



Work Aid 5.10 – Consent to Major Medical Treatment (Emergency) for Children in Foster Care.

Supplemental to DSS Policy: Consent to Major Medical Treatment for Children in Foster Care: Major Medical Care (Emergency)

A. Consent to Major Medical Treatment Emergency	1. The Case Manager checks to see if the treatment is major or extraordinary, non-routine care, including surgical procedures, invasive diagnostic procedures, anesthesia, any treatment the child or youth's physician considers dangerous, any treatment that may be threatening to the child or youth's life or long term health, the admission of a child or youth to a facility for inpatient mental health or substance treatment, chronic opioid analgesia, end of life decisions or medical procedures such as withholding or withdrawal of life sustaining procedures ("Do Not Resuscitate" code status) and associated hospice or palliative care, organ donation, abortion, electroconvulsive therapy, aversion therapy, or any experimental treatment or clinical trial. If not sure the Case Manager can reach out the health care provider and Supervisor to see if the treatment is major on case by case basis. 2. The Case Manager contacts the child or youth's parents for consent to Major Medical Treatment in an emergency, unless it is not in the child or youth's best interest or a delay in obtaining the requisite consent would present a risk to the health or life of the child or youth. 3. When the child or youth's parent is not available or it is not in the child or youth's best interests for a parent to determine emergency Major Medical Treatment, the Case Manager informs the County Director or Regional Adoptions Administrator that the child or youth has an emergent need for Major Medical Treatment. 4. The Case Manager's request to the County Director or Regional Adoptions Administrator must include: a. A statement or letter (oral or written) from the child or youth's medical provider summarizing the child or youth's specific medical condition, symptoms, or diagnosis and reason for selecting a treatment, any risks or benefits of such treatment, any risks of not getting such treatment, and any alternate treatment options available to treat the condition with their likelihood of benefits and risks. b. If possible, the recommendation of the child or youth's Guardian ad Litem (GAL) and foster parents pertaining to particular treatment being recommended by medical provider.
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	c. A court order establishing that the SCDSS has Legal Custody and the authority to make that determination. 5. As the State Director's designee, a County Director or Regional Adoptions Administrator determines whether to provide Informed Consent to emergency Major Medical Treatment and surgery. 6. Whenever possible, the County Director or Regional Adoptions Administrator provides written notice to the State Director before giving Informed Consent to emergency Major Medical Treatment, but in any event, must provide written notice within 24 hours of giving Informed Consent to emergency Major Medical Treatment.
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