

S-213 ADMINISTRATION OF PSYCHOTROPIC DRUGS TO CHILDREN



In this document, the non implicit gender applies to both men and women.

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(previously SE-14)

Policy

Valoris believes that psychotropic drugs are very intrusive and may even be dangerous in certain circumstances. Children/youths who are anxious or depressed do not necessarily need a prescription for a psychotropic drug since their state might be the result of temporary difficulties. Certain tranquilizers and stimulants can cause physical or mental dependence, particularly if they are taken over a long period. Such drugs can reduce waking state alertness, cause drowsiness or even excitation, reduce the pleasure of living and lessen the ability to think and concentrate. In many cases, good social and psychological support can replace medication or be as important as the administration of psychotropics.

Since such drugs have a very intrusive effect on a person's psyche, the *Child and Family Services Act* stipulates that administering psychotropic drugs is an extraordinary measure and, in Section 132, spells out mandatory consent measures.

Valoris may not administer psychotropic drugs to children under its care or allow foster parents or other persons to do so without first obtaining written consent from:

- placed children aged 16 and over;
- the father and/or mother of children under 16 under its care following a voluntary care agreement or Society wardship;
- the Agency's representative if a child is a ward of the Crown and under 16.

Procedure

1. Mandatory information to be entered on the written consent form

In consultation with the doctor prescribing the drug, the child's welfare worker shall enter the following information on the consent form:

- the name of the psychotropic;
- the condition it is supposed to relieve;
- the planned dosage or range of dosages;
- its risks and side effects and the extent of their variations under different dosages;
- administration frequency and periods.

The Child Welfare Worker shall advise the foster parents that he has received the required consent and authorize them to start or continue administering psychotropic drugs.

2. Administration conditions

A child/youth must have undergone a good medical examination or a serious medical consultation with the doctor prescribing the drug.

A child/youth under 16 must have had an opportunity to express his point of view and preferences. This information must be documented in the Child Welfare Worker's intervention notes.

3. Administration in emergency situations without consent for 72 hours

A psychotropic drug may be administered or allowed to be administered to a placed child/youth for up to 72 hours with the required consent if there is good reason to believe that all the following conditions have been met:

- Delay in administering the drug would cause the child or another person serious mental or physical harm;
- No less restrictive action plan will prevent this harm;
- A child over 16 does not seem to have control of his mental faculties;
- The father and/or mother of a child under 16 under care with an agreement and/or Society wardship is not immediately available to give their consent;
- In the case of a ward of the Crown placed in an external resource, a Valoris representative is not immediately available to give his consent.

4. Identification of psychotropic drugs

The Child Welfare Worker must clearly identify psychotropics by consulting the updated list of psychotropics provided by the Ministry and the CPS (Compendium of Pharmaceuticals and Specialties) to ensure they comply with this policy and procedure.

There are four major types of psychotropics:

- tranquilizers or anxiolytics;
- sleeping pills or hypnotics;
- neuroleptics or antipsychotics;
- antidepressants.

5. Role of foster parents

Foster parents must advise a child's welfare worker when any drug is prescribed for him. If the drug is identified as a psychotropic, they must obtain the Child Welfare Worker's approval before administering it.

Foster parents must carefully follow the dosage and timing. They must not change or stop the medication without consulting the doctor and advising the child's welfare worker.

Foster parents must watch closely for side effects and consult the doctor, if necessary. They must stop medication if the child suffers serious negative health effects and consult the doctor.

6. Renewing prescriptions for psychotropics

Prescriptions for psychotropics may not be renewed until the child's state of health has been reviewed by the doctor. Psychotropics should never be renewed by phone.

The required consents must be renewed whenever prescriptions for psychotropic drugs are renewed.

7. High Risk Situations

Some high risk situations:

- Psychotropic drugs prescribed if necessary (*pro re nata* or PRN) and/or used if need be more than once per day or for three consecutive days or more;
- Two or more psychotropic drugs are prescribed to a child or youth simultaneously;
- A child aged less than seven is prescribed psychotropic medication;
- Psychotropic medication which prescription has not been examined by a health care practitioner since six months;
- If a child or youth suddenly interrupts taking a psychotropic drug without the approval of a health care practitioner.

Documentation relative to high risks must be recorded in the child's file together with measures required when a psychotropic drug is taken by him and follow-ups by the means of case notes. Foster parents, parents or legal guardian of the child must be informed of the high risk situation.

Definitions, annexes and references

Definitions

Psychotropic: A psychoactive drug prescribed by a doctor, used to control a person's behaviour or thought processes.

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

Annexes

- Form: Consent to take psychotropics (person over 16)
- Form: Consent (parents/guardians) to administer psychotropics
- Form: PRSCA consent for the administration of psychotropics
- List of psychotropic drugs

References

- Child and Family Services Act, section 132
- General Regulations under the CFSA, section 49: List of psychotropic drugs
- Compendium of Pharmaceuticals and Specialties (CPS)
- Licensing Manual for Foster Homes, 2012 edition, CFSA