



WASHOE COUNTY HUMAN SERVICES AGENCY

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January 4, 2018

To: Children's Services
Foster Care Providers

From: Kimberly Martin, Social Services Program Specialist - Policy
Chris Empey, Social Services Program Specialist – Clinical Services
Amy Reynolds, Foster Care Licensing Supervisor

Informational Memorandum: OTC and Prescription (non-psych) Medication Consent and Log

N.A.C. 424.560 and 424.720 and Statewide Policy 207 Health Services outline requirements for foster homes and case workers concerning the administration of prescription (non-psychotropic) and non-prescription medications. In order to ensure compliance with these regulations the following forms were created/revised. **Effective February 1, 2018**, the new forms should be used by case workers and foster care providers (except Residential Treatment Centers) as outlined below to ensure consent is given and medications are appropriately and consistently tracked. The Foster Parent and Treatment Home Contracts will be amended in the coming year to include required use of these forms for all placement settings, with the exception of Residential Treatment Centers who have their own regulatory requirements for the administration and tracking of medications. Case workers should note that during this transition treatment level homes may still have policies in place that require them to obtain their own consent forms. In these instances, the case worker should complete the treatment provider's forms in addition to following the procedure below.

Over-the-Counter/Prescription (non-psychotropic) Medication Consent (HSACS 598) – This form was developed to provide foster care providers (all except RTC) with written consent to administer OTC drugs and non-psychotropic prescription medications. This form must be completed on all legal cases by the placing case worker upon initial placement into foster care and must be updated by the assigned case worker whenever the child is prescribed a new medication or there are changes in the allowable medications (OTC or prescription). Additionally, a new consent must be completed by the assigned case worker when the child's placement changes.



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When initially completing the form, the placing case worker should consult with the parent to determine which OTC medications may be given to a child, taking into consideration any allergies the child may have, potential medication interactions, etc.. All medications that could reasonably be needed by the child should be consented to, unless there is a contraindication for use of that medication or the parent does not wish to consent. The parent or case worker must initial each medication the foster care provider has consent to administer, listing only ingested medications and prescription topical medications. There is no need to list OTC topical creams, such as cortisone cream or anti-fungal cream unless they are being prescribed by a physician. A new form does not need to be completed as medication changes occur; the foster parent may simply ask the case worker or the parent to add new prescriptions or OTC medications to the form with a date and initials. This form must be retained in the child's medical record at the foster home and provided to the case worker for inspection upon request.

The foster care provider should only administer OTC or prescription medications that are approved by the parent or case worker on the consent form. Exception: If an emergency arises, the foster care provider may begin administering an OTC or prescribed medication immediately without written consent by the parent/guardian as long as the medical provider believes that waiting until written consent is obtained could be harmful to the child. The foster care provider must follow up with the case worker or parent as soon as possible, but no later than the next business day, to obtain written consent (the case worker must be notified of this even if the parent provides consent). An example of this would be a child with an ear infection, conjunctivitis, strep-throat, etc. needed to begin treatment on a weekend or after hours. The foster care provider may also contact the after-hours number at 785-8600 if they have questions or to obtain verbal consent, but will still need to get written consent from the parent or case worker as outlined above.

Prescription Medication (including Psychotropic Medication) Administration Log (HSACS 590) – This log was updated to allow for logging of all prescription medications, including psychotropic medications and medications prescribed for other medical purposes. The foster care provider shall maintain this log as instructed on the form each time a child is administered medication. The foster care provider is responsible for maintaining a copy of this form in the child's medical file and sending to either SS-PersonLegallyResponsible@washoecounty.us or the WCHSA, PLR Unit, P.O. Box 11130, Reno, NV 89520-0027 by the 5th business day of the following month (February 2018 log is due by March 7, 2018). UNITY program staff will be responsible to input the information into UNITY within five (5) business days

of receipt. Once the information is input into UNITY the original document will be retained in the Medical section of the current case file.

Over-the-Counter (OTC) Medication Administration Log (HSACS 597) – This log was created to track the administration of OTC medications to children in foster care. The foster care provider shall maintain this log as instructed on the form each time a child is administered an OTC medication. Administration of non-prescription, topical, OTC medication does not need to be logged. The foster care provider is responsible for maintaining a copy of this form in the child’s medical file and submitting to the Agency by the 5th business day of the following month, as outlined above.

Please contact the individual listed below if you have questions or concerns:

Therapeutic foster care providers:	Chris Empey at 775-337-4566
Family foster care providers:	Amy Reynolds at 775-785-5623
Kids Kottage:	Tara Goodsell at 775-785-8638.
Children’s Services Staff:	Jesse Brown at 775-337-4422