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American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Pennsylvania Chapter

July 20, 2010

Pennsylvania Chapter

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Amanda Dorris
Bureau of Certification Services
Office of Child Development and Early Learning
Department of Public Welfare
333 Market Street, 6th Floor
Harrisburg, PA 17126

Dear Ms Dorris,

Re: Regulation No.14-519

The Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP) offers the following three recommendations related to the proposed amended regulations:

1. The PA AAP supports the gradual increase of annual training hours for early education and child care staff proposed by the amendments to child care regulations relating to professional development (Regulation ID# 14-519 (IRRC# 2854). Research shows that caregivers who receive effective training/education are more likely to promote the physical and mental health, safety and cognitive development of children in their care. Thus qualified caregivers/teachers promote children's health and safety, enhance positive child development and work with parents to benefit children both when they are attending early education/child care programs and at home. Currently, Pennsylvania early education and child care staff lag behind all but 4 other states in training requirements. (The current annual minimum requirement is 6 clock hours of professional development (child care training) for staff in an early education and child care center or group child care home and 12 hours of training biennially for family child care home staff.) The proposed gradual increase to 24 hrs per year is more consistent with best practices delineated in *Caring for Our Children: National Health and Safety Performance Standards*, a joint publication of the AAP, American Public Health Association (APHA) and the US Department of Health and Human Services, Maternal and Child Health Bureau.

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2. The PA AAP commends the Bureau of Certification Services for the requirement in the proposed regulation amendment for staff to receive pediatric specific first aid training. First aid for children in group care settings requires management of injuries and sudden illnesses for children until a medical professional or parent/legal guardian assumes responsibility for the care of the child. In many instances, the knowledge and skills required to provide competent first aid for children differs from care recommended for adults. General first aid courses do not adequately address the specialized knowledge and skills needed in group care settings for children. Pediatric first aid training is widely available in Pennsylvania and generally costs the same as a standard/community first aid course. The proposed amended regulation will help early education/child care facilities to obtain the appropriate content for this professional development.

3. The PA AAP commends the Bureau of Certification Services for referencing and using the *Caring for Our Children: National Health and Safety Performance Standards* to revise the proposed regulations. These standards contain the nationally recognized and widely used pediatric health and safety best practices. The PA AAP is in full support of the proposed amended requirement that some professional development hours must be in the areas of health, safety or nutrition. However, the PA AAP advises that the proposed amended regulations be further amended to reflect the national recommendations that those who give medication and provide specialized care for children should receive training for these specific activities. Without such a specific requirement, the state cannot protect children with special health care needs from incompetent and potentially dangerous care. It is not enough to rely on best practice standards for this aspect of care. Too many children remain at risk despite the (best practice) PA Core Body of Knowledge (CBK) in Knowledge Area 7- Health, Safety and Nutrition that says: "Records include documentation of special health and nutritional needs and management plans for conditions such as asthma, allergies, or other physical developmental or behavioral conditions that require more care than usual for the typically developing child."

In the Commonwealth of Pennsylvania, the Annie E. Casey Foundation's Kid Count Data Center identifies the number of children with special health care needs at 21% (7/6/10-
<http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=29>). Because the proportion of children with special health care needs is so high, and inclusive care is a legal requirement under federal law, most programs enroll some children with special health care needs. These statistics support adoption of two types of training requirements for staff to provide competent care related

to the services required while the children are in group care: a) medication administration and b) specialized procedures that differ from routine care provided for children without special health care needs.

a) The PA AAP recommends the addition to the proposed, amended regulation a requirement for training of staff who give medication. This requirement will prepare them to give medication safely and accurately. Studies in other states have identified the risks and common practice of administering medication in child care settings.^{1,2} Known risks of giving medication in a group care setting include denying medication to a child who must legally be accommodated under federal law, giving medications to the wrong child, giving the wrong medication, giving the wrong dose, giving medication using an incorrect procedure, giving medication at the wrong time, not properly handling an adverse reaction or medication error and failure to document administration of medication correctly. Caring for Our Children Standard 1.023 lists medication administration policies and practices as a topic that must be covered in initial orientation for all new full-time and part-time staff— before assuming responsibility for children in care.

The National Association for the Education of Young Children (NAEYC) accredits child care centers. The NAEYC standards include a requirement for medication administration training annually for those staff who administer medication. While NAEYC Accreditation is considered a high quality standard, above regulatory requirements, the inclusion of the requirement for training of staff to be able to safely carry out medication administration supports the need for a training requirement in the proposed amended regulations as a necessary practice.

Many children are receiving medications in various forms from staff who work in Pennsylvania's early learning and child care programs. A survey of early education professionals who are members of the Pennsylvania Child Care Association (PACCA) is being conducted collaboratively by PACCA and by PA AAP Early Childhood Education Linkage System (ECELS). The preliminary results from the first (342) respondents to the survey are that 96% report serving children with special health care needs, 84% report giving oral medication to enrolled children in the past 12 months, 64% report giving over-the-counter medication, and 79% report giving inhaled medication. More than half of the respondents said that none of the people who work in their facility had received training to give medications. Yet more than half of the respondents to the survey said they didn't need help from a health professional to perform medication

¹ Crowley, A. A. & Rosenthal, M. (2009). Ensuring Health and Safety in Connecticut's Early Care and Education Programs: An Analysis of Department of Public Health Child Care Licensing Specialists' Reports of Unannounced Inspections. Farmington, CT: Child Health and Development Institute of Connecticut.

² Sinkovits, H, Kelly, M., & Ernst, M. Medication Administration in Day Care Centers for Children. *Journal of the American Pharmacists Association*. 2003; 43:379-382.

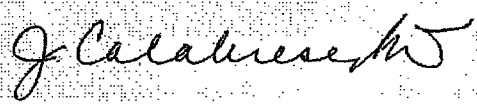
administration safely. Therefore, we strongly recommend adding a regulatory requirement for training to acquire and demonstrate knowledge and skills required for medication administration for those individuals who give medication to children in group care.

Pennsylvania already has specific medication administration regulations (3270, 80, 90).133-child medication and special diets). However, unlike many other states, Pennsylvania has yet to require formal training for staff who administer medication. The necessary training is available in Pennsylvania. The national American Academy of Pediatrics (AAP) has a curriculum designed for early education and child care providers that is available at www.healthychildcare.org/healthyfutures.html. The PA AAP's program, ECELS, has educated over 50 child care health consultants (CCHCs) or Head Start health coordinators as instructors to deliver this specialized curriculum. The curriculum includes understanding when medication administration is required for compliance with the federal Americans with Disabilities Act, types of medication children may receive, procedures to follow to accurately and safely give medication in group care settings, information necessary to have provided with medications to administer them safely, documentation of medication given and potential problems encountered when administering medication. Such training would lessen the likelihood of unnecessary adverse events associated with medication administration.

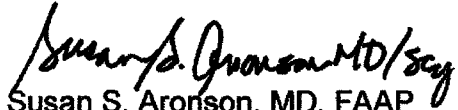
b) The PA AAP supports the definition of inclusive practices stated in the proposed amended regulations. However, to ensure the safety of children when they are away from their parents, the PA AAP asks for a more specific requirement for training to address the skills needed to care for children enrolled in group care who have special health care needs. The PA AAP suggests revising the wording of the regulation to: "Training is required for staff that addresses the specific aspects of care required by children with special health care needs in the early education and child care setting." Examples of situations which require such training include children with: asthma, food allergies, diabetes, cardiac conditions, and seizure disorders.

The PA AAP remains committed to continue to work with OCDEL to ensure the quality of care of all children. We have developed a college credit-bearing course (Child Care Health Advocate Course) to teach directors and lead teachers about the broad range of health and safety issues that need their attention. With such education, early learning and child care personnel can be more effective by integrating support they should seek from health professionals as child care health consultants. Our commitment includes development of curriculum, delivery of technical assistance and facilitation of professional development to prevent illness and injury and promote the well-being children. Our recommendations include a focus on those with special needs.

Sincerely,



Jamie Calabrese, MD, FAAP
PA AAP President



Susan S. Aronson, MD, FAAP
PA AAP Pediatric Advisor



Beth DelConte, MD, FAAP
PA AAP Pediatric Advisor

cc: Jen Lau, Bureau of Certification Services, OCDEL, PA DPW
Michaele Totino, Regulatory Analyst, Independent Regulatory Review
Commission

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Subject: Corbett, Wanda D.
Attachments: FW: Regulation No. 14-519
PA AAP Comments on Regulation 14-519.pdf

From: Suzanne Yunghans [mailto:SYunghans@paaap.org]
Sent: Tuesday, July 20, 2010 7:44 PM
To: 'adorris@state.pa.us'
Cc: 'jlau@state.pa.us'; Totino, Michaele; 'Susan S Aronson MD'; 'Beth DelConte MD'; Libby Ungvary; 'Jamie Calabrese'
Subject: Regulation No. 14-519

Dear Ms. Dorris,
Please accept the attached letter from the PA Chapter of the American Academy of Pediatrics regarding proposed Regulation 14-519. Thank you for the opportunity to provide our comments.
Respectfully submitted,
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