



# UNDERSTANDING THE REGULATIONS:

## *What Alaskan Foster Parents Need to Know*

#3

*Child Health and Medications*

1.0 Training Credit



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# UNDERSTANDING THE REGULATIONS: *What Alaskan Foster Parents Need to Know*

## *Child Health and Medications* *7 AAC 50.440, 7 AAC 50.445 and 7 AAC 50.455*

*This series was compiled with assistance from the State of Alaska Office of Children's Services to help foster parents understand the foster care regulations. This series is a guide to the regulations but is not a substitute. In all discrepancies between the information in this series and the regulations, the regulations are the final authority. Contact your licensing worker for a complete copy of the regulations.*

### FOSTER PARENT COMPETENCIES

This self-study module addresses part or all of the following Child Welfare League of America Competencies for Foster Caregivers:

**905-1** *The foster caregiver knows the state's/province's licensing rules and the mandates and expectations of foster families to remain licensed.*

**936-1** *The foster caregiver knows health, hygiene and nutrition practices that prevent or reduce the likelihood of illness in children.*

**936-2** *The foster caregiver can identify signs and symptoms of illness and contagious conditions; can communicate and document information about illness to the caseworker and physician; knows proper agency policy to obtain medical care; and knows how to follow a doctor's orders for treatment.*

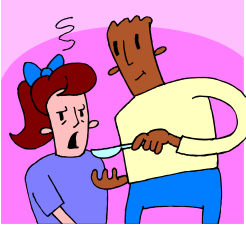
### **WHEN A CHILD FIRST COMES INTO YOUR HOME...**

When a child first comes into your home, get whatever basic health information you can from the placement worker. Ask if the child has any immediate physical or medical needs. Ask if the child has any allergies that are known, uses any medical equipment (such as a monitor) or uses any medication. If he uses medication, find out what it is, what it is for and where it is. You should never take a child without obtaining the **CONSENT FOR EMERGENCY AND ROUTINE MEDICAL CARE** form. This allows you to get emergency care for a child and to obtain routine care such as Well Child checkups or immunizations. Non-emergency major medical care requires the consent of the birth parents or OCS consent if parental rights have been terminated.



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# WHAT DO THE REGULATIONS SAY ABOUT GIVING MEDICINES TO A FOSTER CHILD?



A foster parent may give prescription medicine and special medical procedures to a child only as authorized by a doctor or legally authorized health provider. If a child is taking prescription medicine, keep the medication in its original container. This container should have a label showing the date filled, the expiration date, instructions, and the physician's or health provider's name. Keep all written records regarding the medication.

If treatment is completed and medication is left over, **throw it away!** *Do not save the medicine used with one child to treat another, even if you think the child has the same illness!* Unused medications spell trouble in a house with children. Keep all medications out of the reach of children. For common illness or injury, a foster parent can use over-the-counter drugs such as:

- ✓ *non-aspirin fever reducers or pain relievers (such as Tylenol)*
- ✓ *naturopathic remedies*
- ✓ *vitamin and mineral supplements*
- ✓ *diaper ointments and powders*
- ✓ *sun screen*
- ✓ *insect repellent*

Use these medications only according to directions unless a health provider indicates otherwise. If you receive different directions from your health provider, get those instructions in writing. You should always follow the medical instruction given to you by the medical professionals working with the child in your care.

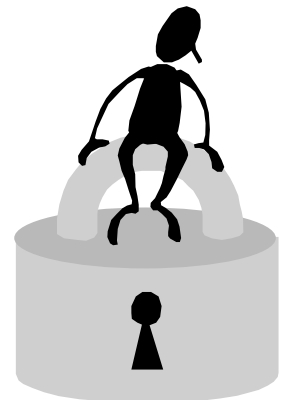
Drugs prescribed for mental illness or behavioral problems are called psychotropic drugs. Psychotropic drugs are considered *non-emergency major medical care* and must have the consent of birth parents or OCS approval if parental rights have been terminated. If medication for behavioral or mental problems (such drugs for depression) is prescribed, seek approval from the social worker before administering to a child.

## A NOTE ON CONFIDENTIALITY:

Foster parents are bound under the ethics and law of confidentiality not to share personal information about a foster child with someone outside that child's circle of care. A child's medical information should be shared only on a need-to-know basis. This means you share information that is needed by the caregiver in order to provide appropriate care for a foster child.

Share any medical information you may have on a child with that child's health provider and of course with the placement worker. If someone is providing extended care to a child, special care techniques or procedures needed by the child needs to be shared. If you do not know if you can share information about a child, talk to your placement worker or health provider about what needs to be shared with others working with your child.

You should also keep all medical records in a safe, secure place that is not accessible to people outside your family.



## ***WHAT DO THE REGULATIONS SAY ABOUT REDUCING THE SPREAD OF DISEASE?***



Foster children often come into care with little known about their medical history. To keep foster children and families safe from contagious diseases, the regulations advise all foster homes to follow basic precautions to reduce risk against the spread of Hepatitis B, giardia, HIV, and other infectious diseases. These practices are called **Universal Precautions**. **Universal Precautions** reduce the risk of diseases passed through bodily fluids. Bodily fluids include blood, saliva, feces, vomit, and semen.

Everyone in your house should follow these health practices including respite workers and babysitters. Parents and children alike should wash their hands before handling, preparing or eating food or setting the table or handling dishes or silverware. Always wash hands with water and soap after using the toilet, assisting a child in using the toilet, or changing diapers. Teach children to wash their hands as well. Handwashing with hot water and soap is a simple, extremely effective way to cut down on sickness in your home.

State law says that foster parents have the right to know any known medical, health and behavioral information about a child placed in their home. The placement worker should share with you any of this information, including information on the child's HIV status if that is a factor. However, foster care regulations specify that foster parents may not have an HIV or AIDS test done on a child in their care.

### **Universal Precautions To Prevent Transmission Of Blood-Borne Disease\***

- 1. Wear disposable latex gloves when you encounter lots of blood or when you have open sores, lesions on your skin or chapped hands.*
- 2. Wash your hands with soap before and after changing a diaper. Use disposable gloves if there is visible blood in the feces or if you have sores or cuts on your hands.*
- 3. Wash hands with soap and hot water for 30 seconds after contact with bodily fluids.*
- 4. Cover cuts and scratches with bandages until healed.*
- 5. Clean up soiled surfaces and disinfect with a fresh solution of 1 part bleach to 9 parts water.*
- 6. Put blood stained laundry in sealed plastic bags or covered containers until they can be washed. Wash in hot water and bleach.*
- 7. Use disposable materials like paper towel to stop bleeding or handling bodily fluids. Dispose of any tissues or paper towels in a sealed plastic bag placed in a covered container (such as in a plastic bag in a garbage can with a lid).*
- 8. Do not allow family members to share toothbrushes or razor blades (because of blood contamination)*

\*Excerpted from Universal Precautions by the Canadian Child Care Federation

## ***WHAT DO THE REGULATIONS SAY ABOUT MEDICAL CARE AND IMMUNIZATIONS?***



Foster parents are responsible to make sure children get regular medical care (immunizations, dental and medical exams). Foster parents can use the **CONSENT FOR EMERGENCY AND ROUTINE MEDICAL CARE** form to get routine and emergency care. But if a major medical procedure is required that is not an emergency, consent must be obtained from the birth parent. If parental rights have been terminated, OCS must consent to the procedure.

Every child in foster care needs to be immunized according to the schedule outlined in E.P.S.D.T. (*Early Periodic Screening Diagnosis and Treatment*) Program, also known as the "Healthy Kids" Program. E.P.S.D.T. is the program through Medicaid providing medical assistance to children in foster care. Many foster children are eligible for Medicaid coupons that are used to pay doctors and health professionals.

When a child is placed with you, try to determine within the first month of care if the child is up-to-date with his immunizations. *The recommended immunization schedule currently used by the Healthy Kids Program or E.P.S.D.T. is included in this packet.* Ask the child's caseworker for any medical records or the child's previous doctor or evidence that they have used the Indian Health Service if the child is Alaskan Native or American Indian. If a child is not up to date with his immunizations, make an appointment with a doctor or health care provider.

Children should also receive regular check ups and health care according to the E.P.S.D.T. schedule included in this information packet. Try to find out when the child last saw a health care provider. This information may be hard to get because it may not be known at the time of placement. Always ask for it, however, and keep records of what you were able to get and what information was not available to you. If you could not get any information, document any attempts you took to get it. Schedule a physical exam of the child coming into your care within 30 days of placement, unless the child had an exam within the last year. For a child three and younger, the exam should have been within three months of his placement in your home. Children over three years old should also have a dental exam once a year.

Finally, keep all records of care or treatment your foster child receives. These records will go with the child when he leaves your home. If you do not have official treatment records, write down any care the child received. Describe what was done, by whom, the name and address of the health provider, and dates of the treatment. Keep these records on file. A form is included in this packet as an example of what information should be recorded. If a child receives special treatment in care, such as treatment for alcoholism, or mental health counseling, keep the same information.



## E.P.S.D.T./ Healthy Kids Program State of Alaska Medical Exam and Immunization Schedule

*(At the time of publication, this is the most current immunization schedule. Ask your health provider for updates.)*

CHILD'S AGE (this age)	GENERAL HEALTH EXAM (History, Height, Weight, Nutritional Status, Examine Eyes, Ears, Teeth)	IMMUNIZATIONS NEEDED AT THIS AGE						
		DTP	Polio	MMR	Hepatitis B	HIB	Hepatitis A	Varicella/ Chicken Pox
<i>Birth to 1 month</i>	Exam				♥ *			
<i>2 months</i>	Exam	♥	♥			♥ *		
<i>4 months</i>	Exam	♥	♥		♥ *	♥ *		
<i>6 months</i>	Exam + Hemoglobin	♥						
<i>12 to 18 months</i>	Exam + Hemoglobin + Tuberculin	♥	♥	♥	♥ *	♥ *		♥ *
<i>18 to 24 months</i>	Exam + Hemoglobin						♥ *	
<i>30-36 months</i>	Exam + Tuberculin + BP + Hemoglobin						♥ *	
<i>4-6 years (Immunizations must be current for enrollment in school.)</i>	Exam + Tuberculin + BP + Hemoglobin + Urinalysis	♥	♥	♥				
<i>7-9 years</i>	Exam + Tuberculin + BP + Hemoglobin + Urinalysis							
<i>10-12 years</i>	Exam + Tuberculin + BP + Hemoglobin + Urinalysis							
<i>13-15 years</i>	Exam + Tuberculin + BP + Hemoglobin + Urinalysis	♥						
<i>16-20 years</i>	Exam + Tuberculin + BP + Hemoglobin + Urinalysis							

*\*Advisable But Not Required*

**CONSENT FOR EMERGENCY AND ROUTINE MEDICAL CARE**

\_\_\_\_\_ is hereby authorized to give permission for \_\_\_\_\_  
(Out of Home Care Provider's Name) (Child's Name)

DOB: \_\_\_\_\_ to receive emergency medical, surgical, dental, or optical care and routine medical, dental, or optical care, including check-ups, immunizations, and/or treatment for minor illnesses and accidents.

In an **emergency** this form also authorizes the care provider to immediately seek medical assistance for the child. When the incident is life threatening or requires hospitalization the careprovider immediately **informs the placement worker**, so that the child's parents or court can be contacted. When possible/appropriate, the parent will be contacted to give consent for treatment. Parental consent is especially important for any **major** emergency medical care including surgery or use of general anesthesia.

**Non emergency major medical care** always requires consent from the parent(s) or the court before the care may be provided. Examples include surgery, anesthesia, psychotropic medication or any drugs prescribed for mental illness or behavioral problems. If parental rights have been terminated, consent from the parent(s) is not required, but Division consent is required.

Provider may contact parent directly in addition to notifying the placement worker.  Mother  Father

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

If practical, the following Medical Providers should be used: Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Therapist: \_\_\_\_\_ Phone \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Date Last Physical Exam: \_\_\_\_\_ Conducted by: \_\_\_\_\_ Phone \_\_\_\_\_

Child's Allergies, including drugs, any medication the child is taking or medical treatment the child requires: \_\_\_\_\_

If known, immediate and long term medical or therapeutic needs: \_\_\_\_\_

Immunization Record attached. If not attached, location of child's record, if known: \_\_\_\_\_

This child is covered by medical insurance issued by \_\_\_\_\_ Policy #: \_\_\_\_\_  
(Insurance Co.)

This child has been determined eligible for Medicaid  Yes  No **MEDICAID NUMBER** \_\_\_\_\_

Medicaid has been applied for. Until approval is received, forward medical bills to the Placement Worker at address below.

The medical provider is permitted to provide necessary medical information to the payor.

\_\_\_\_\_  
(Signature of Placement Worker)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Authority: AS 47.10.084, AS 47.10.230,  
AS 47.35, 7 AAC.50.140(c) &  
(d), 300(a) & (g), 320(h), 440,  
455,610(c) & 7 AAC 53.320.

Distribution: Original Care Provider  
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# SAMPLE MEDICAL CARE DOCUMENTATION

Foster parents need to keep the following information whenever a child receives medical care, dental care, or treatment such as alcoholism treatment. If you do not have a record of medical care received by a child, document the following information in your records. This information should go with the child when he or she leaves your home.

## RECORD OF HEALTH CARE

Date(s) of Treatment: \_\_\_\_\_

\_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Dental or Medical Provider: \_\_\_\_\_

\_\_\_\_\_

Address of Dental or Medical Provider: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Provider: \_\_\_\_\_

Describe the Treatment Provided: