

Big Bend Community Based Care Policy & Procedure

Series: 300: Medical and Behavioral Health Care
Policy Name: Medical Treatment and Medication Management
Policy Number: 302
Origination Date: 03/09/2009 **Revised:** Board Meeting of 12/13/2018
Regulation: 39.407, F.S.
65C-12.003, F.A.C.
65C-28.003, F.A.C.

Referenced Documents:

300-302 x 1, Monthly Medication Log

Policy

It is the policy of Big Bend Community Based Care, Inc. (BBCBC), to mandate contracted CMOs make certain out-of-home caregivers are prepared to implement all medication and medical treatment plans as prescribed by a medical professional, while ensuring the safety of all children in the home.

Procedure

A. Medical Care.

1. Upon entering an emergency shelter or foster care placement, the Child Protective Investigator (CPI) and/or Dependency Case Manager (DCM) will deliver all known information about the current health/medical status of a child coming into care.
 - a. The CPI and/or DCM have the responsibility to follow-up with the caregiver to ensure that they fully understand the child's need for medical assessment, treatment, and/or medication.
 - b. The CPI and/or DCM will also ensure that caregiver have documentation and/or a court order indicating who can provide consent for medical treatment.
 - c. The caregiver will monitor the medication documentation system closely and work with the CPI and/or DCM to ensure that proper authorization is in place.
2. Consents for administration of medicine and medical needs are to be signed by the parent. If parents are unable to sign then a court order will need to be obtained by the CPI or DCM.
3. If a child complains of or shows symptoms of illness, the child will be taken by the caregiver for medical evaluation, and recommendations followed.
 - a. The caregiver will inform the CPI and/or DCM of any medical services provided and will include any documentation received in the Child Resource Record.
 - b. The caregiver will follow all medical advice concerning the care of a child in their home or facility.
4. The caregiver is expected to transport or facilitate the transportation of the child to medical and dental appointments, as required.
 - a. This includes, but is not limited to, the Well Child Check (EPSDT) screening examination, as well as follow-up, medical and developmental evaluations.

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- b. The CPI and/or DCM will ensure that each child receives an annual medical check-up and semi-annual dental screening.

B. Emergency Measures.

1. All emergency phone numbers will be posted in each home or facility, with all caregiver and staff knowing the location of the numbers.
2. All medical emergencies will be handled by the designated staff/caregiver, with appropriate use of 9-1-1 as required.
 - a. Notification of an emergency will be made to the CMO DCM as soon as the emergency is under control—not to exceed one (1) hour.
 - b. The DCM will notify BBCBC in accordance procedures outlined in BBCBC's Incident Reporting Policy.
3. All non-emergency medical issues are to be reported to the physician or health care professional during normal business hours.

C. Medication Management.

1. All out-of-home caregivers will be responsible for medication management and security.
 - a. BBCBC will review policies and procedures for medications in the training and/or orientation provided to all providers.
 - b. Unused/out-of-date/unneeded medications will be destroyed in a manner to ensure safety for all children in the home/facility.
 - c. All medications will be kept in a locked cabinet, out of the reach of children.
 - d. All medication will be dispensed as prescribed by the physician.
 - e. Medications will not be administered or withdrawn without consent of the prescribing physician, or nurse practitioner, or court order.
 - f. The dosage or frequency will not be changed without consent of the prescribing physician or nurse practitioner.
2. Adequate documentation will be maintained to reflect medication administration, including, but not limited to, the child's name, medication, dosage, date and time given, and name and title of person administering the medication.
3. Medication administration will be documented at the time the medication is administered and will not be delayed for any reason.
4. The DCM and Licensing Specialist will monitor compliance with this policy and assist foster parents where necessary and appropriate.
5. The attending physician, CPI and/or DCM will be immediately notified if medication is administered which was not prescribed for the child and will complete an Incident Report to document the incident.
6. At the time a child leaves the home/facility, the medications management documentation will be attached to the child's record via the Child Resource Record. The DCM must obtain the Child Resource Record and any prescription medication currently taken by the child. The DCM should also review the Medication Log also known as Medication Administration Record (MAR) and

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inventory any medication which needs to follow the child in order to ensure continuity of care and to minimize the replacement of any medication if necessary. The movement of any medications should be appropriately reflected in the Medication Log under the transportation section. If utilizing Medical and Therapeutic Program medication log forms, a BBCBC form may also need to be used in order to appropriately document the movement. A photo of the log should then be taken and uploaded into FSFN to complete the documentation process.

D. Medication Administration.

1. A medication schedule will be posted in the home/facility to serve as a reminder of when medications are due for administration.
2. A medication log will be maintained for each child in the home/facility.
 - a. The medication schedule must be precisely adhered to.
 - b. Any diversion from this schedule must be approved in advance by the attending physician and documented in the child's daily notes or on the medication log.
 - c. The medication log must be completed and all special notes on that log observed and adhered to.
3. All medication will be distributed as directed by the prescription.
4. Any questions regarding medications should be directed to the prescribing physician.
5. If a child refuses to take a prescribed medication as prescribed, the attempt to administer must be documented in the medication log and the CPI and/or DCM and child's physician must be notified.

E. Over the Counter (OTC) Medications.

1. Non-prescription medication prescribed by a physician will be treated as a prescribed medication, according to the procedures described in this policy and documented in the medication log.
2. All OTC medications will be used in the facilities according to directions and documented in the medication log.