

BUTLER COUNTY CHILDREN SERVICES

POLICY NO.: 4.8	SUBJECT: CONSENTS AND AUTHORIZATIONS, MEDICAL, SCHOOL, AND OTHER
	EFFECTIVE DATE: 6/15/01
	REVISION DATE: 10/25/2005, 9/26/06, 3/08
	REVIEW DATE: 10/25/05, 9/26/06, 3/08, 9/09

PURPOSE:

To ensure that children in the custody of Butler County Children Services receive appropriate and necessary medical care and that staff of BCCS understand authorizations for medical and other.

POLICY:

- 4.8 All children in the custody of the BCCS shall receive all appropriate and necessary medical care promptly from qualified medical providers. The Family, Children and Adult Services Manual establishes rules regarding the frequency of minimum medical standards for children in substitute care, Rules 5101:2-42-66.1 Comprehensive Health Care for Children in Placement.

PROCEDURE:

Parents should be involved in planning for medical care while their children are in BCCS custody. The child's worker is responsible for informing parents regarding routine medical care and recommendations for further treatment.

In the event of a medical emergency, the agency may give consent prior to informing parents and a physician may treat a child prior to receiving agency consent if necessary. The agency will inform the parents upon notification of the medical emergency.

In the case of serious or terminal illness, or serious or life threatening injury, the BCCS staff will assist in bringing together the Executive Director, family, physician, GAL and foster parents in making plans for the child including appropriate treatment.

In the event of the need for medical treatment of a child who has been placed by the police prior to a complaint being filed in court, it is necessary to contact the court in order to receive permission for treatment.

PLANNED SURGERY: The case worker must obtain a written recommendation from the physician with the risks and benefits detailed. The written recommendation must be discussed with the parents. The GAL is to be notified. The Surgery Checklist must be completed.

Obtain the consent of the appropriate Administrator. The signed consent must be sent to the hospital and physician. In the event the parents disagree with the planned procedure, the

supervisor, administrator and prosecutor must be notified in order to determine if a court review is necessary. A second opinion may be appropriate and helpful.

EMERGENCY SURGERY: During regular office hours the Administrator shall give verbal consent after discussion with the physician or hospital. If emergency surgery is necessary after hours, the after hours or on-call supervisor shall consult with the Administrator on-call. If the supervisor is unsuccessful in reaching an Administrator, the supervisor may give consent and the Administrator must be notified the next working day or sooner if possible. Parents should be notified and if they do not agree the Executive Director shall be notified immediately.

CONSENTS AND AUTHORIZATIONS:

Foster Caregivers

- Permission to treat for routine medical and dental care.

Agency Screeners

- Permission to treat for routine medical and dental care.

Case workers with prior approval of the supervisor or administrator.

- School enrollment forms.
- Permission forms for school trips.
- Camp enrollments.
- Therapeutic consents to treat.
- Releases for school records.
- IEP participation.
- Releases of information for referral purposes.
- Individual child care agreements.

Supervisor or Administrator signature and/or verbal consent.

- Releases for medical records.
- Emergency Room treatment.
- Routine medications.
- Hospital admissions.
- Ambulance transportation.
- Changes in dosage of psychotropic medication.
- Changes in psychotropic medication within the same classification.
- Consents for admit to psychiatric hospitalizations.

In the event a hospital will not accept a verbal or faxed consent for hospital admission, the supervisor may authorize a social worker to sign the admission forms. The supervisor must be consulted.

Placement Director and/or Designee

- Contracts for payments or services.
- Shared funding agreements.

Administrator or Coordinator consent.

- Medical procedures which require anesthesia.
- Surgery.

Executive Director.

- Do not resuscitate orders.
- Hospice referrals.

Approval Date:

10/28/2009

A handwritten signature in black ink, appearing to read "Jeff Centers", written over a horizontal line.

Jeff Centers, Executive Director