

NWF Health Network Policy & Procedure

Series:	300: Medical and Behavioral Health Care	
Policy Name:	Initial Medical Screening and Consent for Treatment	
Policy Number:	300	
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Regulation:	39.407, F.S.	

Policy

It is the policy of NWF Health Network, Inc. (NWFHN), to mandate all contracted CMOs ensure children placed in substitute care are medically screened and treated.

Procedure

A. Health Care Screening and Treatment.

1. Unless a child is exhibiting signs or symptoms of illness, CPI staff will schedule an initial health care assessment for every child placed with a relative, non-relative or in licensed care within 72 hours/ three (3) days of the removal. A child who appears to be sick or in physical discomfort shall be examined within twenty-four (24) hours. CMO staff will verify the provision of medical care at case transfer.
2. The NWFHN Nurse Care Coordinator (NCC) will assist with scheduling the appointment and notify the CPI or DCM.
 - a. The NCC will obtain prior records to aid in Well-Being planning for the child's care.
 - b. Any immunizations requiring follow-up will be coordinated between the NCC, CMO, and DCM.
3. The CPI or DCM will arrange for the child to be accompanied by an adult familiar with their medical history to the appointment.
 - a. The NCC will assist the CPI and/or DCM in coordinating any follow-up recommendations from the licensed health care provider for treatment of the child.
 - b. The medical screening will be performed by a licensed health care professional.
4. Any equipment, device, medication and specific instructions, will accompany the child to the health care provider for review.
5. The use of any equipment, device or medication will be explained to the CPI, DCM and/or Caregiver prior to use with the child.
6. The Caregiver should accompany the child to the appointment whenever possible to receive direct information from the health care provider.
 - a. The health care provider should provide clear and complete written instructions for the Caregiver if the child is taken to the appointment by the CPI or DCM.

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- b. The NWFHN Nurse Care Coordinator shall obtain a copy of the results of the seventy-two (72) hour Medical Screening or verbal follow up from the medical provider to identify any immediate medical or dental needs of a child placed in out-of-home care.
7. Follow up with the foster parent or court approved placement will be made to convey any additional health conditions the placement should be aware of by the NCC, DCM and/or CPI.
 - a. The NCC shall coordinate with the DCM regarding follow up for Medical or Behavioral health findings and assist with scheduling further assessment/treatment.
 - b. Dental findings for children three (3) years old and older shall be referred by the NCC or DCM to schedule further assessment/treatment.
 - c. A dental referral for a younger child may be made if it is medically necessary.
 - d. Results of Initial Medical Screenings shall be entered, by the DCM or NCC in Florida Safe Families Network (FSFN), the approved IT system of CBCIH and Sunshine Health. A copy of the medical screening will be scanned into the filing cabinet in FSFN. Any immunizations requiring follow-up will be coordinated between the NCC, CMO, and DCM.
8. If a licensed health care professional determines the child to be in need of emergency medical treatment, NWFHN and its CMOs and/or DCF must seek parental consent for such treatment.
 - a. If parental consent cannot be obtained or if the parent refuses to consent to treatment, the CPI/DCM in conjunction with the NCC will obtain the affidavit for treatment from the physician. The CLS attorney will obtain the appropriate court order as soon as possible to get treatment for the child.
9. At no time may NWFHN or the CMOs consent to sterilization, abortion, or termination of life support of any child in its care.
10. All efforts to obtain parental consent or court orders for treatment, to gather medical records, medical history, and medical needs of a child, and to provide for the medical needs of a child in out-of-home care must be documented in FSFN.
11. The DCM or designee will take the informed consent form to the parents for signature and/or the health care provider may obtain informed consent by telephone to avoid delaying the child's receipt of the treatment or medication.
12. Minors can consent to their own examination and treatment for a sexually transmitted disease; to family planning services (under certain conditions); and, to voluntary substance abuse treatment services.
13. The administration of psychotropic medication to a child in physical or temporary custody of the state must have prior parental informed consent or court approval, unless the attending physician considers the situation an emergency and documents in the medical record that the care was needed to ensure the child's health and well-being. See *NWFHN OP 300-301, Psychotropic Medication Management*.
14. The DCM must ensure that medical personnel have informed the substitute caregivers of the possible side effects of the treatment or medication the child is to receive, and how to handle this situation should it occur.
15. NWFHN and its contracted CMOs, as authorized agents of DCF, have the authority to consent to ordinary medical care for a child whose parental rights have been terminated.