



State of South Carolina
Department of Social Services

Work Aid 501.1: Medication Administration, Storage, Transport, and Disposal for Children Under Direct Care and Supervision of DSS Staff

Supplemental to DSS Policy 501: Child Welfare Services

A. Oversight of Medication Administration	1. Designated child welfare staff shall: a. Allow children and youth to self-administer their prescribed medication at the prescribed times or intervals and for the prescribed number of days and dosage if approved by their healthcare provider and documented on DSS Form 1502; b. Review all special circumstances or instructions prior to overseeing the self-administration (e.g., take with food, take with a full glass of water, etc.); c. Review DSS Form 1502 and the prescription bottle with the child or youth prior to allowing them to self-administer medication; d. Provide the medication to the child or youth as prescribed and directly observe the child or youth self-administering medication; e. Check to ensure the child has swallowed all prescribed oral medications by observing the child swallowing three times while drinking a liquid; f. Notify the team leader and contact a DSS Nurse Care Coordinator, the prescribing provider, or Select Health 24-hour Nurse Line to receive further instructions if a child is not consistently taking medication as prescribed; g. Document administered medication on DSS Form 1499 and upload it in linked files in the CAPSS person screen within three business days of the child leaving the staff's direct care and supervision; h. Enter any change in dose, new medication prescribed, or any discontinued medication under the medication tab in the CAPSS person screen within three business days of receiving the notification of a change; and i. Store the medication in the locked medication box in a designated secure location in the DSS Office once the child or youth self-administers medication (Note: <i>No medication, except for emergency or rescue medication approved by a prescribing provider, are allowed to be kept with the child or youth for self-administration.</i>). 2. If a child or youth is unable to self-administer medication, child welfare staff shall:
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	a. Provide a signed copy of DSS Form 1502 to a DSS Nurse Care Coordinator; b. Review the label of each prescription with a DSS Nurse Care Coordinator prior to administration. If the designated DSS Nurse Care Coordinator is unavailable, contact the Select Health 24-hour Nurse Line for further instructions; c. The DSS Nurse Care Coordinator or designee will confirm the following with child welfare staff: • The right patient; • The right medication (compared to the DSS Form 1502); • The right dose (compared to the DSS Form 1502); • The right route (including all special circumstances or directions, e.g., take with food, take with a full glass of water, etc.); • The right time; • The right documentation; • The right reason; and • The right response. d. Document administered medication on DSS Form 1499 and upload it in linked files in the CAPSS person screen within three business days of the child leaving the staff's direct care and supervision; and e. Enter any change in dose, new medication prescribed, or any discontinued medication under the medication tab in the CAPSS person screen within three business days of receiving the notification of a change.
B. Medication Refusal, Discontinued, and Missed Doses	1. Missed doses of certain medication can be more detrimental than others. Case managers shall consult with a DSS Nurse Care Coordinator, Select Health 24-Hour Nurse Line, dispensing pharmacy, or prescribing provider if unsure about a missed dose. 2. The designated child welfare staff shall: a. Offer the child medication to self-administer 45 minutes apart between attempts within the timeframe the schedule dose is due; b. The dose will be considered missed if unsuccessful after two attempts; c. Offer the correct dose to the child as prescribed; d. Not offer an extra dose without approval from the prescribing provider; and e. Document actions taken in CAPSS dictation as well as the approval for any extra doses by the prescribing provider. 3. If a child refuses a prescribed dose due to undesirable side effects, texture, or taste, designated child welfare staff shall consult with the prescribing provider to discuss: a. Whether medication with similar properties and benefits can be prescribed for the child; b. Route of administration; or c. Whether a different flavor can be prescribed. 4. Designated child welfare staff shall not:

	a. Stop a child's medication without consultation, direction, and approval from the prescribing provider unless there is evidence of an adverse reaction; b. Offer the prescribed medication to a child that cannot be properly identified or looks altered; and c. Put medication back in the original container if it cannot be identified. 5. If a child stops breathing, designated child welfare staff shall call 911.
C. Medication Transport	1. The designated child welfare staff, facility staff, or foster parent collect medication, and transport in the original labeled container. The original prescription container shall contain the following information: a. Child's name; b. Name and dose of the medication; c. Date the prescription was filled; d. Name and address of the dispensing pharmacy; e. Name of prescribing provider; and f. Directions for use. 2. Designated child welfare staff shall: a. Verify the medication's name and dose of medication on DSS Form 1501; b. Report any discrepancies in medication to the sending and receiving placement or treatment facilities clinical staff, team leader, Regional Administrator, County Director, and a DSS Nurse Care Coordinator; c. Upload DSS Form 1501 and update the medication in the CAPSS person screen within three business days of the transport; d. Place the medication in a sealed bag or envelope and keep DSS Form 1501 with the sealed bag or envelope as it is transported with the child to all placement destinations; e. Write on the sealed bag or envelope the child's name, date of birth, case manager's, team lead's name, and the DSS office name and contact number; f. Coordinate a referral to a licensed health care provider to establish care and provide instructions on the ongoing medication management for the child in their supervision if a previous prescribing provider is not able to provide ongoing care and instructions (Note: Some providers will not prescribe ongoing medication until they have received medical records from the previous prescribing provider. In this case, the child welfare staff shall coordinate the transfer of records and document accordingly in CAPSS. If the records are not already linked, upload them to the CAPSS person screen under the linked files or the correlating visit encounter.); g. Confirm and document in CAPSS dictation the caregiver schedules a medication appointment and transfers prescriptions to a new pharmacy, when necessary; h. Follow-up with the caregiver to ensure the appointment is completed, obtain the after-visit summary, and upload it in CAPSS linked files in the person screen; and

	i. Contact the prescribing provider for instructions before restarting any medication if a child comes into DSS custody and has not been receiving medication consistently as prescribed or is on runaway status and has missed their medication for 72 hours or longer. 3. Upon arrival at the placement destination, the transporting individual reviews the child's medication with the receiving placement staff or caregiver. Both individuals sign DSS Form 1501.
D. Medication Disposal	1. Before disposing of a visibly damaged, contaminated, discontinued, expired, or unidentifiable medication, designated child welfare staff shall remove all personally identifiable information on the prescription label to make it unreadable. 2. Designated child welfare staff may dispose of a medication by taking it to a location including, but not limited to, a Drug Enforcement Agency (DEA) authorized collector or a pharmacy who has a medication disposal program. 3. If unable to identify a take back or mail back program, take back or mail back program, designated child welfare staff shall contact a Regional Nurse Care Coordinator for further guidance.