

<b>POLICY TITLE: Medication Administration and Management</b>		<b>PAGE 1 OF 9</b>
	<b>CHILD AND FAMILY SERVICES AGENCY</b> <b>Approved by: <u>Brenda Donald</u></b> Agency Director  <b>Date: <u>March 31, 2012</u></b>	<b>REVISION HISTORY:</b> December 7, 2011
	<b>LATEST REVISION:</b> January 6, 2012	<b>EFFECTIVE DATE:</b> March 31, 2012

<b>I. AUTHORITY</b>	The Director of the Child and Family Services Agency (CFSA) adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws and regulations, including provisions in Title 29 of the DC Municipal Regulations (DCMR), Chapters 62 and 63, and the LaShawn Implementation and Exit Plan (December 17, 2010).
<b>II. APPLICABILITY</b>	All Agency employees, contracted agency staff and contracted personnel.
<b>III. RATIONALE</b>	<p>Medication is sometimes needed to alleviate symptoms and to manage medical and/or mental health conditions of children and youth in foster care. Resource parents, staff of residential facilities, guardians, and other caregivers (hereinafter collectively referred to as "caregivers") as well as age-appropriate children should be fully informed by the health care practitioner as to the purpose of the prescribed medications.</p> <p>Caregivers are expected to understand and follow the directions given by a prescribing health care practitioner for obtaining and administering medications. In this manner, caregivers ensure child safety and well-being through compliance with recommended procedures.</p>
<b>IV. POLICY</b>	<p>It is the policy of CFSA to adhere to best practices for the administration and management of medications for children and youth in care.</p> <p>It is also the policy of CFSA to ensure that both social workers and caregivers are provided instruction on the specifics of medication administration and management, including instruction on the responsibilities of both the assigned social worker and caregiver. This policy also delineates who has authority to consent to medication administration.</p> <p>The assigned social worker shall ensure that all activities outlined in this chapter are completed in a timely manner as prescribed for each activity or procedure.</p>

<b>V. CONTENTS</b>	<b>A. Medical Consents</b> <b>B. Medicaid Eligibility</b> <b>C. Guidelines for Medication Administration and Management</b> <b>D. Administration of Psychotropic Medication</b> <b>E. Medication Errors</b> <b>F. Storage, Inventory and Disposal of Medication</b>
<b>VI. PROCEDURES</b>	<p><b>Procedure A: Medical Consents</b></p> <p>The administration of medication to a child or youth in the care of CFSA may be considered “routine” or “non-routine” medical care, depending on the circumstance. <i>Routine</i> medical care is critical to the health care process, particularly for addressing chronic and/or acute medical issues. It includes but is not limited to treatment and medications for ordinary illnesses, dental treatment and care, immunizations, well-child visits, preventative health services, and psychotherapy provided by a professional who is not a psychiatrist. (Health care practitioners authorized to prescribe medications are licensed doctors of medicine, doctors of osteopathy, dentists, podiatrists, optometrists, nurse practitioners, and physician assistants.) <i>Non-routine</i> medical care includes but is not limited to elective surgery, non-routine dental treatment, non-routine medical tests, psychiatric treatment, and the administration of any medications associated with the non-routine medical care including psychotropic medications. (The most appropriate health care practitioners to prescribe psychotropic medications are licensed doctors of medicine and doctors of osteopathy.)</p> <ol style="list-style-type: none"> <li>1. Consent for routine medical care, including the administration of medications, is not required from parents or legal guardians. Best practice dictates, however, that social workers engage parents or legal guardians to participate in the child or youth’s routine medical care.</li> <li>2. Consent is required from parents or legal guardians for non-routine medical evaluations, treatments, and the prescribing of medications by a psychiatrist, based on each occurrence. (See CFSA’s policy on <a href="#">Medical Consents</a> for guidance when parents cannot be located to provide consent.) <ol style="list-style-type: none"> <li>a. A copy of the consent form signed by the parents or legal guardians for non-routine medical care shall be provided to the child or youth’s primary care provider and any other providers treating the child or youth, including the child or youth’s assigned nurse care manager (NCM) if applicable.</li> <li>b. The child or youth’s assigned (also known as “ongoing”) social worker shall document in FACES.NET all efforts to obtain consent for non-routine medical care.</li> </ol> </li> <li>3. Consent of a parent or legal guardian, or authorization by the court, is required for the administration of psychotropic medications for a minor, regardless of whether the child or youth is receiving inpatient or outpatient care, except under the following circumstances: <ol style="list-style-type: none"> <li>a. There has been a termination of parental rights (TPR) or a relinquishment severing the rights of all parents and CFSA is the legal guardian of the child or youth.</li> </ol> </li> </ol>

<b>POLICY NUMBER/TITLE</b>	<b>CHAPTER NUMBER/TITLE</b>	<b>PAGE NUMBER</b>
Medication Administration and Management	Chapter III – Healthcare Manual	Page 2 of 9

	<ul style="list-style-type: none"> <li>• CFSA’s medical director or designee may consent until the child or youth is adopted.</li> </ul> <p>b. A minor who is 16 years of age or older is receiving inpatient treatment and has consented to psychotropic medication. <i>Note: this exception applies only to certain circumstances.</i> (See CFSA’s policy on <a href="#">Medical Consents</a>.)</p> <p><i>Note: For detailed instructions on medical consents, see CFSA’s policy on <a href="#">Medical Consents</a>. A copy of CFSA’s Medical Consents policy shall be provided and discussed with the caregiver by the assigned social worker at the time of placement.</i></p>
	<p><b>Procedure B: Medicaid Eligibility</b></p> <ol style="list-style-type: none"> <li>1. When children and youth come into CFSA’s care, they must be enrolled in Medicaid to receive health care services, including medications. <ol style="list-style-type: none"> <li>a. The assigned social worker shall ensure that the child or youth remains Medicaid-eligible throughout the child or youth’s stay in foster care.</li> <li>b. If the child or youth is already enrolled in Medicaid, the assigned social worker shall provide the caregiver with the child or youth’s Medicaid number within 5 days of placement and the Medicaid card within 30 days.</li> </ol> <p><i>Note: For Medicaid enrollment procedures, see CFSA’s <a href="#">Quick Reference Guide: Medicaid Cards</a> or contact CFSA’s Business Services Administration.</i></p> </li> <li>2. If a child or youth is in need of medical care prior to enrollment in Medicaid, the child or youth’s assigned social worker shall contact CFSA’s Office of Clinical Practice (OCP) Healthy Horizons Assessment Center (HHAC) at 202-727-8096. The OCP nurse practitioner shall follow-up with the social worker to confirm the child or youth’s enrollment in Fee-for-Service (FFS) Medicaid.</li> </ol>
	<p><b>Procedure C: Guidelines for Medication Administration and Management</b></p> <p>General guidelines for administering medication to children and youth in care follow the “Five Rights of Medication Administration”: (1) right person, (2) right medication, (3) right dosage, (4) right mode of administration, and (5) right time. The Five Rights serve as reminders that all medication should be administered thoughtfully and with serious attention to children’s safety and well-being.</p> <p>The decision regarding who will administer medications is integral to the medication administration and management process. Equally important is the information that needs to be conveyed to those administering the medication.</p>

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Medication Administration and Management	Chapter III – Healthcare Manual	Page 3 of 9

	<ol style="list-style-type: none"> <li>1. When a child or youth has completed the pre-placement or replacement screening at HHAC, the nurse practitioner shall provide the placing social worker with any prescribed medications for the child or youth. <ol style="list-style-type: none"> <li>a. The social worker shall receive the <i>Cleared for Placement Authorization Form</i> from the nurse practitioner that includes information on the dosage, frequency, modes of administration, directions for use, and refills. The social worker shall then provide this information to the caregiver in the Cleared for Placement folder when the child or youth is placed, with instructions on keeping the information in a secure location. (See CFSA’s policy on the <a href="#">Initial Evaluation of Children’s Health</a>.)</li> <li>b. The caregiver should request the same information in writing from the health care practitioner at all subsequent medical appointments.</li> </ol> </li> <li>2. The social worker shall encourage the caregiver to contact the 24-hour HHAC (202-727-8096) with any medical questions or concerns. The HHAC number is provided on the <i>Cleared for Placement Authorization Form</i>.</li> <li>3. For medications prescribed during the course of any subsequent medical appointment, the caregiver is expected to administer medications in accordance with the instructions of the health care practitioner. <ul style="list-style-type: none"> <li>• If the assigned social worker has knowledge of the caregiver refusing administration or compliance with procedures related to any medication, the social worker shall immediately report this information to his or her supervisor and consult with OCP to provide guidance in engaging the caregiver and assist in convening other members of the child or youth’s family team, if needed.</li> </ul> </li> <li>4. Caregivers shall supervise through direct observation or verbal confirmation when children or youth have permission (granted by the health care practitioner) to self-administer medications. The following considerations shall apply: <ol style="list-style-type: none"> <li>a. Age of the youth or child</li> <li>b. Ability of the youth or child to prepare and self-administer the medication</li> <li>c. Willingness of the youth or child to self-administer</li> </ol> </li> <li>5. Social workers shall advise caregivers to consult with the primary health care provider (during office visits or by telephone) or with the HHAC nurse practitioner to determine which over-the-counter medications (including vitamins) can be administered to children or youth in their care. <p><i>Note: over-the-counter medications, including creams and ointments that treat medical conditions, are defined as those that can be obtained at retail locations without a prescription.</i></p> </li> </ol>
--	--

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Medication Administration and Management	Chapter III – Healthcare Manual	Page 4 of 9

	<p>a. The social worker shall also advise the caregiver to consult with the primary health care provider or the HHAC prior to the administration of an over-the-counter medication not previously discussed.</p> <p>b. Over-the-counter medications shall be administered according to the manufacturer's label, unless there are written or verbal directions to do otherwise by a treating physician, the HHAC or a pharmacist. If verbal directions are given, the caregiver should record the name and title of the person providing the directive and the date and time that the directive was provided.</p> <p>6. The caregiver must inform the assigned social worker within one business day if a licensed health care practitioner prescribes any medication, including over-the-counter medications. This information shall contain the instructions for dosage/usage and length of time to take medication.</p> <ul style="list-style-type: none"> <li>• The assigned social worker shall document the information in FACES.NET.</li> </ul> <p>7. All medications, including over-the-counter items and vitamins, should be kept in their original containers and brought to all medical appointments.</p> <p>8. The assigned social worker and/or caregiver shall request that the health care practitioner write a separate prescription that includes the purpose of the medication and clear directions for the administration of the medication when medications are to be taken during the regular school day.</p> <ul style="list-style-type: none"> <li>• The social worker shall ensure that the staff person administering the medication at school receives the medication instructions along with the medication in the original container dispensed by the pharmacy.</li> </ul> <p>9. If blood work or other tests have been ordered, the social worker shall advise the caregiver that all tests shall be completed in the timeframes directed by the health care practitioner.</p> <p>10. The assigned social worker shall document in the FACES.NET medical screens all matters related to the child's or youth's condition and the administration of medication. If there are questions or concerns, the assigned social worker shall consult with OCP.</p> <p>11. Social workers shall assist caregivers in understanding the following guidelines for proper administration of medication:</p> <ol style="list-style-type: none"> <li>a. Verify the information with the cognitively age-appropriate child or youth.</li> <li>b. Ensure that medications are administered under sanitary conditions (e.g., hand washing and clean counter tops).</li> <li>c. Observe the child or youth taking the full dose of medication or receive verbal confirmation from the cognitively age-appropriate child or youth. Also observe closely for potential side effects.</li> </ol>
--	--

<b>POLICY NUMBER/TITLE</b>	<b>CHAPTER NUMBER/TITLE</b>	<b>PAGE NUMBER</b>
Medication Administration and Management	Chapter III – Healthcare Manual	Page 5 of 9

	<ul style="list-style-type: none"> <li>d. Store the medication as directed, and safely and securely out of the reach of children.</li> <li>e. Have a list of the child or youth’s medications readily available at all times, including the names and contact information of the health care practitioner that prescribed each medication.</li> </ul> <p>12. The assigned social worker shall advise the caregiver to exercise any of the following when a child or youth refuses to take medication:</p> <ul style="list-style-type: none"> <li>a. Talk with the cognitively age-appropriate child or youth to identify the reasons for refusal to take the medication (for example, taste, after-taste, route of administration, etc.). Stress the importance of the medication he or she is refusing to take.</li> <li>b. Explain to the child or youth that he or she can talk with the health care practitioner at the next visit or contact the HHAC at any time.</li> <li>c. If the child or youth has a chronic condition that requires medication (e.g., seizures or asthma), talk to the health care practitioner and/or OCP, to determine the appropriate course of action and inform the social worker of the results of the discussion.</li> </ul> <p>13. For youth residing in congregate care facilities, a licensed health care professional shall administer medications unless a physician has authorized facility staff to administer medications or unless the youth is authorized to self-administer medications. (See <a href="#">Title 29 DCMR, Chapter 62.</a>) The following guidelines shall apply:</p> <ul style="list-style-type: none"> <li>a. The birth parent or legal guardian shall provide consent.</li> <li>b. All staff administering or supervising a youth’s self-administration of medication shall be adequately and properly trained by an appropriate professional designated by the resource provider.</li> <li>c. When youth are permitted to self-administer medication, facility staff shall be responsible for providing the youth with training concerning administration procedures. In addition, facility staff shall provide oversight to ensure that the youth is self-administering in compliance with the prescription’s guidelines.</li> <li>d. The facility shall document the administration of the prescription medication and notify the health care professional and record significant changes in the youth’s behavior or health.</li> <li>e. Medication shall be administered in a confidential manner to protect a youth’s privacy.</li> </ul> <p>14. For youth residing in an independent living program, a licensed health care professional shall administer medications, unless a physician has authorized facility staff to administer medications or the youth to self-administer medications. (See <a href="#">Title 29, DCMR Chapter 63.</a>) The following guidelines shall apply:</p> <ul style="list-style-type: none"> <li>a. The youth and birth parent or legal guardian shall provide consent if the youth is under the age of 18. Parental consent is not required if reasonable efforts have been made to consult the parent or legal guardian and they cannot be located.</li> </ul>
--	---

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Medication Administration and Management	Chapter III – Healthcare Manual	Page 6 of 9

	<ul style="list-style-type: none"> <li>b. All staff administering or supervising the self-administration of medication shall be adequately and properly trained by an appropriate professional designated by the resource provider.</li> <li>c. When youth are permitted to self-administer medication, facility staff shall be responsible for providing the youth with training concerning administration procedures. In addition, facility staff shall provide oversight to ensure that the youth is self-administering in compliance with the prescription's guidelines.</li> <li>d. Medication shall be administered in a confidential manner to protect the youth's privacy.</li> </ul>
--	---

	<p><b>Procedure D: Administration of Psychotropic Medication</b></p> <p>Psychotropic medication is sometimes an integral part of a comprehensive mental health treatment plan. Proper monitoring and administration of the medication is critical to ensuring that the child or youth is achieving his or her therapeutic goal. The social worker shall encourage the birth parent(s) or legal guardian(s) to participate in the meeting with the treating psychiatrist, or ensure that they are available for consultation.</p> <ol style="list-style-type: none"> <li>1. Before a child or youth is prescribed psychotropic medication the following steps are required: <ul style="list-style-type: none"> <li>a. The treating psychiatrist has performed a clinical assessment that follows the criteria mandated by the American Academy of Child and Adolescent Psychiatry, including necessary lab work.</li> <li>b. The social worker shall request a diagnosis from the treating psychiatrist and inquire whether there is a need to prescribe psychotropic medication.</li> </ul> </li> <li>2. If psychotropic medication is recommended by the treating psychiatrist, the social worker shall immediately notify and inform the birth parent(s) or legal guardian (if they are not present at the appointment) as well as the child or youth's caregivers and NCM (if assigned).</li> <li>3. The social worker, treating psychiatrist, birth parent(s) or legal guardian(s), caregiver(s) and NCM (if assigned) shall engage in information sharing regarding the diagnosis and treatment plan, including the effectiveness, progress, and potential side effects of the medication on the diagnosed condition. The following information shall be shared: <ul style="list-style-type: none"> <li>a. The reasons given by the psychiatrist for prescribing the medication</li> <li>b. The type, dosage and date of medication prescribed</li> <li>c. Instructions on administering the medication</li> <li>d. Information on expected benefits and possible side effects of the medication</li> <li>e. Impact of the medication on the targeted symptoms</li> <li>f. Results and outcomes of the medication</li> <li>g. Information from appropriate persons familiar with the child or youth's overall functioning, e.g., teachers, daycare providers, etc.</li> </ul> </li> </ol>
--	--

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Medication Administration and Management	Chapter III – Healthcare Manual	Page 7 of 9

	<ol style="list-style-type: none"> <li>4. Consent from the parent or legal guardian is required prior to the administration of psychotropic medications to a child or youth in care. Consent is required for each individual psychotropic medication, and may be required for each change in medication dosage. (See CFSA's policy on <a href="#">Medical Consents.</a>)</li> <li>5. For monitoring purposes, the prescribing psychiatrist shall re-evaluate the child or youth's mental health status and condition monthly or at the time the medications are scheduled to be refilled (within 5 days of the prescription expiration) with mutual involvement of the social worker, NCM (if assigned), caregiver, and birth parent(s) or legal guardians when appropriate.</li> <li>6. The social worker shall notify the primary health care practitioner, NCM (if assigned) and other members of the child or youth's family team of any new medication or changes in medication.</li> <li>7. The social worker shall enter the following documentation in FACES.NET: <ol style="list-style-type: none"> <li>a. The drug, dosage and frequency of the prescribed medication</li> <li>b. The child or youth's reaction to the medication</li> <li>c. Monthly follow up reports by the treating psychiatrist</li> <li>d. Ongoing lab work required to monitor the prescribed medication</li> </ol> </li> </ol>
	<p><b>Procedure E: Medication Errors</b></p> <p>It is essential that the social worker review the guidelines for medication administration with the caregiver. If, however, a medication error occurs, the following information shall be considered:</p> <ol style="list-style-type: none"> <li>1. A determination which, if any, of the following types of errors occurred: <ol style="list-style-type: none"> <li>a. Missed medication</li> <li>b. Wrong medication</li> <li>c. Wrong dose of medication</li> <li>d. Medication given at the wrong time</li> <li>e. Medication given to the wrong child</li> <li>f. Medication given via wrong route or method</li> <li>g. Expired medication administered</li> </ol> </li> <li>2. Social workers shall advise caregivers to take the following steps in the event of a medication error: <ol style="list-style-type: none"> <li>a. Immediately contact the health care practitioner, pharmacist or HHAC for advice.</li> <li>b. Contact the assigned social worker and/or the OCP-Clinical and Health Services Administration (if not previously contacted).</li> </ol> </li> </ol>

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Medication Administration and Management	Chapter III – Healthcare Manual	Page 8 of 9

## **Procedure F: Storage, Inventory and Disposal of Medication**

Caregivers shall be advised of the following guidelines regarding the storage of medications:

1. All medications that require refrigeration shall be refrigerated.
2. Child safety caps shall be requested and used for all medications.
3. A cool, dry and dark cupboard is the best storage for most medications unless otherwise directed by the health care practitioner or pharmacist.
4. All medications shall be kept in a safe place and out of the reach and sight of children and youth who are not allowed to self-administer.
5. All medications shall be kept in the container in which they were received from the pharmacist. The information on the label is necessary to properly identify the patient, provider, medication, instructions for use, and the date the prescription was dispensed. In consultation with the health care practitioner, the caregiver may choose to put medications for the day or week in a pill organizer in order to better organize and track the child or youth's use of prescribed medications. This may be especially useful for children or youth who take more than one dosage of a medication throughout the day.
6. For youth in congregate care facilities, storage and inventory shall entail the following:
  - a. All medications shall be stored in a safe, locked, and sanitary area, with controlled substances kept under separate locked storage.
  - b. Refrigerated medications must be kept locked in a refrigerator.
  - c. Medications must be kept in the original container and in an area accessible only by designated staff of the facility.
  - d. Medication for each youth shall be kept in a separate container, clearly marked with the youth's name.
7. Expired or no longer prescribed and unused prescription medications shall be discarded immediately. In congregate care facilities, health care professionals supervising medication administration shall discard unused or expired medications and document as appropriate. Other caregivers should consult with the health care practitioner or pharmacist on the proper disposal of medications.
8. The assigned social worker shall ensure adherence to the above-stated guidelines.

<b>POLICY NUMBER/TITLE</b>	<b>CHAPTER NUMBER/TITLE</b>	<b>PAGE NUMBER</b>
Medication Administration and Management	Chapter III – Healthcare Manual	Page 9 of 9