

Wirral Fostering Service

Consent to Medical Treatment in Foster Carer Placements

IT TAKES A BIG **HEART** TO FOSTER



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Regulations and Standards

STANDARD 4 - Safeguarding Children

STANDARD 6 - Promoting good health and wellbeing

1. Introduction

Whether used to alleviate the pain of a toothache or to stabilise a serious medical condition like diabetes, medication can be critical to the functioning and well-being of children in foster care. The proper administration of medication is always important; given that children in foster care are placed outside their own homes, it becomes even more crucial to manage and document the activity. Storage and disposal of medication are other issues that must be addressed in a foster care setting.

Before any medication can be given by Foster Carers consent to routine or specific medical treatment needs to have been obtained. Further details can be found in the procedure 'medical forms to be used for children looked after by Local Authority'.

The purpose of medication varies depending on the child's medical condition and needs. It can be given to alleviate symptoms or manage medical or mental health conditions. When Foster Carers know the purpose of the prescribed medication, they may find it easier to comply fully with the health care provider's instructions. Children may also be more co-operative when they understand its purpose.

This procedure provides instructions and guidance regarding medication for children in foster care for use by health and Specialist Services professionals.

(The content of some of this procedure is adapted from a document 'Health Services for children in Foster Care', NYS Office of Children and Family Services).

2. Procedure

2.1 Consent to Medical Treatment

Consent to medical treatment must be sought before any medical treatment can be given.

Where a child is competent, their consent should be sought in the first instance. A competent child is a child who has 'sufficient understanding and intelligence to enable him or her to fully understand what is proposed' (Gillick v West Norfolk and Wisbech AHA, 1986).

If children are not legally competent (do not 'have capacity') to give consent for themselves, consent from someone who has Parental Responsibility is required except in an emergency when it would be unreasonable to wait.

Legally one person with Parental Responsibility is required for consent to medical treatment, although it is good practice to involve all those close to the child in the decision-making process. Delegated consent can be given to Foster Carers by the Local Authority when they have Parental Responsibility under an Interim Care Order or Care Order

In emergency situations, where there is no one able to give valid consent, the decision can be given by a medical professional to give immediate necessary treatment on the basis that it is in the child's best interests.

Where it is appropriate parents should be asked to sign a placement information record giving consent to routine medical treatment.

Parents of children who are looked after and accommodated may retain Parental Responsibility in relation to their children, even though in some circumstances the exercise of that responsibility may be limited. All parents should be informed, whenever possible, about their children's health and medical treatment.

In situations where the child's parents or the child refuse or are unable to consent to medical treatment the process for obtaining consent will depend on the legal status of the child.

Those who have Parental Responsibility other than the child's parents include:

- The child's legally appointed guardian – appointed either by a Court or by a parent with Parental Responsibility in the event of their own death;
- A person in whose favour a Court has made a Child Arrangement Order concerning the child;
- A Local Authority designated in a care order in respect of the child (but not where the child is being looked after under Section 20 of the Children Act, also known as being 'Accommodated' or in 'Voluntary Care');
- A Local Authority or other authorised person who holds an Emergency Protection Order in respect of the child.

Foster Carers only have the right to consent when this has been delegated to them in the Placement Information Record and will only cover routine treatment.

The Head of Service of the child's Social Worker has delegated authority to give consent for medical treatment on behalf of the Local Authority for children in the Local Authorities care (see above), unless a decision has been made within the Care Plan that the parents will be consulted.

See also [BMA - Consent Tool Kit](#).

2.2 Routine Medical Treatment

When a child entering foster care is on medication, this should re-evaluated as part of the preliminary medical examination.

If the routine medication is continued, Foster Carers must be provided with sufficient information so that they can understand how to administer the medication, including the purpose, dosage, schedule, route, duration of use, and side effects and how to respond to potentially dangerous side effects.

The placement information record should contain information about the routine medication that the Foster Carer can provide or consent to i.e. ongoing routine medication, dental appointments, eye tests, homely remedies and immunisations. The appropriate documents must be signed by the person with Parental Responsibility i.e. parents or Head of Service of the child's Social Worker where the Local Authority has Parental Responsibility to delegate the responsibility to Foster Carers.

2.3 Specific Treatment

Medication must only be given on the guidance of a medical practitioner. Some minor conditions can be resolved with a homely remedy (see medication policies, homely remedies). Foster Carers must be advised

that all homely remedies must not be continued beyond forty-eight hours without seeking advice from the child's GP.

Consent must be obtained for any medical treatment that is not included in the placement information record as routine treatment. Consent must be obtained from the child themselves if they are old enough (or 'Gillick competent') and/or the Head of Service or Team Manager for the child's Social Worker.

See 'inter-agency arrangements for the care and protection of children and young people where emergency medical treatment is necessary'.

The Head of Service must be consulted in all circumstances where there are risks involved in having or not receiving medication.

The person giving the consent must be provided with precise information about:

- The treatment being advised;
- Who is giving the advice about treatment;
- What the treatment will involve;
- What risks or side effects are possible;
- Expected care needed following the procedure;
- How long the treatment is to last;
- Who will be providing the treatment?

2.4 Advice to Foster Carers

Foster Carers are responsible for understanding and following directions given by the prescribing practitioner; it is important to review compliance with the prescribed medication during supervision or social work statutory visits. Stress, also, that medication cannot be discontinued unless ordered by the practitioner.

Make sure that Foster Carers know:

- How to prepare for medical appointments in terms of medication;
- If blood work or other tests have been ordered, that these are to be completed in timeframes directed by the practitioner;
- To bring all medications that the child has been taking, including over the counter items (such as vitamins), to any medical appointments.

2.5 Who Administers Medication

Who administers medication depends on several factors, such as the child's age, ability to prepare and self-administer the medication, and willingness to do so. Generally, Foster Carers of young children will be responsible for knowing the medication schedule, verifying the correct dose, preparing the medication (e.g., removing a pill from a bottle, measuring liquid), and recording the information.

Older children may be responsible for taking medication under the supervision of the caregiver.

Note: Foster carers of the same sex as the child or young person should administer certain types of medications such as vaginal creams, rectal suppositories, and anti-fungal sprays.

2.6 Procedure for Administering Medication

General guidelines for administering medication to children in foster care follow the “Five R’s of Medication”

- Right person;
- Right medication;
- Right amount/dosage;
- Right route of administration
- Right time

Foster Carers will find these ‘rights’ useful whenever they administer medication. The five R’s are reminders to administer medication thoughtfully and with attention (not in a hurry) and that doing so is a serious responsibility.

Critical points in administering medication include:

- Knowing how to read the label, which should specify the child’s name, name of the drug, date, route of administration, dosage, frequency, time, directions for use, precautions, refills and stop date;
- Verifying the information with the child, as appropriate;
- Making sure conditions are clean (e.g. hands washed, clean counter) and well lit;
- Observing the child take the medication and swallow it completely;
- Storing the medication safely and as directed;
- Documenting the administration of medication.

Side Effects

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

Give Foster Carers the message that it is important to adhere to the dose and frequency prescribed for each medication. Many medications are not effective unless a certain level is maintained in the blood; missing a dose could have a harmful effect on the child’s health. It is important to be consistent when giving medication.

Recording Medication

Foster Carers must use a medication log at all times.

The date, time, dosage, must be recorded and the carer and child if willing to co-operate must both sign that they have received the medication.

Where there are any errors or the child refuses to take the medication, this must be recorded in the medication log.

Any relevant comments or observations must also be recorded in the child's medication log. These comments can be particularly useful in revealing patterns around the effect of the medication and the child's tolerance.

Foster Carers should be encouraged to keep a list of the child's medications to present to any medical or mental health provider. Foster Carers should be urged to keep the list with them in case of emergencies.

Medication Errors

Situations may occasionally arise that require action, such as medication errors, refusal to take medication, and taking medication outside the foster home or facility.

If an error in the administration of medication occurs, it is important to determine the type of error that occurred. Was the error procedural, such as giving the medication at the wrong time? Or was the error likely to be dangerous to the child, such as giving a medication to the wrong child?

If the error is dangerous, contact the child's GP and/or accident and emergency department immediately.

Examples of medication errors:

- Missed medication;
- Wrong medication;
- Wrong dose of medication;
- Medication given at wrong time;
- Medication given to wrong child;
- Medication given via wrong route or method;
- Discontinued medication given;
- Outdated medication given;
- Medication contaminated (e.g. dropped on the floor).

Concerning errors, advise Foster Carers to:

- Contact the Accident and Emergency Department or GP if an excess dose is suspected;
- Contact the pharmacist immediately for advice;
- Observe the child for any possible effects;
- Contact the child's Social Worker;
- Document any error (e.g. missed dose) in the medication log.

When buying prescription medication, ask the pharmacist what to do when a child misses taking the scheduled dose.

Child Refusal to take Medication

Sometimes children express concern about taking a medication because they don't see the benefit, or they're tired of taking it, or they feel 'different' from their friends by having to be on medication.

Side effects that change the child's energy level or appearance can also make a child reluctant to comply with their medication regimen. Encourage Foster Carers to take these concerns seriously and address them before they reach the stage of refusing to take the medication.

Guidance to Foster Carers when a child refuses to take medication includes:

- Try to talk the child through it. Find out why he/she is refusing the medication. Stress the purpose and importance of taking the medication;
- Explain that the child can talk to the health care provider on the next visit;
- If the child still refuses, ask the mental health professional or health staff for help;
- If the child has a condition that requires medication (e.g. seizures, asthma), talk to a health professional to determine the appropriate course of action.

Tips on taking medicine:

- Mix the medicine with a small amount of food or drink, if appropriate. Crush tablets or open capsules in order to mix them. Let the child choose the food or drink. Always check with the health care provider, nurse or pharmacist first to be sure this is okay;
- See if the pharmacist can change the form or flavour of the medicine to make it more palatable;
- Have the child take medicine at the same time the Foster Carer takes medicine or vitamin;
- Have a contest to see who can take their medicine faster;
- A health care practitioner should demonstrate to Foster Carers the proper procedure for administering medication to babies;
- Some children do best when they take a deep breath and drink the medicine down fast. Others take their medicine a sip at a time with a drink of juice in between. Sometimes it helps for the caregiver to count for the child while he/she takes the medicine;
- Offer a reward such as a sticker or star when the child takes the medicine.

2.7 Administering/Taking Medication Outside the Foster Home

Whenever possible, dosing schedules should be planned to minimise the administration of medication outside the foster care setting. The use of long-acting formulations may eliminate the need to take medicine during the school day. However, there will still be times when children in foster care need to take medication while in school, on trips, or on home visits.

Medication in Schools

Foster Carers must communicate with the school if children are routinely expected to take medications (e.g., Ritalin, Ventolin inhaler); schools will have their own procedures regarding medications.

Foster Carers must 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 Foster Carers take children on short trips, they should try to give the medication before or after the trip, if possible.

Depending on the home situation, Social Workers and/or Foster Carers should discuss the child's need for medication with birth parents when children are on home visits. The birth parents should be given the same amount of information and education regarding their child's medication as the Foster Carers. 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.

Birth parents should be kept informed about the child's health. When children go on home visits, the parents should 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 medication to the foster home or facility after each visit home.

2.8 Storage, Inventory and Disposal of Medication

Storage and Inventory

Regarding storage of medications, Foster Carers should follow these guidelines:

- Certain Medications require refrigeration, if this is the case there will be a Keep Refrigerated label on the container;
- A cool, dry, dark cupboard is the best storage for most medications; remember that a bathroom medicine cupboard often becomes hot and steamy and is not the best place to store medications;
- All medication must be kept in a locked box or cupboard and away from the reach or sight of small children;
- Medication must always be kept in the container in which it was received from the pharmacist. The label must not be removed. The information on the label is necessary to properly identify the patient, provider, medication, instructions for use, and date the prescription was dispensed.

Disposal

It is important that old, outdated, and potentially dangerous medications not be kept available for use.

Foster Carers must return any unused medication to the pharmacist.