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**ORANGE COUNTY SOCIAL SERVICES AGENCY  
CFS OPERATIONS MANUAL**

**Effective Date:** April 4, 2006

**Number:** I-0208

## **Injections for Children in Out-of-Home Care**

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**Purpose** The purpose of this policy and procedure (P&P) is to provide staff with guidelines to address the certification of caregivers in administering injections of prescribed medication to children in out-of-home care.

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**Approved** This policy was approved by Michael Riley, Ph.D., Director of CFS, on April 4, 2006. *Signature on file.*

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**Background** Welfare and Institutions Code (WIC) [17710 \(g\) and \(h\)](#) authorizes physician prescribed, specialized in-home health care services, *including injections*, to be appropriately administered to children by out of home care providers, *if the care provider is specifically trained to administer the specialized care by a health care professional.*

Emergency medical injections, subcutaneous and intramuscular (IM) injections may be administered to children in out-of-home care by Children and Family Services (CFS) out of home care providers and their designees after care providers successfully complete training to administer the injection(s) by a licensed health care professional. [CFS Policy and Procedure Special Medical Care Program \(D-0604\)](#) and [CFS Policy and Procedure Special Medical Placements \(K-0801\)](#) contain the CFS policies related to the specialized medical needs of foster children.

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**Definitions** Anaphylaxis: Sudden and severe allergic reaction that occurs within minutes, progresses rapidly and can lead to anaphylactic shock and death if medical intervention is not obtained.

Diabetic hypoglycemia: Syndrome that results from very low blood sugar. Symptoms may progress to confusion, drowsiness, coma and seizure.

Intramuscular (IM) injection: The administration of medication by needle into the muscle.

Subcutaneous Injection: The administration of medication by needle that is inserted just under the skin. *Common examples include insulin (to treat diabetes) or human growth hormone (to treat growth hormone deficiencies).*

Intravenous (IV) Injection: The administration of medication by needle directly into a vein.

Glucagon Injection: An emergency, intramuscular injection to treat severe *diabetic hypoglycemia*.

Epinephrine Autoinjector: An emergency, intramuscular injection (EpiPen, bee sting kit) in the form of an autoinjector device prescribed for those with previous *anaphylactic reactions*.

Out of home care providers and designees: The following are defined as out of home care providers and approved designees:

- Relative out of home care providers
  - Non-relative extended family members
  - Foster family home parents
  - Small family home parents (special medical home)
  - Certified parents of a foster family agency
  - Approved, substitute out of home care providers of a foster family home or a certified family home
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## Legal Mandates

In addition to the authorities previously cited, this policy and procedure also complies with provisions of the following:

[AB 1116](#)  
[Health and Safety Code 1507.25](#)

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## Policy

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### Policy Statement

Out of home care providers (*as defined above*) and approved designees may administer physician prescribed glucagon, epinephrine autoinjector, intramuscular (IM) or subcutaneous injections to a foster child if:

- A. Specifically trained to administer the injection to the child by a licensed health care professional, **and**

- B. Care provider training is periodically reviewed, corrected or updated, as necessary, by a licensed health care professional.

**Exceptions:**

- A. Out of home care providers *may not* administer intravenous (IV) injections.
- B. *Substitute supervision* for children in out-of-home care with a prescribed injection(s) must be approved, in writing, by the assigned social worker (Please reference CFS Operations Manual: Substitute Supervision).
- C. Direct care staff members of a small family home or a group home:
  - 1. *May not* administer intramuscular (IM) or subcutaneous injections to a foster child unless the direct care staff member is a licensed health care professional.
  - 2. May administer prescribed emergency glucagon and epinephrine autoinjector to a foster child.

**Case Assignment**

Generally, children prescribed emergency medical injections, subcutaneous or intramuscular injections (other than epinephrine autoinjector) are supervised by the Specialized Family Services Program.

In the event that a child currently supervised by CFS is newly prescribed an injection, staff will contact the Specialized Family Services (SFS) Special Medical Intake Senior Social Worker, Supervisor or a SFS Program Public Health Nurse (PHN) to discuss case transfer.

**Self-Injection**

Children supervised by CFS may self-administer injections under the supervision of a trained primary care provider and as approved by the child's attending physician.

The assigned SSW (for epinephrine autoinjector) or the SFS Special Medical Intake SSW (for all other injections) will verify and document that the child is educated as to his or her care needs *and* is able to demonstrate the ability to self-inject to the attending physician.

**Training**

**Prior to the Child's Placement:**

CFS staff will review the child's medical records and facilitate injection training for out of home care providers, as follows:

A. For Epinephrine Autoinjector:

The assigned Senior Social Worker (SSW) will facilitate and verify completion of injection training for the primary care provider and his or her approved designees by a licensed health care professional.

B. For Glucagon, Intramuscular (IM) or Subcutaneous Injections:

The SFS Special Medical Intake SSW will facilitate and verify completion of injection training for the primary care provider and his or her approved designees by a licensed health care professional.

C. For Insulin Injections:

The SFS Special Medical Intake SSW will verify that training related to the administration of insulin includes all necessary supportive activities related to:

1. The preparation and administration of the injection (including glucose testing and monitoring).
2. Safe storage and disposal of syringes and medication.

D. Child Already in Placement:

1. The assigned SSW will inform out of home care providers of the immediate necessity for specialized injection training by a licensed health care professional.
2. The assigned SSW will facilitate (or refer) injection training according to the policy for each injection type described above.

**Periodic  
Training Review**

A. The SFS Special Medical Intake SSW (for Glucagon, Intramuscular or Subcutaneous Injections) and the assigned SSW (for Epinephrine Autoinjector) will inform out of home care providers of the requirement to:

1. Verbally review and repeat injection training (if recommended) with the child's licensed health care professional, at least one time per year or as often as necessary.

2. Attend the child's medical appointments with injection equipment at a minimum of once per year, or as often as deemed necessary by the prescribing medical professional.
  3. Submit a Health and Education Passport Encounter Form noting an annual review of injection training.
- B. The assigned SSW will verify that the primary out of home care provider(s) review injection training with the child's licensed health care professional at least one time per year and follow up with recommended re-training.
- C. Should concerns arise regarding caregiver competency or compliance in administering prescribed injections, the assigned SSW will promptly:
1. Consult with the child's licensed health care professional.
  2. Address any concerns with the care provider.
  3. Arrange for applicable caregiver re-training.
  4. Promptly report concerns and follow up to his or her immediate supervisor.

**Documentation**

- A. The assigned SSW will retain the following in the child's case file:
1. The Special Medical Training Documentation Form – the form certifying completion of training for out of home care providers and approved designees to administer prescribed injections.
  2. Health and Education Encounter Form(s) noting the primary caretaker's annual review of injection training with the child's licensed medical professional.
- B. The Program PHN will enter care provider training documentation into CWS/CMS Health and Education Passport (HEP).

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## References

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### Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on them:

[National Institutes of Health](#) (Health Information, research and policy)  
[Medline Plus](#) (Health Information)

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## Required Forms

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### Online Forms

Required forms that may be printed out and completed, or completed online, are listed below and may be accessed by clicking on the link provided.

Form Name	Form Number
<a href="#">Special Medical Training Documentation Form</a>	F063-25-455
<a href="#">Health and Education Passport Encounter Form</a>	F063-28-336

### Hard Copy Forms

Required forms that must be completed in hard copy (including multi-copy NCR forms) are listed below, and must be obtained in the CFS forms rooms. **For reference purposes only**, links are provided to view these hard copy forms, where available.

Form Name	Form Number
None.	

### CWS/CMS Forms

The following required forms may **only** be obtained in CWS/CMS. **For reference purposes only**, links are provided to view these CWS/CMS forms, where available.

Form Name	Form Number
None.	

## Procedure

<b>Required Actions – Training</b>	The following actions must be completed when a child is prescribed medical injections and is placed in out-of-home care:	
<b><u>Staff Responsible</u></b>	<b><u>Step</u></b>	<b><u>Required Action</u></b>
<b>Assigned SSW</b>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>	<p>Receive information regarding prescribed glucagon, epinephrine autoinjector or other subcutaneous injection(s) by a licensed medical professional.</p> <p>Provide the care provider with the <i>Special Medical Training Documentation Form</i>.</p> <p><u>For glucagon, intramuscular or subcutaneous injections:</u></p> <ol style="list-style-type: none"> <li>a. Consult with the SFS Medical Intake Senior Social Worker, Supervisor or SFS Program PHN regarding the possibility of case transfer to Specialized Family Services (SFS).</li> <li>b. If the child is already supervised or is transferred to SFS, refer the facilitation of care provider training to the SFS Special Medical Intake SSW.</li> <li>c. If the child’s case is not accepted by SFS, facilitate care provider training according to the same procedures for Epinephrine Autoinjector below.</li> </ol> <p><u>For Epinephrine Autoinjector:</u></p> <p>Facilitate injection training for the primary care provider, the child (if applicable) and any approved designees.</p>
<b>Special Medical Intake SSW</b>	<ol style="list-style-type: none"> <li>5.</li> </ol>	<p><u>For glucagon, intramuscular or subcutaneous injections:</u></p> <p>Facilitate injection training for the primary care provider, the child (if applicable) and any approved designees.</p>
<b>Assigned SSW or Special Medical Intake SSW</b>	<ol style="list-style-type: none"> <li>6.</li> </ol>	<ol style="list-style-type: none"> <li>a. Obtain the completed <i>Special Medical Training Documentation Form</i> from the care provider.</li> </ol>

- b. Provide copies of the *Special Medical Training Documentation Form* to the assigned SSW, Program PHN and Foster Care Licensing.

<b>Required Actions – Periodic Training Review</b>	The following actions must be completed when a child is prescribed ongoing medical injections and is placed in out-of-home care:
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<u>Staff Responsible</u>	<u>Step</u>	<u>Required Action</u>
<b>Assigned SSW and Special Medical Intake SSW</b>	<b>1.</b>	<p><i>Inform</i> out of home care providers of the requirement to:</p> <ul style="list-style-type: none"> <li>a. Verbally review and repeat (if necessary) injection training with the child’s licensed health care professional, at least one time per year or as often as necessary.</li> <li>b. Attend the child’s medical appointments with injection equipment at a minimum of once per year, or as often as deemed necessary by the prescribing medical professional.</li> <li>c. Submit a completed <i>Health and Education Passport Encounter Form</i>, at least once per year to note the annual review of injection training by the child’s licensed medical professional.</li> </ul>
<b>Assigned SSW</b>	<b>2.</b>	<p><i>Verify</i> the primary out of home care provider’s annual review of injection training and injection equipment functioning:</p> <ul style="list-style-type: none"> <li>a. Obtain the annual review of injection training via the completed <i>Health and Education Passport Encounter Form</i> from the caretaker.</li> <li>b. Verify completion of any recommended re-training via the completed <i>Special Medical Training Documentation Form</i>.</li> </ul>



<b>Required Actions – Documentation</b>	The following must be completed when a child is prescribed injected medication and is placed in out-of-home care:
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<b><u>Staff Responsible</u></b>	<b><u>Step</u></b>	<b><u>Required Action</u></b>
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<b>Assigned SSW</b>	<b>1.</b>	Retain a copy of the <i>Special Medical Training Documentation Form</i> and/or <i>Health and Education Passport Encounter Form</i> in the child’s case file medical acco.
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Provide copies of the form to:

- Program PHN
- SFS Special Medical Intake SSW (if the case is assigned to SFS)
- Foster Care Licensing

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|  | <b>2.</b> | Document the following issues in a CWS/CMS contact(s):   |
|  | a.        | Concerns over competency to administer injections addressed with a caregiver – note the arrangements for applicable caregiver re-training and the caregiver’s follow up. |
|  | b.        | Contacts with the child’s medical professional regarding care provider competency; note medical recommendations.   |

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|----------------------------------|-----------|----|--|
| <b>Public Health Nurse (PHN)</b> | <b>3.</b> | a. | Enter information from the Special Medical Training Documentation Form.  |
|                                  |           |    | <ul style="list-style-type: none"> <li>• Type of training</li> <li>• Name and phone number of Caregiver(s) trained</li> <li>• Place and date of training</li> <li>• Name and phone number of the licensed health care professional providing training</li> </ul> |
|                                  |           | b. | Enter information from the Health and Education Passport Encounter Form.   |
|                                  |           |    | <ul style="list-style-type: none"> <li>• Document the updated, annual review of caregiver injection training by a licensed health care professional</li> </ul>   |