



State of South Carolina

Department of Social Services

Policies and Procedures: Child Welfare Services

Subject	501 Medication Administration, Storage, Transport, and Disposal for Children Under Direct Care and Supervision of DSS Staff
Authority	S.C. Code Section 63-7-20(16)
Standards	Guiding Principles and Standards (GPS) Practice Model
Application	Child Welfare Services Staff
Purpose	
Children in DSS custody shall receive medication or be assisted with self-administration of medication in accordance with policies and procedures outlined in this section. These policies and procedures promote the safety, health, and well-being of children to reduce risk and undesirable outcomes.	
Policy Statement	
When child welfare staff with the South Carolina Department of Social Services (DSS) are providing direct care and supervision of a child in foster care, case managers or their designee shall oversee the administration or self-administration of prescribed medication, the storage, transport, and disposal of medication, as well as reviewing a child's medication in accordance with these policies and procedures. A child may not maintain possession and control of medication unless it is a rescue or emergency medication prescribed by their provider and approved for self-administration. DSS staff shall not administer any injectable, rectal, or vaginal medication. If a child or youth is prescribed one of these, the case manager shall consult with the DSS Nurse Care Coordinator for further guidance. The DSS Nurse Care Coordinator may be contacted for consultation about the necessity or side effects of a medication. If the DSS Nurse Care Coordinator cannot be reached, the designated child welfare staff shall contact the Select Health 24-hour Nurse Line, dispensing pharmacy, or prescribing provider for further guidance.	
Policy Administration	
The Office of Child Health and Well-Being is the owner of this policy. The Director, or the Director's designee, will review the policy at least annually from the date published in the Child Welfare Manual, or as needed due to changes in law or practice.	
Policy Guidelines	
A. Self-Administered Medication	1. Children and youth shall not retain possession of any medication except rescue or emergency medication a provider has prescribed and approved for self-administration. 2. Children awaiting placement must still be provided with their prescribed medication as scheduled. 3. Designated child welfare staff:

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	a. Obtain approval from the prescribing provider to allow the child to self-administer their prescribed medication utilizing DSS Form 1502; b. Prompt the child or youth to take medication at the prescribed times; and c. Track all self-administered medication given by the child utilizing DSS Form 1499 in accordance with the procedures outlined in Work Aid 501.1. 4. Two-person verification is required if insulin is prescribed and self-administered by the child. 5. In rare situations when a child or youth cannot self-administer their medication, the assigned case manager must consult with the DSS Nurse Care Coordinator for instructions. If the DSS Nurse Care Coordinator cannot be reached, contact the Select Health 24-Hour Nurse Line. Note: Reference Work Aid 501.1 for additional practice guidance.
B. Medication Administration Oversight	1. When the designated child welfare staff is unable to provide direct care and supervision of a child self-administering, or is unable to store, transport, or dispose of a child's medication, the team leader, or the next level of supervision in the case shall carry out these responsibilities. 2. Designated child welfare staff shall consult the DSS Nurse Care Coordinator and shall not administer or assist with self-administration if any of the following conditions apply: a. The medication was not prescribed for the child; b. Amount of medication remaining in the container indicates the child has not been taking the medication as prescribed; c. Medication is expired; or d. Medication shows evidence of tampering or deterioration (e.g., discoloration, rancid odor, etc.) 3. Designated child welfare staff must follow the recommendations of the DSS Nurse Care Coordinator regarding administration of medication as provided at the time of the consultation. 4. For additional practice guidance, refer to Work Aid 501.1.
C. Medication Refusal, Discontinued, and Missed Doses	1. After one refused/missed dose of a medication, designated child welfare staff shall: a. Contact their team leader in person, via email, or phone to report the child has refused/missed one dose of prescribed medication; and b. Document the missed dose and the reason why on DSS Form 1499.

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	2. Designated child welfare staff shall make at least two attempts to offer the prescribed medication to the child, following the practice guidance outlined in Work Aid 501.1. 3. Unless otherwise indicated by the prescribing provider, if a child misses two doses of their prescribed medication, designated child welfare staff shall contact the prescriber to report the two missed doses of their prescribed medication and request further instructions in accordance with the following, if applicable: a. If the prescribing provider requests to see the child due to the missed doses, designated child welfare staff shall take the earliest appointment that can be scheduled with the prescribing provider. b. If a refused dose of medication appears to be leading to a life-threatening event (e.g., seizures, unresponsiveness, decline in status, etc.), designated child welfare staff shall immediately call 911 for assistance. c. If a child becomes a danger to themselves or others, designated child welfare staff shall call law enforcement for assistance in managing the child. d. If a child 16 years old or older refuses medication, designated child welfare staff shall contact the prescribing provider to gain information on the effects of a missed dose on the health of the child and ask what the next steps should be. e. Consultation, direction, and approval from the prescribing provider to discontinue a medication must be documented in the CAPSS person screen by the case manager or their designee and on DSS Form 1502 within three business days of the consultation with the prescribing provider.
D. Medication Inventory and Storage in the DSS Office	1. Medication shall be stored and locked in a secure location in the DSS office, inaccessible to unauthorized individuals. 2. Designated child welfare staff shall: a. Verify the inventory of all medication stored in the locked medication box, in the DSS office, document, and sign DSS Form 1499; b. Properly store the medication and designated forms together in the secured location; c. Count all prescription medication, including controlled substances, complete, and sign designated documentation forms at the beginning and ending of the shift for the children under direct care and supervision in the DSS office; and d. Check to make sure liquid and cream medication that cannot be counted are not empty or expired. Note: <i>Notwithstanding the general rule set forth by D(2)(c), if a child arrives or leaves a DSS office during their shift, designated</i>

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	<i>child welfare staff shall count all medication of the child(ren) under their supervision arriving and leaving the DSS office.</i>
E. Medication Disposal	1. Any visibly damaged, contaminated, discontinued, expired, or unidentifiable medication due to a missing or illegible label shall not be used and shall be properly disposed of immediately, or no later than one day, to reduce the chance others may accidentally or intentionally misuse the medication. 2. Medication cannot be saved, borrowed, or used by another individual for whom it is not prescribed. 3. Designated child welfare staff shall follow proper medication disposal in accordance with Work Aid 501.1.
F. Medication Transport	1. Whenever a child is being transported from one placement to another or from one treatment facility to another, the assigned case manager coordinates the transport of medication and the completion of DSS Form 1501. 2. For additional practice guidance, refer to Work Aid 501.1.
G. In-Patient Hospital Admission – Transport	1. Generally, when a child needs an in-patient hospital admission, medication is not sent to the hospital, for administration, unless the child is not returning to the same placement. Designated child welfare staff or a team leader shall compile a list of medications and send with child when there is an in-patient hospital admission including: a. Name; b. Dose; c. Route of administration; d. Any special instructions with administration; and e. How often medication is to be administered. 2. Designated child welfare staff participate with the hospital staff in the discharge planning process to oversee continuity of care and a smooth transition between placements. 3. If it is determined a child will not return to the same placement following a hospital discharge, designated child welfare staff shall collect the child's medication from the previous placement. The medication is placed in a sealed bag or envelope with the child's name and date of birth and stored in a secured and locked location in the DSS office. 4. Designated child welfare staff shall verify discharge orders and new prescriptions written by the hospital provider and received by the clinical staff or caregiver at the next placement site. The case manager shall coordinate the transport of any medication stored in the DSS office that is reauthorized by the provider to the child's

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	next placement and disposes of all discontinued medication following the guidelines and instructions in Section E of this policy and on DSS Form 1500. 5. 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.
H. Medication Errors	1. Medication errors include, but are not limited to, the following: - Omission: The failure to administer an ordered dose. - Unauthorized Medication: a dose given to the wrong child, duplicate doses, administration of an unordered medication, a dose not administered as prescribed, and a child accesses and administers non-prescribed medication. - Wrong Dose: Administration of a medication in a different dose than prescribed. - Wrong Route: Administration of a medication by a route other than ordered by the prescriber. - Wrong Time: Administration of a dose outside of its scheduled administration time. - Incorrect or incomplete documentation. 2. If the wrong medication, dose, or route is administered, designated child welfare staff shall: - Call 911 for evaluation; and - Notify the child's prescribing provider of the error. 3. Designated child welfare staff shall: - Immediately notify their team leader or supervisor and DSS Nurse Manager of the error; and - Complete DSS Form 1498: Medication Error Report. 4. After the completion of DSS Form 1498, designated child welfare staff shall forward the form to the DSS Nurse Manager and Child Welfare Services Health and Well-Being Director.
I. Rescue or Emergency Medication	Designated child welfare staff shall: - Allow the child to self-administer rescue or emergency medication if the child reports they can administer the medication and is approved by their prescribing provider in accordance with DSS Form 1502; - Call 911, in urgent or emergent situations when a rescue medication is needed, for guidance or additional instructions; - Notify the team leader after calling 911 that the child self-administered their prescribed rescue or emergency medication;

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	4. Document the following within three business days of the administration of a rescue or emergency medication and any follow-up actions taken: DSS Form 1499; DSS Form 3010; and - Document in CAPSS case screen under the dictation tab. Note: Rescue medications, such as EpiPens, inhalers, glucagon, and seizure emergency response medications, may be kept with the child to self-administer when approved by their prescribing provider.
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Forms	DSS Form 1498: Medication Error Report DSS Form 1499: Medication Inventory Count and Administration Record DSS Form 1500: Medication Disposal DSS Form 1501: Medication Transport DSS Form 1502: Provider's Certification of Current Medication DSS Form 3010: Critical Incident Report
Related Management Reports	N/A

Glossary
Designated child welfare staff: county director or designee will appoint the case manager, team leader, or team coordinator at the time it is determined a child will be under the direct care and supervision of DSS staff for a period of time requiring medication administration or at the time of transport of the child. Dietary Supplement: dietary ingredients intended to supplement the diet such as vitamins, minerals, herbs, botanicals, amino acids, dietary substances such as enzymes and microbials (commonly referred to as “probiotics”), and other substances which are not intended to treat, diagnose, mitigate, prevent, or cure diseases (<i>Note: In some cases, these can have unwanted or harmful effects</i>) Medication: a substance used to treat, prevent, and alleviate the symptoms of disease Controlled Medication: medications prescribed for a specific patient by a licensed provider with varying potential for misuse and psychological or physical dependence, ranging from Schedule II medications with high misuse potential to Schedule V medications with low misuse potential Over-the-Counter Medication (OTC): a medication that can be bought without a prescription from a licensed prescriber. In-Patient Hospital Admission: a hospital stay consisting of 23 hours or longer

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Rescue or Emergency Medication: fast-acting medication intended to relieve symptoms immediately and often used for conditions such as seizures, severe allergies, asthma, etc.

Discontinued Medication: medication a licensed prescriber has ordered to no longer be administered

Medication Administration: administering prescribed or over-the-counter medication to a child or youth for whom it is indicated

Self-Administration: the child is authorized by a licensed prescriber to take the prescribed medication themselves

Assistance with Self-Administration: designated DSS staff may supervise a child self-administering their prescribed or over-the-counter medication