

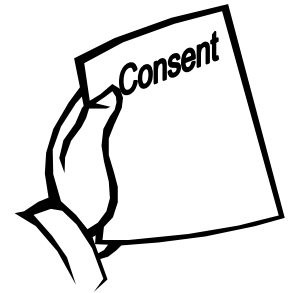
**UNDERSTANDING THE REGULATIONS:**  
*What Alaskan Foster Parents Need to Know*  
**TOPIC: #3 Child Health Care and Medications**

**7 AAC 67.140 Placement of a child in foster home on a nonemergency basis**  
**7 AAC 67.170 General Records and Reports**  
**7 AAC 67.323 Premises**  
**7 AAC 67.343 Medications and Supplements**

*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.*

## ***WHEN A CHILD 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 (such as drug allergies or food allergies), 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. You should get this Consent Form from the case worker or in the red placement packet that is being used in many parts of the state. Non-emergency major medical care requires the consent of the birth parents or OCS consent if parental rights have been terminated.



When a child is placed with you, you should find out the date of the child's last physical examination and the name and contact information for the child's primary health care providers. Ask about the child's immunization history and about any known health problems the child might have. Ask for the immunization record or find out who the child's previous health provider is and get a copy for your records. Within 30 days of a placement of a child in your care, you should schedule an Early Periodic Screening, Diagnosis and Treatment (EPSDT) or well-child exams for the child unless it is on file that the current EPSDT screening has already been completed. Make every effort to use the child's existing primary care provider if possible for this screening.

To maintain continuity of a child's medical care and health information, foster parents should make every effort to use a child's existing primary care provider. For Alaska Native and American Indian youth, if the child does not have an existing primary care provider, foster parents are asked to choose a provider within a tribal health organization, so that their medical care and health information will travel with them into adulthood.

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**WHAT DO THE REGULATIONS SAY ...**  
***About Medical Care and Immunizations?***



The **CONSENT FOR EMERGENCY AND ROUTINE MEDICAL CARE** form allows you to get emergency care for a child and to obtain routine care such as well-child checkups or immunizations. Parent consent is not required for emergency and routine medical care. However, resource families should contact case workers as soon as possible in the case of a child needing emergency treatment and the case worker then must contact the parent within two working days. If a major medical procedure is required that is not an emergency, consent must be obtained from the birth parent. The case worker needs to make reasonable efforts to contact the

parents and assist in getting informed consent from the parent. This includes getting consent for use of psychotropic medications. If parental rights have been terminated, OCS must consent to the procedure. Foster parents cannot give consent for any prescription medication including psychotropic medications.

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. 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.

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## WHAT DO THE REGULATIONS SAY ...

### ***About Giving Medicines to a Foster Child?***

A resource family home must first obtain written permission for the administration of prescription medication—and it is the case worker's responsibility to get permission from the parent. OCS can give written permission if OCS is the legal guardian of the child.

A resource parent may give prescription medicine and special medical procedures only in the dosage, at the intervals and in the manner prescribed 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 medications out of the reach of children. All medication should be stored in a way that children and adults with impaired judgement can't get to them.



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. Return all medication to the parent of the child if a child returns home.

For common illness or injury, a foster parent can use non-prescription medication only if authorized by the child's caseworker so it helpful to discuss this with the caseworker and get this in writing early on in the placement. You should use nonprescription medication and health products including non-aspirin fever reducers, naturopathic remedies, vitamin and mineral supplements, diaper ointments and powders, sunscreen, and insect repellent only at the dose, duration, or method of administration specified on the manufacturer's label.

### ***Psychotropic Medications***

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 informed consent of birth parents or OCS approval if parental rights have been terminated. If medication for behavioral or mental problems (such drugs for depression or ADHD) is prescribed, seek approval from the case worker before administering to a child. Resource families should find out the side effects and complications of the drugs their foster children are taking. You should also notify the child's caseworker if you receive a prescription from a child's parent or guardian.

### ***Documentation***

Resource parents are required to maintain medical, dental, immunization, and treatment records for youth in their care and provide copies of these documents to the child's case worker upon request. There are times however, when medical providers do not provide paperwork to resource parents. In those events, parents should document any medical, dental, vision, or other type of treatment for which documentation was not provided by the medical or dental provider of service in a record.

## ***CONSENT—Who Can Agree to What?***

<b>What Health Procedure</b>	<b>Who Gives Consent</b>	<b>Authority</b>
EPSDT Well-Child Exam	Foster Parent	Consent Form
Emergency Medical Care	Foster Parent	Consent Form—contact OCS caseworker as soon as possible with Critical Incident Report
Psychotropic Medication	Birth Parent <u>or</u> OCS if parental rights are terminated <u>or</u> court order	
Prescription Medication	OCS Caseworker	Foster Parent must obtain written permission
Non-prescription Medication	Child’s Caseworker can authorize foster parent	Foster parent must be authorized by the caseworker
Medications or supplements for Behavior Control	Must be prescribe under supervision of a health provider	Prescriptions need written permission from OCS
E.P.S.D.T. Scheduled Vaccines and Immunizations (Except for those listed below)	Foster Parent as part of routine medical care	Consent Form
Elective Immunizations: PCV 13, Rotavirus, COVID-19, HPV, MCV4	Considered Elective Immunization-- Birth Parent <u>or</u> OCS if parental rights are terminated <u>or</u> court order	



### ***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.

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For more information about the **UNDERSTANDING THE REGULATIONS: What Alaskan Foster Parents Need to Know** series, contact the Alaska Center for Resource Families at 1-800-478-7307 or [acrf@nwresource.org](mailto:acrf@nwresource.org)

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**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, mucus, feces, urine, vomit, and semen.

Everyone in your house should follow these health practices including alternative caregivers 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 brushing his teeth, changing a diaper or administering medications. 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 though a foster parent does not have the right to know the health status of the birth parent. Foster parents also need to comply with current medical and sanitation advice on communicable, contagious, and infectious diseases.

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

1. *Wear disposable latex gloves when you encounter 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).*



# FORMS RELATED TO CHILD HEALTH MEDICATIONS

Supplement to Child Health and Medications in the series UNDERSTANDING THE REGULATIONS: *What Alaskan Foster Parents Need to Know* written by the Alaska Center for Resource Families.

**Medical, Dental and Medication Record Forms**

**Critical Incident Reporting Form**

**AAP Bright Futures Healthy Child Check Up  
Schedules**

**TEST**