2.5 mg tablets, but in fact the parent has switched to Zyrtec 10 mg tablets. **Be careful to confirm the form and strength of the Zyrtec medication the child will be receiving when the parent delivers the medication to you.**

**CAUTION: Confirm Whether the Child is receiving Zyrtec at home before giving doses while the child is in care** – Since Zyrtec is generally given **once** every 24 hours, it's important to coordinate with the parent to ensure the child is receiving their dose either at home or at the child day program, not both at home AND while in care, especially if Zyrtec is started on an “as needed” basis when the child first has the symptoms listed on the Consent Form. Be sure, when you start giving Zyrtec, to let the parents know, in order to avoid duplicate doses.

\*Zyrtec specific information came from the product website as of 01/2025. Providers should always check the current package inserts for all medication.