

DSS Policy and Procedure Guide

Division 03: Child Welfare

Chapter 02: General Administration

Item 029: Medication Management in Out-of Home Placement

Suggested changes send to: [DSS PSOA](#) Mailbox

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References: California Department of Social Services (CDSS) [Licensing Regulations, Title 22, Division 6](#); CDSS [Resource Guide](#) for Medications in Group Homes; Office of National Drug Control Policy

Revisions in Red

Replaces Issue: **February 17, 2016**

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Preamble

Child Welfare Policy and Procedure Guides (PPG) are meant to be used as tools to relay best practice and staff expectations. It is understood that specific case scenarios may not always align themselves with the stated practices and that at all times what is of paramount importance is the Safety and Well-being of the children we are charged to protect.

Purpose

This policy is intended to establish principles of safe practice in the management and administration of medication to children/youth placed in out-of-home care. All medication is potentially harmful if misused and particular care and good judgment needs to be used in dealing with its management.

It is essential that accurate records are kept of all medication. This is vital for the safety and protection of the child/youth, and those involved with its administration and disposal. It is important that any known medical information or conditions are documented and provided to the substitute and medical care provider.

This policy also describes the process for obtaining medications for children/youth that are placed after hours, and for those children/youth that do not have any medical insurance to cover the cost of prescription medications.

Should a circumstance arise in which all methods to obtain a medication for a child/youth are unsuccessful, the Social Worker is to elevate the matter to their Social Work Supervisor and/or Program Manager as appropriate. Best practice and the ethical and legal mandates that govern our profession require that all efforts to meet the physical health needs of our youth are exhausted.

Definitions

General types of medication include:

Over-the-Counter (OTC) Medication – Medications or substances that can be purchased commercially by individuals without a prescription.

Prescription Medication – Any medication that requires a written prescription by a physician, dentist, nurse practitioner, or physician’s assistant. These medications are prescribed for specific individuals and should never be given to anyone else.

PRN Prescription Medication – Any medication given only when necessary to alleviate symptoms, on an emergency or “as needed” basis, rather than on a routine basis (e.g., to relieve headache or menstrual cramps). PRN is the abbreviation for the Latin term “pro re nata,” which means “as needed.”

Psychiatric Medication – Medication prescribed by a psychiatrist or other medical practitioner for the treatment of mental illness or the symptoms of mental illness. (Please refer to [PPG 03-06-019, Dependency Court Authorization for Administration of Psychotropic Medications for further information.](#))

Procedure

Emergency Response

When removing a child/youth from the home, obtain as much information during the initial interview/assessment about the child/youth’s health conditions, such as diabetes, and if the child/youth takes any prescription medications and/or any over the counter medications. The Social Worker (SW) will address the following:

- If the child/youth is taking any prescribed medications (including psychotropic medications), note and document in the Health and Education Passport (HEP) the pharmacy, name of the medication, dosage, and the name, address, and telephone number of the doctor prescribing the medication.
- Only take medications that are in the original container with the name of the medication, the dosage, the prescribing doctor’s name, and the pharmacy name.
- Ask the care giver for the Medi-Cal card and/or other insurance card.
- Inquire as to how long the child/youth has been taking the medication and the reason why it was prescribed.
- Inquire if the medication has been successfully treating the condition, and if the medication has been used as prescribed.
- Inquire as to who has been administering the medication.
- Document in the HEP any medical appointments the child/youth has scheduled, and inquire if the child/youth is involved with any other agencies such as Central Valley Regional Center (CVRC).
- If a child/youth uses a nebulizer or other equipment, make sure that all equipment is taken with the child/youth.

- If the child/youth has been hospitalized, note and document in the HEP the dates and the reasons for the hospitalization, as well as the discharge plan.
- Consult with the Public Health Nurse (PHN) to review the medications.
- Document in CWS/CMS narrative and in the HEP the medications and medical conditions of the child/youth.
- When placing the child/youth, advise the care giver/group home staff of the medical conditions, the medication, dosage, etc. and document in your narrative.
- Ensure the care giver/group home staff has the form LIC 622, Centrally Stored Medication and Destruction Record. The medications should be recorded on the form.
- Ensure medications are stored in a locked box out of reach of the children/youth in the home.
- Information in regard to medications and medical conditions should be included in the Case Alerts in CWS/CMS if it is made into a case.
- Ensure the parent fills out the JV 225 / Child's Folder information.
- Obtain permission from the parent for use of any psychotropic medications until it can be ordered by the court.
- If the placement is temporary and the child/youth returns home, ensure that the child/youth's medication and the HEP is picked up with the child/youth and returned to the parent. This will allow the parent to see any changes in diagnosis, prescriptions, and medical care as well as scheduled follow up.
- If a child/youth is diagnosed with diabetes, make sure to get the child/youth's medications and contact the child/youth's doctor for further information regarding the child/youth's history and how medication is administered.

Emergency Response, Swing Shift, and Stand-By Procedure for Obtaining Medications

The Department of Social Services (DSS) has a contract with USSCRIPT for SWs to obtain medications on an emergency basis for children/youth that do not have medical insurance. The contract is only valid at [participating pharmacies](#). The procedure is as follows:

- If the SW was unable to obtain the Medi-Cal/insurance card for the child/youth, during regular business hours between 8 a.m. and 5 p.m. the SW will check with Eligibility to see if the child/youth has coverage. If the SW is unsure who the Eligibility Worker is for the child/youth, call 600-9001 between 7:30 a.m. and 4:30 p.m. to find out and ask about coverage.
- If the child/youth has no insurance coverage, the SW will fill out the **CWS 0001, [USSCRIPT Prescription Authorization Form](#)**, located in Child Welfare Forms.
- The County Certification Period on the form will be no longer than 5 days. The date must include the month, the day, and the year.
- The SW will provide the form to the pharmacy at the time the prescription is filled as payment.
- [Pharmacies](#) that are open 24 hours a day include the Walgreen Drug Stores at Shaw and Villa in Clovis, and Kings Canyon and Clovis Ave. in Fresno.

Self-Medication by Child/Youth

California State Licensing Title 22 regulation 89475 (Click to see the regulation in full) states that unless prohibited by a court order, a child/youth may self-administer medication or injections if the physician of the child gives permission. If there has been no permission given, and the child/youth is not age/developmentally/behaviorally appropriate, then the care giver/group home staff is to monitor and administer the medications prescribed. The care giver/group home staff is to record the date, time, and dosage given.

- If approved by the physician, the care giver/group home staff shall ensure that a child/youth knows how to self-administer their medications and injections, document and observe when they administer their medications/injections, and properly store the medications so that it is not accessible to other children/youth.
- The care giver/group home staff shall maintain all documentation of injections and glucose testing and monitoring in the current record or file for a child/youth.

Non-minor dependents (NMDs) are allowed to self-administer their medication without a doctor's authorization.

Ongoing Case Management

Regularly follow up with care givers about administering medications.

Inspect the child/youth's medications during each home visit and document in the HEP any changes.

Inquire as to any side effects.

Conduct "appropriate oversight" of medication:

- Ensure that the child/youth is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or implications, consider any changes needed to dosage or medication type and determine whether or not the medication is still necessary and/or if other treatment options would be more appropriate.

When a medication is discontinued, this also needs to be documented in the HEP.

Follow any additional state protocols that may be in place related to the appropriate use and monitoring of medications (i.e. the JV-220 process).

Keep the Case Alerts updated with the current information.

Narrate in CWS/CMS.

If there are any problems obtaining medication due to the medication not being covered by insurance, the US Script Prescription Authorization Form can be used at [participating pharmacies](#).

Change of Placement

When placing through **Resource Family Support (RFS)**, complete a new 6252 Placement Form including all of the information regarding the child/youth's medical conditions/medications so that an appropriate placement can be located. Attach the updated HEP.

If the new care giver/group home staff will require training to care for the child/youth, ensure that this is coordinated with the treating physician and consult the PHN.

Consult with a PHN as necessary to review the child/youth's medical records to ensure the child/youth's placement will appropriately meet the needs of the child/youth.

Ensure that the [LIC 622](#) is completed showing the medications that have been prescribed and/or destroyed.

Make sure all of the medications are accounted for, retain the [LIC 622](#), and provide this information to the next care giver/group home staff, along with a new, updated HEP. Fully disclose the child/youth's medical conditions, physicians, medications prescribed, and any doctor appointments the child will need to attend.

When a child/youth is moved to another placement, make sure that the child/youth's medications are reviewed with the current care giver/group home staff as to the dosage, prescribing doctor, any changes, etc.

Arrange for the Child's Folder to be delivered to the new care giver/group home staff.

Child/Youth Runs from Placement

If a child/youth runs from the placement, the SW will advise the care giver/group home staff to hold the medication for 14 days. If the child/youth does not return, advise the care giver/group home staff to document on the [LIC 622](#) and dispose of the medication appropriately per the guidelines listed above.

Document in the HEP and in a narrative that the medications were disposed of; that the child/youth ran and was no longer taking the medications.

Ask the care giver/group home staff if the child/youth took any of the medications with them when they ran and narrate.

Child/Youth Returns to Placement

When the child/youth returns and is placed, advise the care giver/group home staff of the past medications and provide a copy of the HEP.

The SW will arrange for the child/youth to be seen by a doctor for another medication evaluation when the child/youth is placed, as well as any other necessary services.

Medication in School

Care givers/group home staff must communicate with the school if children/youth are routinely expected to take medications (e.g., Ritalin, Ventolin inhaler); schools will have their own procedures regarding medications.

It is recommended that the assigned SW consult with the PHN to assist the care giver/group home staff in making the initial contact with school health staff (often a nurse) to make the necessary arrangements for administering medication.

Advise the care giver/group home staff to bring the medication to the school in its original packaging as dispensed from the pharmacist. It may be necessary for the pharmacist to order an additional prescription to bring to school, or the pharmacy may provide an extra vial with a label.

Medication on Trips, Home Visits, and While Transporting

When care givers/group home staff takes children/youth on short trips, they should try to give the medication before or after the trip, if possible.

Depending on the home situation, the assigned SW and/or care giver/group home staff should discuss the child/youth's need for medication with birth parents when children/youth are on home visits. The birth parents should be given the same amount of information and education regarding their child/youth's medication as the care giver/group home staff. This supports the goal of involving parents in their child's overall health and well-being and will ease the eventual move from foster care back to the home.

When children/youth go on home visits, the parents should at least be advised about:

- The medication used, its purpose, and possible side effects.
- Importance of giving medication at its prescribed time and amount.
- Importance of safe storage of the medication.
- Family's role in administering medications to their child.
- Return of medications to the care giver or facility after each visit home.

Guidelines for Disposal

It is the responsibility of the placement care provider/group home staff to dispose of any medications that may be outdated, that the child is no longer using, or if a child has run from placement and has been gone longer than 14 days. The care provider will utilize Licensing form 622, LIC 622 Centrally Stored Medication and Destruction Record. The medications should be recorded on the form.

The Federal Office of National Drug Control Policy issued guidelines in 2009 for the proper disposal of prescription drugs. These guidelines include:

- NOT flushing prescription drugs down the toilet or drain unless the label or patient information specifically instructs to do so.
- Taking prescription drugs to a community drug take-back program or household hazardous waste collection at a central location for proper disposal.
 - The City of Fresno has placed special receiving kiosks at strategically selected locations throughout Fresno. The disposal of sharps and pharmaceuticals (medical waste) in landfills is illegal. The kiosks are secure and placed near a City Police or Fire Department station. Fresno City management asks that all materials be placed in a secure plastic or tin container, no larger than one gallon in size with a screw lid or top.
- Taking proper steps to contain and dispose of prescription drugs when there is no community drug take-back program available.

When there is no take-back program available, the recommendation from the Office of National Drug Control states:

- Take the prescription drugs out of the container.
- Mix the drugs with an undesirable substance such as used coffee grounds or cat litter.
- Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.
- Conceal or remove any personal information, including the prescription number, on the empty containers by covering it with black permanent marker or duct tape, or by scratching it off.
- Place the sealed container with the mixture, and the empty drug containers, in the trash.

Group Homes

Group Home staff must follow all regulations referenced in the California Department of Social Services (CDSS) Resource Guide for Medications in Group Homes.

The Group Home Liaison with **RFS** will ensure that all group homes have a copy of the CDSS Resource Guide.