

**COUNTY OF LOS ANGELES
CHILDREN'S MEDICAL SERVICES
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC)**

**CMS
HCPCFC**

Policy/Procedure

SUBJECT: PUBLIC HEALTH NURSE FOSTER CARE CHILD HOME VISIT
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PURPOSE:

To establish a standardized protocol for all the visits made to the children in the Health Care Program for Children in Foster Care (HCPCFC).

SCOPE:

Responsibilities of the Public Health Nurse Supervisor (PHNS) and Public Health Nurse (PHN) when making a foster care child home visit.

DEFINITION:

Child – a foster care child in the HCPCFC out of home of parent with a court order.
Visit – a joint visit by a Public Health Nurse and Children's Social Worker (CSW) to a child's home, school, office, hospital or any location.

POLICY:

The PHN will adhere to the established policy and procedure when making a visit.

The PHN and PHNS will refer to the Guidelines for Foster Care Public Health Nurses: Consultation and Care Coordination for Out of County Placements (attachment E) when there is a request from the CSW to make a home visit to a child placed out of county.

The PHN and PHNS will determine if a visit is the appropriate course of action to assess the health care needs of the child/children.

The PHN will notify the PHNS of a pending visit prior to the child home visit via e-mail, telephone call, or in person.

The PHN will make foster care child home visits jointly with a CSW or the Supervising Children's Social Worker (SCSW).

The PHN will discuss with the CSW, and obtain approval from the PHNS, if an independent PHN follow-up visit is needed.

The PHN will assess and evaluate the child's medical/health information prior to the child's home visit.

The PHN will complete the route sheet (attachment A) and place a copy visibly on his/her desk and notify the PHNS and co-workers of the foster care child visit prior to each child home visit.

If the PHN is in a different location than the PHNS, notify the PHNS and e-mail the route sheet prior to the visit.

The PHN will not be involved in the disrobing of foster care children (refer to DCFS policy# 0070-531.10; #0070-560.05).

The PHN will utilize assessment skills to identify the child's actual and/or potential health needs.

The PHN will not engage in direct patient care, i.e., taking vital signs, giving injections, bandaging wounds, or diagnosing any health condition (refer to DCFS policy# 0070-560.05).

The PHN will use his/her personal vehicle every time to make a foster care child home visit.

The PHN will not engage in transporting foster care children anywhere whether in his/her vehicle or the CSW's vehicle.

PROCEDURE:

1. The PHN determines the need for a foster care child visit with CSW by:
 - a. Clarifying with the CSW the purpose of the consultation request.
 - b. Assessing the need for a PHN foster care child visit by determining whether the request is within the PHN's scope of nursing practice.
2. If determined that a home visit is not appropriate, the PHN will assist the CSW in identifying other resources for a child health evaluation, such as Medical HUB, Specialty Provider, California Children's Services (CCS), Regional Center, etc.
3. The PHN in collaboration with the CSW assesses the health care needs of the child/children.
4. The PHN reviews and provides the Child Health and Disability Prevention Program (CHDP) brochure for Well Child Exam, and the Growing Up Healthy, and/or child specific medical information as needed (attachment B).
5. The PHN utilizes the Assessment Guideline Tool to assist with completion of the home visit assessment (attachment C).

6. The PHN completes a PHN foster care child visit assessment, and assists the CSW with the appropriate health related referrals as needed. The PHN foster care child visit assessment includes the following areas:
 - a. Physical Assessment: The PHN assesses the general physical status of the child, including hygiene status, signs of possible abuse, neglect, and/or failure to thrive.
 - b. Nutritional Assessment: The PHN assesses for current or past feeding problems, i.e., food allergies, appetite, type of formula or special diet, amount, frequency, preparation techniques, availability, and age appropriate foods. The PHN assesses elimination pattern, i.e., number of diaper changes and bowel movements per day.
 - c. Developmental Assessment: The PHN observes the child for age appropriate milestones. The PHN assesses caregiver's awareness of appropriate developmental milestones, and caregiver's ability to provide age/developmental appropriate activities. The PHN observes for bonding between the caregiver and the child, and evaluates play area and toys for safety and age developmental appropriateness. The PHN assesses the caregiver's awareness of age/developmentally appropriate toileting practices.
 - d. Health Assessment: The PHN reviews available medical information to assess if health care needs are being met and make recommendations based on available health information.
 - e. Home Environment (internal, external): The PHN assesses the home for cleanliness/clutter and other health care hazards and educates/advises caregiver of findings, i.e., injury/poison prevention, car seat, swimming pool, medication storage, firearms, smoke detectors, peeling paint and safety locks.
 - f. Family Assessment: The PHN assesses for actual or potential health problems by assessing the health status of the family. The PHN assesses the family's awareness of community resources as needed, such as Women, Infants and Children (WIC) and CHDP.
7. When a health care concern is identified during a visit, the PHN refers and/or assists the CSW with making the referral to the appropriate agency.
8. When making a home visit, the PHN should observe basic safety precautions by:
 - a. Activating 911 in any emergency situation and notifying PHNS.
 - b. Observing departmental guidelines as outlined on field safety for PHN.
 - c. Notifying PHNS if the child visit goes beyond scheduled working hours.
9. If the PHN determines that interventions other than child visit are more appropriate to meet the health care needs of the child, the PHN informs the CSW and/or SCSW. Appropriate interventions may include, but are not limited to:
 - a. Recommendation for the child to be examined by a health care provider/emergency department.
 - b. Assistance with health care referrals as needed.

10. Documentation of the PHN foster care child visit:

- a. Utilize PHN Assessment Guideline Tool for all home visits.
- b. Document findings from child visit on the Assessment Progress Note and enter as contact in CWS/CMS (attachment D).
- c. Update CWS/CMS health notebook as indicated.
- d. Provide PHNS with a copy of the PHN foster care child visit Assessment Progress Note and PHN route sheet.
- e. Keep hard copies for your record.

ATTACHMENTS:

- A. Public Health Nurse- Route Sheet
- B. CHDP- "Well Baby Exam" Birth to 18 months
CHDP- "Well Child Exam" 2 to 12 years
CHDP- "Well Teen Exam" 13 to 19 years
CHDP- "Growing Up Healthy"
- C. Public Health Nursing Assessment Guideline Tool
- D. Public Health Nursing Assessment Note
- E. Guidelines for Public Health Nurses: Consultation and Care Coordination for Out of County Placement

References

Department of Children and Family Services (2010). Procedural Guide 0070-531.10, *Visual Inspection of Children*.

Department of Children and Family Services (2008). Procedural Guide 0070-560.05, *Joint Response Referral*.

Children's Medical Services Staff Development & Training Unit (2007). *Field Safety for PHN. New PHN in HCPCFC*.

County of Los Angeles Public Health. *Child Health and Disability Prevention (CHDP) Program Reference Corner*. Retrieved on January 27, 2010 from <http://publichealth.lacounty.gov/cms/chdp.htm>

APPROVED BY: _____

Guise Mellan Rd

EFFECTIVE DATE: _____

11/29/10

REVISED DATE : _____