

DSS Policy and Procedure Guide

Division 03: Child Welfare

Chapter 16: Transitional Shelter

Item 01: Medication Oversight and Monitoring

Suggested changes send to: [DSS PSOA](#) Mailbox

Issued: September 6, 2024

References: Title 22, Div 6, [Chapter 1](#), [Chapter 5](#), [Chapter 12](#), All County Letter [23-22](#), [21-59](#), [17-45](#), [16-69](#), [16-31](#), [WIC§16001.9](#), [WIC§ 362.04](#) and [362.05](#), Health and Safety Code, [Section 1565](#), [SB 377](#), California Rules of Court, [Rule 5.640](#), [Fresno County Plan of Operation](#), [Operations Manual](#)

New

[Policy](#) / [Purpose](#) / [Definitions](#) / [Intake](#) / [Storage](#) / [Medication Needs](#) / [Administering Medication](#) / [Discharge](#) / [Documentation](#) / [Training](#)

Preamble

Child Welfare Policy and Procedure Guides (PPG) are meant to be used as tools to relay best practice and staff expectations. It is understood that specific case scenarios may not always align themselves with the stated practices and that at all times what is of paramount importance is the Safety and Well-being of the children we are charged to protect.

Policy

The Department of Social Services (DSS) will ensure the appropriate oversight and monitoring of medication for any youth awaiting placement at the Fresno County Transitional Shelter Care Facility (TrSCF).

Purpose

This PPG provides guidelines to TrSCF staff who are responsible for the supervision of children awaiting placement to ensure appropriate oversight, monitoring, and documentation of medication as outlined in the TrSCF Plan of Operation and in accordance with the California Department of Social Services (CDSS) TrSCF Operating Standards.

Definitions

Psychotropic medications: Medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

Self-Administration: Transitional staff will assist youth with medication the youth will be taking themselves. Further instructions for assistance in the self-administration of medication is outlined below.

PRN Medication (pro re nata): A nonprescription or prescription medication which is to be taken as needed.

Reasonable and Prudent Parent Standard: The standard characterized by careful and sensible parental decisions that maintain the youth's health, safety, and best interest, that an administrator or facility manager, or their responsible designee, shall use when determining whether to allow a youth in care to participate in extracurricular, enrichment, and social activities as described in Welfare and Institutions Code (WIC)§ 362.04 and 362.05.

Authorized Representative: Any person or entity authorized by law to act on behalf of any client. For purposes of this PPG, such person is the Case Managing Social Worker (SW).

Prescription Blank: a form used by a doctor or physician to write what prescribed drugs or medications patients must take. Prescription blanks must bear the license number of the physician and the name of the physician in a printed format at the heading of the blank.

Procedure

Intake

Upon a youth entering into the TrSCF, staff will ensure the facility receives, takes inventory, and keeps record of any current prescription and nonprescription medications the youth is taking, including the name of the prescribing physician, and the instructions regarding control and custody of medication, if known.

A copy of the current court order (JV-220), or written authorization of the youth's parent or guardian ([CWS 0022](#)), for each psychotropic medication must also be provided and maintained in the youth's record, except when there is documentation from the youth's prescribing physician that the psychotropic medication has been provided in an emergency situation. Staff will review the JV-220 and ensure that it is current and not expired. A written authorization of the youth's parent or guardian may only be documented in lieu of a court order if the youth is not a dependent of the court. For additional information, refer to Dependency Court Authorization for Administration of Psychotropic Medication [PPG 03-06-019](#).

Facility staff will complete an individual written admission agreement with each youth and the youth's authorized representative upon entry into the TrSCF. This agreement includes that the youth has been provided, read (or have read to them), and understands the Medication Storage and Self-Administration policy and procedures.

Storage

All medications, including over the counter (OTC) drugs will be kept in a safe and locked place (cabinet or refrigerator) that is not accessible to anyone other than employees responsible for the supervision of the stored medication.

Contraceptives and medications used to treat or prevent pregnancy or sexually transmitted disease or infection can be kept with the youth and do not require to be documented or centrally stored.

All medications must be labeled and in compliance with the label instructions and stored in its original received container.

No medications will be transferred between containers.

Additional information regarding the storage of medication can be found in the [Fresno County Plan of Operation](#) and [Operations Manual](#) applicable sections.

Medication Needs

If a youth needs medication and does not have an adequate supply, obtaining the necessary medication becomes priority. The assigned SW will arrange for the prescription to be filled and consult with medical staff, if needed. The assigned SW is responsible for picking up the medication when ready and providing it to Fresno County TrSCF staff for safe keeping and dispensing. The facility staff will be responsible to ensure the youth is provided with the required medication.

Facility staff will notify the assigned social worker and supervisor of the need to obtain a refill of any medication that has a two week (14 day) or less supply. The assigned SW is responsible to ensure arrangements are made to obtain a refill or schedule an appointment with the prescribing physician prior to the medication running out.

Additional information regarding medication needs can be found in the [Fresno County Plan of Operation](#) and [Operations Manual](#) applicable sections.

Administering Medication

If and when the youth needs prescription or non-prescription medication, facility staff will assist the youth with self-administration of the medications. Facility staff will complete the following steps when providing the youth with the medication:

- Retrieve the Medication Administration Record (MAR) for the youth being assisting with medication.
- Only gathering the medication and assist one youth at a time with the self-administration of medication.
- Gather required supplies.
- Wash hands and wear gloves.
- Retrieve medications from locked storage.
- Verification check: review the medication label and compare it to the MAR for the Seven Rights:
 - Right person
 - Right medication

- Right dose
- Right time
- Right route (oral or injection)
- Right reason
- Right documentation
- Pour the correct dose into the lid of the container and then into a disposable container
- Use a separate disposable container for each medication.
- Discuss medication with youth (why they are taking the medication, etc.).
- Place the medication within individual's reach- do not hand the container directly to the youth.
- Offer a glass of water.
- Observe the individual consuming the medication.
- Document the action on MAR log to track when a dosage is given.

Medications will only be issued from the original container of a current prescription and according to the written directions of the prescribing physician.

Facility staff will record their observations and indicate in the record if the youth self-administered the medication or refused to take the medication. When dispensing the medication, facility staff will consult with a public health nurse, as needed.

Facility Staff will not administer injections but will provide and supervise the youth with self-administration of injections, as needed.

Facility staff providing the youth with self-administration does not include forcing a youth to take medications, hiding or camouflaging medication in other substances without the youth's knowledge and consent, or otherwise infringing upon a youth's right to refuse to take medication.

Additionally, staff will not discipline a youth for refusing to take their medication. When a youth refuses to take their medication, the staff will engage the youth to encourage taking the medication as prescribed by the medical provider, including offering a five-minute notice to reoffer the medication and pointing out the potential dangers of not taking medication as prescribed. If the youth continues to refuse the medication, staff will document the youth's medication refusal and contact the youth's caseworker as soon as possible, but within no more than 24 hours.

When determining whether a youth who has not taken a prescribed psychotropic medication is able to safely participate in an activity, facility staff in consultation with the facility manager and/or administrator will use the Reasonable and Prudent Parent Standard. The determination shall be based upon an individualized consideration of the specific situation and the cognitive, emotional, physical, and behavioral capacities of the youth.

Facility staff will record onto the Medication Administration Record (MAR) Form [LIC 622A](#) and/or [LIC 622B](#) immediately after each medication is self-administered by the youth or if the youth refuses the medication as directed by the physician.

Additional information regarding the administration of medication can be found in the [Fresno County Plan of Operation](#) and [Operations Manual](#) applicable sections.

PRN Medication

For every prescription and nonprescription PRN medication, there will be a signed, dated written order from a physician on a prescription blank, maintained in the youth's folder, and labeled on the medication. Both the physician's order and the label will contain at least all of the following information:

- The specific symptoms which indicate the need for the use of the medication.
- The exact dosage.
- The minimum number of hours between doses.
- The maximum number of doses allowed in each 24-hour period.

If a youth's physician has stated in writing that the youth is able to determine and communicate their need for a prescription or nonprescription PRN, facility staff will provide and supervise the youth with self-administration of their PRN medication.

If the youth's physician has stated in writing that the youth is unable to determine their own need for nonprescription PRN medication, but can communicate their symptoms clearly, facility staff will provide and supervise the youth with self-administration, providing all of the following requirements are met:

- There is a written direction from a physician, on a prescription blank, specifying the name of the youth, the name of the medication, instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication of when the physician should be contacted for medication reevaluation.
- Once ordered by the physician, the medication is given according to the physician's directions.
- A record of each dose is maintained in the client's record on the appropriate LIC 622 form. The record must include the date and time the PRN medication was taken, the dosage taken, and the youth's response.

If the youth is unable to determine their own need for prescription or nonprescription PRN medication, and is unable to communicate their symptoms clearly, facility staff will provide and supervise the youth with self-administration, provided all of the following are met:

- Facility staff will contact the youth's physician prior to each dose, describe the youth's symptoms, and receive direction to supervise the youth with self-administration of that dose of medication.
- The date and time of each contact with the physician, and the physician's direction, will be documented and maintained in the youth's facility record.

The assigned SW will be responsible for ensuring the necessary documentation is provided for any child who is prescribed a PRN medication.

Additional information regarding PRN Medication can be found in the [Fresno County Plan of Operation](#) and [Operations Manual](#) applicable sections.

Discharge

All prescription medications will be sent with the youth upon discharge or delivered to the appropriate care provider as soon as possible.

Prescription medications which are not sent with the youth upon leaving the facility, or which are not to be retained, will be destroyed by a facility administrator and witnessed by one other facility staff member. The facility administrator will fill out the Centrally Stored Medication and Destruction Record Form ([LIC 622](#)) and both will sign the record, to be retained for at least one year, which lists the following:

- Name of youth
- The prescription number and the name of the pharmacy
- The drug name, strength and quantity destroyed
- The date of destruction

Documentation

For any youth who is taking medication while at the TrSCF, facility staff will keep records and document the following information for each youth:

- Facility staff will complete the Centrally Stored Medication and Destruction Record ([LIC622](#)) log for a list of all medication that will be centrally stored upon intake and/or as changes occur.
- Facility staff will ensure the maintenance of MAR ([LIC 622A](#)) log. A separate log must be kept for each psychotropic medication prescribed.
- Facility staff will ensure the maintenance of [LIC 622B](#), MAR log for each psychotropic medication for the youth.
- An up to date list of medication for each youth served by the facility must be readily available in the youth's folder during an emergency.
- Documentation regarding any destruction of medication.

Documentation must be updated as necessary to ensure the accuracy of the youth's record, which must be retained for at least on year.

Training:

All facility staff (and contracted staff) hired to provide direct care to youth must complete the initial new hire training, which includes medication policies and procedures, and oversight, monitoring, and documentation of psychotropic medications.

For additional details regarding the training plan, please see the training plan section of the [Fresno County Plan of Operation](#).