Section 8- Medical

a) **Medication Storage**
Guidelines for safely storing over-the-counter and prescription medications.

b) **Hospitalization of Foster Placements**
This form informs foster parents about what to do if a foster child requires hospitalization.

c) **Medical Exams and Medical Assistance**
Foster children are eligible for Medical Assistance. This form describes MA guidelines and the responsibility of the social worker and foster parent for the foster child's medical care.

d) **Administration of Medication**
Guidelines for administering medication (prescription and over the counter) to foster children.

e) **Medical Consent and DNR Information**
Guidelines for foster parents regarding medical consent, including guidelines for children who have a Do Not Resuscitate (DNR) order.

f) **Diseases Reportable to MN Department of Human Services**

Storage of Medication Requirements

Per Minnesota Rule, 2960.3050, Subpart 1, "Medication is inaccessible to children and vulnerable adults as needed. Schedule II controlled substances are stored in a locked area." Child Foster Care Staff recently reviewed and developed the following guidelines for the storage of all medications in licensed child foster care homes. Please make these changes immediately.

- Schedule II controlled substances must always be locked, regardless of the child's/youth's age. Some examples of schedule II controlled substances are those prescribed for ADHD (Adderall, Concerta, Ritalin) and those prescribed for pain control (Codeine, Oxycodone).
- When caring for children/youth under the age of 14, all medications (prescribed and over the counter) must be locked. Approved locking mechanisms are: a keyed lock, a digital lock, or a child proof magnetic lock (*see attached picture).*
- When caring for youth age 14 and older, providers should consider the youth's individual needs when storing medication. For example, if the youth is a suicide risk, medications should be locked.
- Lifesaving medications (i.e. EpiPen, rescue inhalers, etc.) – Lifesaving medications should be stored on a high shelf but do not need to be locked.

If a child/youth ingests a medication or other toxic substance, seek medical attention immediately. Call 911 and/or Poison Control (1-800-222-1222).

Please keep in mind, per Minnesota Rule, 2960.3050, Subpart 1, chemicals, detergents and other toxic substances must also be inaccessible to children and vulnerable adults as needed.

If you have any questions, please contact your child foster care social worker/licensor.

EXAMPLES OF CHILD PROOF MAGNETIC LOCKS: These locks can be purchased at Walmart, Home Depot, Mendards, Etc.

Reviewed and Updated 10/01/2021

PROCEDURES FOR

HOSPITALIZATION OF FOSTER PLACEMENTS

***The foster care provider will*:**

1. Arrange and attend all pre-hospitalization medical appointments with the child/adult.

2. Contact Social Worker as soon as possible.

3. Contact After Hours Social Worker at 535-5625 if hospitalization takes place in the night or on the weekend.

4. Be present at the hospital during admission. Bring the child's/adult's MA card. Do not sign for anything that requires the signature of a legal guardian.

5. In the case of an emergency admission, stay with the child/adult until the Social Worker has been contacted and treatment has begun.

6. Be present at the hospital during any surgical procedures unless alternative plans (e.g., the natural parents will be present) have been made.

7. Evaluate your home situation and report needed assistance to the Social Worker:
   A. Ask for immediate help if necessary.
   B. Baby-sitting services or respite care for other children in the home.
   C. Home health care aide to help after child/adult is home.
   D. Public Health Nursing services.

8. Provide necessary care at home and attend follow up appointments with the child.

***The Social Worker will*:**

1. Obtain all signed surgical permission forms when necessary.

2. Contact parents/guardian and facilitate appointments with attending physician if desired.

3. Arrange any alternation of visitation plans while child is hospitalized.

4. Be present at admission to hospital if possible.

5. Be immediately available or carry a cell phone during any surgical procedure or arrange for backup.

6. Arrange any necessary assistance needed by foster family both during hospitalization and immediately following hospitalization.

MEDICAL EXAMS

The child's case manager will -

1. Ensure that he/she had a physical examination within the 12 months prior to placement.
2. If the child did not have a physical examination within the 12 months prior to placement, he/she must have a physical examination within 30 days of the initial placement.
3. If this was an emergency placement **and** the child was at high risk at the point of placement, a physical examination must be completed within one week of placement.
4. Ensure that the child has a physical examination at least yearly after that.

The foster parent(s) will –

1. Provide the child with timely access to basic, emergency, and specialized medical, mental health, and dental care and treatment services by qualified persons.
2. Maintain a record of illness reported by the child, action taken by the foster parent, and the date of the child's medical, psychological, or dental care.
3. Report to the agency any serious illness or accident involving the foster child.

MINNESOTA MEDICAL ASSISTANCE

- All children placed in foster care more than 30 days are eligible for medical assistance.
- If the child's parent(s) already carry medical insurance for the child, medical assistance becomes a secondary insurance.
- The child's case manager will provide the foster parent with –
  1. the child's medical assistance (PMI) number,
  2. the name of the child's primary provider (clinic),
  3. enrolled health plan (Blue Plus or U Care) and
  4. the name of the child's dentist.
- The child must be seen by the identified primary provider or medical assistance will not cover the cost of care.

HEALTH, HOUSING AND
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2117 CAMPUS DRIVE SE-STE 200
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GUIDELINES FOR ADMINISTRATION OF MEDICATION

BRIEF OVERVIEW:

Over the counter medications:

- Always follow label instructions regarding age of child, dosage, etc. Check with physician before giving medication if indicated on the label.
- Ask parent/social worker about any known allergies.
- Check expiration date on label. Do not give child/youth expired medications. If the medication was given to you by the child's parent, return the expired medication to the parent or social worker.
- Medications must be stored where they are inaccessible to young children. *See "Storage of Medication Requirements."*
- Prior to a home visit, there must be a conversation between the foster parent, parent, and social worker regarding who will be giving the child his/her medication.

Prescription medications:

- The medication must be in its original container or duplicate container from the pharmacy. The container must have a legible label (never remove the label) from the pharmacy indicating –
  - ✓ **Child's name**
  - ✓ **Date**
  - ✓ **Name of medicine**
  - ✓ **Dosage and time**
  - ✓ **Expiration date of medication**
  - ✓ **Doctor's/nurse practitioner's name**
  - ✓ **Pharmacy name and telephone number**
- Medications are to be given only to the child indicated on the label (i.e., siblings, other foster children, foster parent's own children cannot share).
- Label constitutes the physician's/nurse practitioner's order.
- Samples must be accompanied by a doctor's written prescription.
- Ask parent/social worker about any known side effects. If parent or social worker does not know the side effects, contact a pharmacist.

  "A child may experience side effects from a medication even if the desired effect occurs. Observe the child for any physical (e.g., allergies) or behavioral side effects during the first few hours or days following the use of a new medication. If a child develops an unexpected or dangerous side effect, medical advice should be sought immediately."

  (Social Services Department, Wirral, England, February 2008)

- Medications must be stored where they are inaccessible to young children. *See "Storage of Medication Requirements."*

- Do not give child/youth expired medications. Return expired medications to the child's parent or social worker.
- Return any medications that are no longer prescribed for the child (i.e., medication has been discontinued by the child's physician or the dosage has been changed) to the child's parent or social worker.
- Prior to a home visit, there must be a conversation between the foster parent, parent, and social worker regarding who will be giving the child his/her medication.
- If the child is given the wrong medication, a dose is missed, or the child refuses to take the medication; seek medical advice. Then inform the child's social worker. The child's social worker will inform his/her parent as needed.

The five R's of medication administration:

- **Right child** – Properly identify the child. If the child is old enough, ask him/her to state his/her name.
- **Right medication** – Administer the correct medication. Check three times prior to administration.
- **Right dose** – Administer the right amount of medication.
- **Right time** – Administer medication at the prescribed time. This can usually be within 30 minutes earlier or later than the designated time unless otherwise specified by the physician or pharmacist.
- **Right route** – Use the prescribed method of medication administration.

(Minnesota Department of Health, September 2005)

Medical consent for children in foster care:

The legal parent, Indian custodian or guardian retains the right to consent for medical treatment for the minor child except in the case of **Emergency Care**

> *(Minn. Stat. 144.344 states that medical, dental, mental, and other health services may be rendered to minors of any age without the consent of the parent or legal guardian when, in the professional's judgment, the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment).*

If the child's parent or guardian refuses to consent to decisions essential to the child's well-being, the local agency must seek a court order authorizing the local agency to act for the child.

If there is a question about whether a decision requires parental or judicial consent, the agency must consult the court (MN Rule 9560.0552, subp.2).

Do Not Resuscitate (DNR) protocol for foster parents:

A foster child with an existing medical condition considered by the physician and parent(s) to be irreversible and for which the physician and parent(s) believe that cardiopulmonary resuscitation (CPR) should not be performed may have a "do not resuscitate" directive.

The foster child's physician and parent(s) shall -

- give a directive to the Olmsted County Case Manager by having the physician give an order in writing with parent's or legal guardian's signature.

The child's case manager will -

- take the signed order to the foster home at the time of placement or when a DNR is ordered by the physician.

The foster parent(s) must -

- have a designated place for the written physician's order, which is known to all family members or anyone responsible for the care of the child (personal care assistant, relief worker, baby-sitter, etc.). The order should be very clear and concise and kept up-to-date.

The order for notification for medical emergency will be:

1. Dial 911;
2. Notify the parent(s) or legal guardian. Foster providers will be provided with home and work numbers of the child's parent(s)/guardian(s) at the time of placement;
3. Notify the case manager or crisis worker (after hours and on weekends); and
4. The physician's order is presented to the emergency response team upon arrival.

NOTICE REGARDING CHILDREN WHO ARE WARDS OF THE STATE (i.e., parental rights to the child have been terminated and the child is now under guardianship of the commissioner): Please see the MN Department of Human Services "Policy on Allow Natural Death/Do Not Resuscitate (AND/DNR) or Other End-of-life Care Orders for Children Under Guardianship of the Commissioner." Link: Policy on DNR/DNI (state.mn.us)

Reportable Diseases, MN Rules 4605.7000 to 4605.7900

Diseases Reportable to the Minnesota Department of Health

651-201-5414 or 1-877-676-5414 — 24 hours a day, 7 days a week

REPORT IMMEDIATELY BY TELEPHONE

Anthrax (*Bacillus anthracis*)
Botulism (*Clostridium botulinum*)
Brucellosis (*Brucella* spp.)
Cholera (*Vibrio cholerae*)
Diphtheria (*Corynebacterium diphtheriae*)
Free-living amebic infection
(including at least: *Acanthamoeba* spp., *Naegleria fowleri*, *Balamuthia* spp., *Sappinia* spp.)
Glanders (*Burkholderia mallei*)
Hemolytic uremic syndrome
Measles (rubeola)
Melioidosis (*Burkholderia pseudomallei*)
Meningococcal disease (*Neisseria meningitidis*) (invasive)
Middle East Respiratory Syndrome (MERS)
Orthopox virus
Plague (*Yersinia pestis*)
Poliomyelitis
Q fever (*Coxiella burnetii*)
Rabies (animal and human cases and suspected cases)
Rubella and congenital rubella syndrome
Severe Acute Respiratory Syndrome (SARS)
Smallpox (variola)
Tularemia (*Francisella tularensis*)
Unusual or increased case incidence of any suspect infectious illness
Viral hemorrhagic fever
(including but not limited to Ebola virus disease and Lassa fever)

REPORT WITHIN ONE WORKING DAY

Amebiasis (*Entamoeba histolytica/dispar*)
Anaplasmosis (*Anaplasma phagocytophilum*)
Arboviral disease
(including, but not limited to, La Crosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, West Nile virus disease, Powassan virus disease, and Jamestown Canyon virus disease)
Babesiosis (*Babesia* spp.)
Blastomycosis (*Blastomyces dermatitidis*)
Campylobacteriosis (*Campylobacter* spp.)
Candida auris
Carbapenem-resistant Enterobacteriaceae (CRE)
Cat scratch disease (infection caused by *Bartonella* species)
Chancroid (*Haemophilus ducreyi*)
Chikungunya virus disease
Chlamydia trachomatis infections
Coccidioidomycosis
Cronobacter sakazakii in infants under one year of age
Cryptosporidiosis (*Cryptosporidium* spp.)
Cyclosporiasis (*Cyclospora* spp.)
Dengue virus infection
Diphyllobothrium latum infection
Ehrlichiosis (*Ehrlichia* spp.)
Encephalitis (caused by viral agents)
Enteric *Escherichia coli* infection
(*E. coli* O157:H7, other Shiga toxin-producing *E. coli*, enterohemorrhagic *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*, enteroaggregative *E. coli*, enterotoxigenic *E. coli*, or other pathogenic *E. coli*)
Giardiasis (*Giardia intestinalis*)
Gonorrhea (*Neisseria gonorrhoeae* infections)
Haemophilus influenzae disease (all invasive disease)
Hantavirus infection
Hepatitis (all primary viral types including A, B, C, D, and E)
Histoplasmosis (*Histoplasma capsulatum*)
Human immunodeficiency virus (HIV) infection, including Acquired Immunodeficiency Syndrome (AIDS)
Influenza
(unusual case incidence, critical illness, or laboratory-confirmed cases)
Kawasaki disease
Kingella spp. (invasive only)
Legionellosis (*Legionella* spp.)
Leprosy (Hansen's disease) (*Mycobacterium leprae*)
Leptospirosis (*Leptospira interrogans*)
Listeriosis (*Listeria monocytogenes*)
Lyme disease (*Borrelia burgdorferi*, and other *Borrelia* spp.)
Malaria (*Plasmodium* spp.)
Meningitis (caused by viral agents)
Mumps
Neonatal sepsis
(bacteria isolated from a sterile site, excluding coagulase-negative *Staphylococcus*) less than seven days after birth
Pertussis (*Bordetella pertussis*)
Psittacosis (*Chlamydophila psittaci*)
Retrovirus infections
Salmonellosis, including typhoid (*Salmonella* spp.)
Shigellosis (*Shigella* spp.)
Spotted fever rickettsiosis
(*Rickettsia* spp. infections, including Rocky Mountain spotted fever)
Staphylococcus aureus
(only vancomycin-intermediate *Staphylococcus aureus* [VISA], vancomycin-resistant *Staphylococcus aureus* [VRSA], and death or critical illness due to community-associated *Staphylococcus aureus* in a previously healthy individual)
Streptococcal disease - invasive disease caused by Groups A and B streptococci and *S. pneumoniae*
Streptococcal disease - non-invasive *S. pneumoniae*
(urine antigen laboratory-confirmed pneumonia)
Syphilis (*Treponema pallidum*)
Tetanus (*Clostridium tetani*)
Toxic shock syndrome
Toxoplasmosis (*Toxoplasma gondii*)
Transmissible spongiform encephalopathy
Trichinosis (*Trichinella spiralis*)
Tuberculosis (*Mycobacterium tuberculosis* complex)
(pulmonary or extrapulmonary sites of disease, including clinically diagnosed disease). Latent tuberculosis infection is not reportable.
Typhus (*Rickettsia* spp.)
Unexplained deaths and unexplained critical illness
(possibly due to infectious cause)
Varicella (chickenpox)
Vibrio spp.
Yellow fever
Yersiniosis (enteric Yersinia spp. regardless of specimen source)
Zika virus disease
Zoster (shingles)
(all cases <18 years old; unusual case incidence/complications regardless of age)

SENTINEL SURVEILLANCE

Diseases reportable through sentinel surveillance are reportable based on the residence of the patient or the specific health care facility. Sentinel surveillance is not statewide reporting.

Staphylococcus aureus
Candidemia (*Candida* spp.) (blood isolates only)
Carbapenem-resistant *Acinetobacter* spp. (CRA), and *Pseudomonas aeruginosa* (CR-PA)
Clostridium difficile
Respiratory syncytial virus (RSV)
Nontuberculous Mycobacteria (NTM), pulminary and extrapulmonary

FOOTNOTES

Submission of clinical materials required. Submit isolates or, if an isolate is not available, submit material containing the infectious agent in the following order of preference: a patient specimen; nucleic acid; or other laboratory material. Call the MDH Public Health Laboratory at 651-201-4953 for instructions.

Invasive disease only: isolated from a normally sterile site, e.g.: blood, CSF, joint fluid, etc.

In the event of SARS or another severe respiratory outbreak, also report cases of health care workers hospitalized for pneumonia or acute respiratory distress syndrome.

Also report a pregnancy in a person with Zika; or a person chronically infected with hepatitis B, HIV, or syphilis.

TO REPORT

- For immediate reporting call: 651-201-5414 or 1-877-676-5414.
- Report forms can be downloaded at www.health.state.mn.us/diseasereport

DEPARTMENT OF HEALTH
Infectious Disease Epidemiology, Prevention and Control
Phone: 651-201-5414 or 1-877-676-5414 | Fax: 651-201-5743
www.health.state.mn.us/diseasereport

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