

S-211 HEALTH, NUTRITION AND MEDICAL CARE-MODIFIED



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(previously SE-12)

Policy

Like any responsible parent, Valoris is concerned by the physical and mental health of the children under its care and assumes the same responsibilities. Responsibility for their health is shared by their parents, their foster parents and Valoris staff. All must ensure that children receive the preventive examinations and the care necessary for their health and well-being.

We must first promote the prevention and maintenance of good physical and mental health through education, physical exercise, a balanced diet, healthy living habits, friends and satisfying relationships.

Every child admitted to Valoris' care must:

- Have an admission medical examination done as soon as possible after admission and then annually. An appointment must be made within 72 hours of the child's admission.
- Have a dental examination done within 90 days of admission, then he must have one annually or more often as recommended by the dentist.
- Have an eye examination within 90 days of admission, then he must have one annually or as recommended by the optometrist.
- Have an up-to-date vaccination record as recommended by the Board of Health.
- Consult with other health specialists, psychologists or psychiatrists as needed.

As far as possible and in consultation with the parents, children must continue to receive care and treatment from their family doctor and dentist and other specialists known to them. As far as possible, children's parents must be invited to accompany them to those appointments.

Children under 12 must always be accompanied to medical and dental appointments and when hospitalized, by the foster parent or a person known to them. It is important to note that in the event of hospitalization of a child, a schedule for the child's accompaniment will be prepared in collaboration with the foster parent, the child, the child welfare worker and the community integration counsellor. The child may never be left on his own. And they may never be accompanied by a volunteer driver without a foster parent or other person known to the child being present. Another person's presence or the reasons for no-one

accompanying the child or the youth together with other information such as the treatment or the diagnosis, must be documented in the child's file.

Procedure

1. Medical examinations

1.1 Full admission medical examinations

Upon admission, the child welfare worker shall give the foster parents a medical examination form. A foster parent shall arrange for an appointment within 72 hours of the child's admission and shall accompany the child to his family doctor or, if that is not possible, to the foster family's doctor. If possible, he shall bring back a medical form signed by the doctor. Otherwise, he shall ask the doctor to forward one to the Agency office as quickly as possible.

Obviously, babies and children under two must be medically examined more often and the frequency of those examinations shall be determined by the doctor's or pediatrician's recommendations.

The child welfare worker shall carefully note the doctor's recommendations and take any recommended follow-up action. He shall initial the medical report and forward it to the supervisor, who must initial it before it is placed in the child's file.

Any child with a serious contagious disease diagnosed by a doctor is entitled to receive all Valoris services without discrimination. His parents and/or his foster parents must be informed of this disease in accordance with Policy and Procedure S-212 Contagious diseases.

1.2 Annual medical examinations

The child welfare worker shall send a letter to the foster parents asking them to arrange for an annual medical examination and have the medical examination form filled in by the doctor. The child's welfare worker shall carefully note the doctor's recommendations and he must ensure with the foster parents that any recommended follow-up action is taken. The child's welfare worker puts his initials on the medical report and forwards it to the supervisor, who must initial it before it is placed in the child's file.

If an annual medical examination report is not received within two months, the child welfare worker shall remind the foster parents or the doctor. The child welfare worker is ultimately responsible for ensuring that the foster parents have the child's medical examinations done.

2. Dental examinations

2.1 Admission dental examinations

Following admission to a regular foster family, the child welfare worker shall ask the foster parents to arrange a dental examination with a dentist known to the child or, if that is not possible, with the foster family's dentist within 90 days of admission. If

possible, he shall bring back a dental form signed by the dentist. Otherwise, he shall ask the dentist to forward one to the Agency's office as quickly as possible.

The child welfare worker shall carefully note the dentist's recommendations and he must ensure with the foster parents that any recommended follow-up action is taken. The child's welfare worker puts his initials on the dental report and gives it to the supervisor, who must initial it and forward it to the Accounting Department. Then, the dental report shall be given to the administrative assistant, who shall scan the dental report to download it in the child's electronic file in Matrix and then place the paper report in the child's file.

Special treatment such as braces or surgery that entails high costs must be approved in advance by the child welfare worker and a supervisor. A cost estimate must be obtained before treatment is approved. If the total cost of the treatment exceeds \$500, three estimates are required and the expenditure must be approved by the Service Centre Management Committee.

2.2 Annual dental examinations

The child welfare worker shall send a letter to the foster parents asking them to arrange for an annual dental examination and have a dental examination form filled in by the dentist. The child's welfare worker shall carefully note the dentist's recommendations, if any, and he must ensure with the foster parents that any recommended follow-up action is taken. The child's welfare worker puts his initials on the dental report and gives it to the supervisor, who must initial it and forward it to the Accounting Department. Then, the dental report shall be given to the administrative assistant, who shall scan the dental report to download it in the child's electronic file in Matrix.

If an annual dental examination report is not received within two months, the child welfare worker shall remind the foster parents or the dentist. The child welfare worker is ultimately responsible for ensuring that the foster parents have the child's dental examinations done.

3. Optometric examinations

The child's welfare worker shall ask the foster parents to arrange to have the child's eyes examined by an optometrist known to the child if he has not seen the child within the past year. Then an eye examination is required every two years or as recommended by the optometrist.

4. Nutrition and physical exercise

Parents Resources for Information, Development and Education (PRIDE) offers to foster parents a brief training on the necessity of a nutritious diet for the healthy growth and development of children and youth under their care. Following this, foster parents must ensure that children eat three nutritious, well-balanced meals in good portions with the foster family as recommended in Health Canada's Food Guide. A copy of the Guide is available to workers so that they may provide it to foster parents, when required. We

recommend that meals take place at regular hours for all family members to eat together. The child must also be provided with healthy snacks between meals according to their needs, depending on their age, stage of development and state of health.

The child's welfare worker must provide the foster parents information on the child's eating habits, health and cultural, religious and ethnic traditions, taking his food restrictions and preferences into account. In respect to cultural diversity, the foster parent must serve meals and traditional dishes to comply with cultural feasts calling for special dishes. The foster parent must be vigilant with regard to allergies, requests to adapt meals, religious or medical prescriptions (such as fast imposed by some religious groups), diets adopted by choice such as vegetarianism and requirements to meet dietary needs unique to some children and youth. All such exceptions must be noted in the child's plan of care.

It is important for a foster parent to be on the lookout for food allergies or reactions. When suspecting a reaction, intolerance or allergy the foster parent must call medical services first if it's an emergency and the welfare worker afterwards. The foster parent will accompany the child to his medical examinations for this purpose in order to better understand the extent of possible allergy, the risks and dangers, and also to learn how to manipulate the food at home and in the the child's environment to avoid the allergy from worsening and to ensure a safe environment for the child. If the child has an anaphylactic allergy, the foster parent must attend training on the use of an auto-injector, and he must have at his disposal epinephrine at all times. This must be noted in the child's plan of care.

Foster parents are encouraged to provide occasions to children and youth to participate in the preparation of meals. On these occasions, foster parents may teach children how to make dishes, to prepare adequate portions as recommended by Health Canada's Food Guide and to learn safe and healthy practices. The foster parent must at all time supervise the child during the preparation of meals. It is primordial to identify food, products or equipment that the child should not handle with the parent's presence, according to their age, maturity and level of development.

Foster parents, children and youth must ensure to follow proper food handling methods to promote good hygiene and food safety. It is recommended among other things, to wash hands and to make sure to wash, refrigerate, cook sufficiently and safely store food.

When a doctor prescribes a particular diet for a child, the child welfare worker must ensure that the foster parents, or the youth, receive the necessary instructions to follow it.

Foster parents shall encourage children to play outdoors and to exercise regularly. We support their registration to activities and in sports teams in the community in order to offer a healthy lifestyle to the children.

Foster parents must watch for any changes in children's eating habits, particularly among teenagers - anorexia, bulimia, overweight, dieting - and inform the child welfare worker

and the family doctor of these changes. The child and their family will benefit from professional counselling and follow-ups, if it is deemed relevant. Child welfare workers and foster parents must provide educational information on food and healthy life habits to children and youth, according to their level of development.

Foster parents must never deprive a child of food and they must never use food as positive reinforcement, consequence or manipulation. Only a doctor may closely monitor or limit a child's eating routine. It is forbidden to use food as a threat, a consequence or a reward to the child or youth.

5. Vaccination

The family's welfare worker shall obtain a vaccination record or information from the parents. Otherwise, the child's welfare worker shall take measures to obtain a vaccination record from the Health Unit or from a doctor, within three months of a child's placement.

If a child's vaccination is not up to date, his child welfare worker shall ask the foster parents to take any necessary follow-up actions.

As regards optional vaccines, for example anti-flu vaccine or the Human Papilloma Virus (HPV) immunization, the foster parents must consult with the child welfare worker. Decisions shall be taken based on the doctor's recommendations and on the foster family's practices.

6. Sexual education and pregnancy

Parents, foster parents and agency staff must share responsibility for placed children's sexual education.

Children/youths must receive information appropriate to their age and understanding so they will develop a better understanding of their physical and sexual development. Sexual and moral education involves teaching an attitude of sexual responsibility, self-respect and respect for others.

Children/youths may also be referred to books and brochures, a nurse or their family doctor to complete their education.

Sexually active young people must be well informed of the risks of sexually transmitted diseases and pregnancy, and of the importance of contraception methods.

Girls aged 14 and over may consult a doctor confidentially to obtain contraceptives, intra-uterine devices (IUDs) and oral contraceptives without informing their parents, their foster parents or staff. The doctor may advise them on methods appropriate to their case. However, we must assist them in this process, if they so desire. The Agency shall pay for prescribed contraceptives as it would for any other prescribed medications. Valoris' guidelines on the use of the contraceptive Depo-Provera must be consulted: S-403: Prohibition of the use of the contraceptive Depo-Provera without medical justification.

Girls under 14 must get written authorization from their legal guardians to take oral or other contraceptives if they are under Valoris care as a result of a voluntary care agreement or temporary wardship.

Pregnant girls must be referred to their doctor as quickly as possible. Whatever their decision, they must receive all services, information, support and guidance, without judgement or condemnation, during this difficult period. Youths with pregnant girlfriends must also receive necessary support. It is important that the child welfare worker provides advice to the youth without ever trying to influence the youth's decision.

7. Consent of parents

In the case of children placed following a voluntary placement agreement, the child welfare worker must ensure that the parents have consented to delegate their medical care to the Agency.

8. Drugs

Except for non-prescription drugs - cough syrups, analgesics, antipyretics, creams, etc. - foster parents may only administer drugs prescribed by a child's doctor, carefully following the dosage. They must ensure before each administration to verify the name of the person to whom the drug is intended, the name of the medication and dosage on the container. Foster parents must advise a child's welfare worker whenever a doctor prescribes drugs for that child.

Psychotropic drugs must be administered in accordance with Policy S-213 Administration of psychotropic drugs to children. The foster parent must prepare medication in a spacious and well lit room in order to avoid any distraction or error. He must never modify the prescribed dosage without a physician's prescription. The foster parent must apply hand hygiene according to the Ministry of Health and Long Term Care's guidelines which include the washing of hands before the administration or self-administration of medication.

Foster parents must carefully supervise the administration of prescribed drugs. They must advise the child welfare worker if a child under 16 repeatedly refuses to take medication essential to his health. A custom response plan should be developed in situations in which a child or a youth refuses to take medication.

Foster parents must ensure that drug prescriptions are renewed well before they run out in order to prevent disruptions. They must also ensure that children leaving home for one or more days can take their drugs: provide to the agency, parents or guardians, necessary medical information and a sufficient amount of medicine for a short-term period in the original containers (if applicable) and any other relevant instruction on the administration of drugs, the exact dosage, warnings, among others. For regular scheduled periods of absence, the child's worker should establish a plan in writing for the continuous administration of drugs and the monitoring of possible side effects. This plan should be shared with those responsible for the administration of drugs and it should be documented in the child or the youth's file. For occasional scheduled absences (e.g.

summer camp), the oral or written support must be obtained from the prescriber when we are in the presence of important considerations on safety associated with medication or disease and when a consultation with a health care practitioner would be beneficial.

Responsible youth over 16 may take charge of their own medication and assume responsibility for it. Children/youths under 16 may also be given responsibility for their drugs, providing that their doctor approves this in writing.

Valoris must obtain from the pharmacy information about the patient's prescription drugs and their possible side effects; the child's worker should encourage the child or the youth to speak directly with a health care practitioner or pharmacist when possible. The child worker shares the information to the child or youth using a language suitable to his age or level of understanding as well as to the foster parent or the person responsible for the administration of medication. When there is a change of medication, we must provide the new information to the persons responsible for the administration of medication. Valoris must keep in the child's file a copy of the prescribed drugs' information, including possible side effects and instructions for their administration and the reason for any change in medication in the child's file.

Foster parents must inform the children and youths of the hazards of mixing medication with other prescribed drugs, substances or over-the-counter drugs, including natural products. Foster parents must discuss any concerns about the medication the child or youth may have, in a language appropriate to his age and his level of understanding. They must monitor possible side effects of prescription drugs, and they must record changes they have observed in the child or youth's weight, behaviour, emotional and physical state. The agency must obtain medical advice from health practitioners when necessary and document the measures taken in the child or the youth's file. Valoris is responsible for identifying, monitoring and responding to incidents related to a drug, including the search for the required medical attention and the information of the child or the youth. The child worker must complete a Serious Occurrences Report for any incident related to medication (Reference: DG-10 Reporting Serious Incidents to the Ministry) and the agency examines this incident to reduce the risk of such incidents in the future. Valoris documents any action taken in response to the incidents or near incidents related to medication in the child or youth's file.

Evidently, all the foster family's medications must be kept locked in a place where children cannot reach them. They must be stored according to the original label or the packaging instructions, for example, to be refrigerated, kept at room temperature or stored in a dark place, or other measures according to the instructions. **Only Foster Parents have access to medication.**

Expired or unusable medication should be stored safely and brought back to the pharmacy as soon as possible by the foster parent. Effective July 1st, 2010, pharmacists must eliminate drugs in accordance with the Municipal Hazardous or Special Waste Program, also known as the Orange Drop Program. Foster families must dispose of sharp

or pointed objects such as needles and syringes, by first storing them separately in a safe place in containers provided to this effect that can be obtained in pharmacies and then bringing them to a pharmacy as soon as possible. It is prohibited to dispose of these objects by any other means.

9. Medical authorization, hospitalization and surgery

Unless otherwise agreed, the parents of a child placed under our care under a voluntary care agreement shall remain responsible for consenting to or rejecting medical treatment for their child. The child's welfare worker must inform the child's parents if he needs medical treatment.

All medical treatment for children who are wards of the Society or the Crown must be authorized by their child welfare worker or a replacement in consultation with a supervisor.

In emergencies, foster parents must act quickly by contacting an ambulance service or taking the child to a medical clinic or hospital. At all times in these occasions, a foster parent or an adult well known to them must accompany the child. If a child is hospitalized in a planned manner or in an emergency, the foster parents must immediately inform the child's welfare worker or his replacement. They may also call a 24/7 emergency services officer outside regular office hours.

The child welfare worker or his replacement must report the presence or reasons for no-one accompanying the child or the youth, as well as any other relevant information such as treatment or diagnosis, in the child or youth's file. If a child or youth is not accompanied, the worker must contact the hospital to provide contact information and relevant medical information and he must obtain the date and time of anticipated leave.

10. Suicidal thoughts and suicide attempts

All suicide or self-mutilation attempts and/or expressions of suicidal thoughts must immediately be reported to the child welfare worker or his replacement. The child welfare worker must immediately advise and consult with a supervisor to draw up an intervention plan. The foster parents should take part in this consultation, in person or by phone, and in consultations with doctors, to ensure that all information and observations are considered during the assessment.

The purpose of the consultation is to:

- assess the risk to the child's/youth's safety;
- develop an intervention plan and properly inform the foster parents;
- determine if there is an immediate need to take the child/youth to the hospital or to a doctor or psychiatrist;
- determine if the foster parents or another resource can adequately respond to the child's/youth's needs in those circumstances (need for supervision);
- inform all staff members and other significant persons involved with the child of his suicide risk management plan;

- provide adequate support to the foster parents, if required (specialized services, backup personnel).

Valoris' specialized services include an integration officers team specialized in acute crises and suicidal ideas, the Applied Mobile Intervention Support (AMIS) Team. Before taking a child or youth to the hospital for a psychiatric consultation for suicidal thoughts, the child welfare worker, after having consulted with his supervisor, shall make a request for urgent service to the AMIS team.

11. Psychological services and external references

The Lead for external services must be consulted in all requests for psychological and psychiatric services. All efforts shall be made to identify the most normative and least intrusive means of responding to placed children's/youths' needs before resorting to psychological or psychiatric services.

In certain situations, an evaluation by a psychologist or psychiatrist cannot be replaced by another service. In such cases, the request shall be made to the Lead for external services. A specialist available to do the evaluation will be identified and contacts will be made by the child's welfare worker. Authorization to resort to external services is for short term (10 sessions maximum). If these services are required to be prolonged, the external services Lead must be informed and the decision to extend must be made in consultation with a Director of Service.

The child's welfare worker must complete an electronic request for specialized supplementary services form through Matrix dated the first day of the month in which the psychiatric or Psychological services begin in order to indicate the start of the specialized supplementary services. This document shall be sent to the supervisor for his approbation and forwarded to Valoris' pay department. When services end, the child's welfare worker must close the supplementary services file electronically as of the last day of the month in which the services ended. This document shall be printed and signed by the supervisor who shall forward it to Valoris' board payment department.

The child's welfare worker must request a written report from the specialist consulted. This report must be initialled by the child welfare worker and the supervisor and placed in the child's file. The child welfare worker must take note of the specialist's recommendations. If the recommendations are not followed, the child welfare worker must document the reasons in his file.

12. Recall system

The administrative assistant shall maintain a recall system and inform the child welfare worker of annual examinations to be arranged. The child welfare worker shall follow up with the foster parents when examinations are not done within the prescribed time.

13. Documentation

Foster parents must carefully document the child's medical information: date of doctors' visits, doctors' names, names of drugs and dosages, side effects, recommendations and

follow-up, illnesses, absences from school due to illness, drug allergies and refusal by a child/youth to take drugs, and regularly advise the child's welfare worker.

Children's welfare workers shall be responsible for documenting all medical, dental and other appointments, including follow-ups of medical tests or lab tests conducted by a health care practitioner and for ensuring that reports are placed in their files.

Child welfare workers must document all refusals by children/youths to undergo these mandatory examinations.

Admission and annual medical reports, admission and annual dental reports and all other medical, psychological and psychiatric reports shall be placed in the child's file, as well as contact information for a pharmacy or a local poison control centre or a similar institution to respond properly to questions or concerns. Foster parents must be provided this information.

Definitions

Parents : The term "parents" includes biological parents, adoptive parents, step-mother, step-father or all other persons responsible for the child previous to Valoris' involvement.

Annex(es)

- Medical Examination
- Dental Examination

References

- [Child, Youth and Family Services Act, 2017](#)
- [Ontario Regulation 156/18: General Matters Under the Authority of the Minister](#)
- S-213: Administration of psychotropic drugs to children;
- S-212: Contagious diseases;
- S-108: Reporting Serious Occurrences to the Ministry