

Medication Administration – Quick Reference

THIS REFERENCE PROVIDES FOSTER CAREGIVERS WITH INFORMATION ABOUT THE FOLLOWING:

PAGE 1: Overview of key policies/procedures

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2. Restricted/Psychotropic medication
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7. Adverse reaction or unexpected side effects
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DEFINITION: “Medication” refers to any of the following:

- Over The Counter (OTC) medication: Examples: to treat headache, fever, diarrhea, cough and cold, allergies, etc.
- Vitamins, Herbal supplements, Homeopathic remedies: Examples: Echinacea, Yarrow, Chewable vitamins.
- Prescriptions: prescribed by a doctor.
- Controlled Substances: drugs with ‘higher-than-average’ potential for abuse or addiction.

DEFINITION: “Psychotropic” refers to any mind-altering medication. Examples: Sleep aids, or medication to treat neurological issues such as ADHD, depression, anxiety, etc.

Written Authorization from CIP office is required for the following:

- To administer psychotropic/ mind-altering medication. As well, notify CIP/FCSW in writing if dosage is changed, or med is stopped.
- If someone other than an adult caregiver is to administer a med, such as a youth in the home, or a babysitter. And if the babysitter is a foster child, that child’s CIP must give authorization as well.
- **NOTE:** Psychotropic medications may only be administered by an adult caregiver.
- Youth 12 years or older may ONLY self-administer medication with written authorization from their CIP.

Medication Administration Policies:

- Foster parents may administer meds, if they consult with the doctor/pharmacist and notify the FCSW/CIP prior to administering the first time.
- Obtain written instructions from the pharmacist on *adverse* interactions (food, sun, other meds), or possible side effects. Forward a copy to Crossroads with monthly documentation and keep a copy near the medication.
- Medication changes (dosage, etc.) MUST be approved by a doctor, and FCSW/CIP must be notified.
- Report to FCSW, for the Progress Report, the name of each medication started, ended, or changed.
- A monthly Medication Administration Log will be kept for each child in care who receives meds and submitted to Crossroads with other monthly documentation.
- Youth may self-administer only under the following conditions:
 - **CIP written approval is on file.**
 - Child must be 12 years or older.
 - Child has been instructed on the use of the med by a professional (Doctor/pharmacist).
 - No narcotic or street value to the drugs.
- Foster parents may not administer medication through invasive procedures. This includes enemas, douches, etc. If foster parents are required to do more specialized procedures (e.g. epi-pens, insulin injections, asthma inhalers), documented training by a health care professional and written consent from the CIP must be placed on both the foster family’s and foster child’s file.

Medication Administration

1. Medication Administration Step by Step

- a. Wash your hands.
- b. Take one dose out of its storage place at a time.
- c. **7 'Rights'** - Read the label to ensure it is the **right medication**, the **right dose**, at the **right time**, with the **right route**, to the **right child**, then track with the **right documentation**, and monitor for the **right response**.
- d. Give the medication to the foster child.
- e. Ensure the medication is documented on the Log, and initial to show that you administered it.
- f. For oral medication, stay with the child and ensure that it was swallowed.
- g. The person who takes the medication out of its storage place is responsible for giving it to the child/youth, or for preparing the medication for transportation by another approved adult caregiver.

2. Restricted Medication – Psychotropic Medicine & Sleep Aids

- Foster parents must have **written consent from a child's CIP** before filling any prescription for psychotropic drugs or sleep aids. **NOTE: this consent is required** even if a psychiatrist were to give direction to fill the prescription and begin giving it to the child.
- Notify CIP if dosage is changed, or med is stopped.

3. Medication Review

To be completed by a doctor, psychiatrist, pharmacist, or other qualified health care professional:

DEFINITION: *A Medication Review involves a professional reviewing a list of all medications being taken by the child (prescribed, OTC, supplements, vitamins) to ensure there will be no adverse drug interaction.*

- Agency Standards require a review of the child's medications by a doctor or qualified health care professional/pharmacist in the following circumstances:
 - Upon placement: If a child arrives at your home with medication and/or a prescription to be filled, take them all to the child's initial health appointment for the doctor to review and record.
 - When there has been a change in medication prescription or routine.
 - If the child has been hospitalized: Medications must be reviewed again upon discharge.
 - Before giving your foster child any natural / homeopathic remedies.
 - If the child is taking medication and has had a noticeable change in behaviour or shows an adverse reaction to a new or ongoing medication (i.e. falling asleep suddenly, losing balance, aggression) – *Requires a Critical Incident Report.*
- Report med reviews for any of these circumstances to your FCSW for the child's quarterly Progress Report.

4. First Time Use of Non-Prescription Medications:

- First time use of over-the-counter medication will be approved/directed by a doctor, health care professional, or pharmacist.
- **Medication Review – IMPORTANT:** Inform the doctor/health care professional of all other medications the child is currently taking, to prevent any adverse effects from mixing medications (including vitamins/supplements).
- Document the directions and administration of the non-prescription medication.
- If unable to reach your doctor, speak to your pharmacist or call Capital Health Link – dial 811.

5. Medication Errors

Possible errors could include:

- wrong medication – *e.g., someone else's medication.*
- wrong time – *e.g.: morning med given in the evening.*
- wrong dosage – *e.g.: doctor reduced the dose and you forgot; or you forgot to cut a pill in half.*
- wrong route – *e.g.: you told the child to swallow the pill instead of letting it dissolve under their tongue.*
- wrong date – *e.g.: you administer a med too soon, that was supposed to be given the night before surgery.*
- pharmacy errors – *e.g.: pharmacy gave the wrong medication or wrong instructions.*

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6. Dealing With Medication Errors or a Child Refusing to Take Medication

- Do not try to force a child to take a medication.
- Consult with your pharmacist or Capital Health Care Link - dial 811 to confirm that there will be no adverse effects from the error or refusal. Follow their direction if the child will require medical intervention and contact Crossroads and CIP/Crisis Unit immediately.
- Record the error or the refusal on an Incident Report form and email/report it to your FCSW within 24 hours.
- Record the error or refusal on the “Medication Administration Log.”

7. Adverse or Unexpected Side Effects:

- Consult a doctor, pharmacist, or Capital Health Care Link (dial 811) and follow their directions.
- Record it on an Incident Report and report to Crossroads FCSW or On-Call, and CIP within 24 hours.
- If the reaction is severe, take the child to a doctor or medical emergency center. Contact CIP and FCSW immediately.
- If after hours, call CFS Crisis Unit at 1-800-638-0715 and Crossroads On-Call worker (780) 893-9715.

8. Storage of Medication:

- All medications, including refrigerated medications, prescription and non-prescription, vitamins, and herbal remedies, must be stored in a locked location. **Even if the foster parents believe there is no risk of children in the home trying to access unsecured medications (e.g.: long-term, known placements), all medications must be locked in a secure location to meet Accreditation standards and Licensing requirements.**
- Medications that must be refrigerated can be stored in a small, locked container in the fridge.
- Exceptions: Items that must be accessed quickly, such as inhalers and epi-pens, are not required to be stored in a locked location. Alternate storage arrangements for any medication will be documented on child’s service plan.

9. Transportation of Medication:

- Medications must be locked in the glove compartment or trunk.
- When the child is going on a visit, the medication must be transported by the driver and handed over to a responsible adult.
- Children/youth may not carry their own medication on outings or to school. **Exception: if there is written consent from the CIP on file.**
- Children/youth may not have control of their medication that they take regularly at school. It must be kept at the school office, or brought to the school by an approved adult, or some other arrangement must be made with the school administration. **Exception: if there is written consent from the CIP on file, and documented notification to the school administration.**
- Medication and vitamins/supplements must be transported in original packaging, when possible.
- Alternative approved packaging would include a bubble-pack, dosette, or individual medication envelopes for each dose [all of these can be obtained from a pharmacy]. Alternative packaging **MUST INCLUDE** labeling that indicates:
 - a. Child’s name
 - b. Name of med
 - c. Med admin schedule/ dosage
 - d. Med admin cautions (take with food, etc.)

10. Disposal of Medication:

- Return any unused or outdated medications to the pharmacy.

11. Specialized Medical Procedures, Health, or Adaptive Equipment

(examples: use of an epi-pen, insulin injections, adaptive shoes to address club foot, etc.)

- **Consent from the child’s guardian** is required for use of adaptive or specialized equipment.
- Foster parent must receive training from the appropriate health professional before using the device.
- The health care professional will instruct the foster parent and child (as appropriate) in maintenance, access, etc. as required, as well as how to document this.
- A plan of supervision (by health care professional and agency) for the foster parent will be set up and on file.

Medication Administration

Infection Control – Universal Precautions

To control the transmission of infectious diseases, Crossroads requires:

- Foster parents must have disposable nitrile gloves on-site to be used when handling body fluids or materials contaminated by body fluids.
 - Gloves are removed in such a way so as not to contaminate the unprotected skin.
 - Upon removal of gloves, hands are to be washed with soap and warm water.
- Foster parents must use nitrile gloves when changing diapers until such time as safety is assured.
- A solution of 1 part bleach to 9 parts water is to be used to clean up spills on surfaces or items contaminated with blood or other body fluids. Gloves are to be worn while cleaning.
- Any cloth items (e.g.: linens, clothing) contaminated with blood and body fluids should be laundered separately using detergent and water.
- Any disposable items or waste soiled with blood or other body fluid should be placed in a double garbage bag (e.g., Diapers) and disposed of in the regular garbage.

If you get blood on your skin:

If your skin is not broken:

- Get all the blood off as quickly as possible.
- Wash the whole area as thoroughly as possible.

If your skin is broken, or if blood gets in your eyes or mouth:

- Flush thoroughly with water.
- Contact your doctor or the Capital Health Link – dial 811.

Hazardous Items:

Disposal of sharp items such as needles, and razor blades:

- Put them into a hard container that cannot break or be punctured (empty bleach bottles with caps, or coffee cans with lids), and seal it shut.
- Put with regular garbage for pick-up.

Sharing Items:

Crossroads encourages the use of (individual) personal towels for all family members.

Crossroads prohibits the sharing of:

- Toothbrushes
- Needles
- Razors
- Pierced earrings
- Body piercing jewelry
- Make-up
- Thermometers (unless cleaned with alcohol).

Routine Infection control measures should be continued until there is no further requirement to do so. In some cases, this will continue until a child has grown out of the diaper stage.