



TIME OUT
fostering

valuing individual needs

SECTION TWELVE

HEALTH AND SAFETY

CONTENTS

INTRODUCTION
HYGIENE AND TIDINESS
SAFETY STANDARDS CHECKLIST
FOOD HYGIENE
FOOD
PREVENTION OF ACCIDENTS
FIRST AID AND MEDICATION
CONSENT TO SPECIFIC MEDICAL TREATMENT
REFUSAL OF MEDICATION
SPECIAL CARE PROCEDURES
HOMELY REMEDIES
STORAGE OF MEDICATION IN THE CARERS HOME
MEDICATION FOR MINOR COMPLAINTS
HOSPITALISATION
DEATH
OTHER ASPECTS OF SAFETY AND ACCIDENT PREVENTION
HIV AND HEPATITIS
PROPHYLACTIC AND PREVENTATIVE TREATMENT
SEX EDUCATION, SEXUALITY, SEXUAL ORIENTATION AND
CONTRACEPTION
PROMOTING HEALTH
GOVERNMENT GUIDELINES ON HYGIENE
DRUG ALCOHOL AND SOLVENTS

This section aims to outline Time Out Fostering's policy with regard to health and safety in the Foster Carers home. It will highlight the main areas of concern; however other health and safety concerns may be raised by the supervising social worker on an individual basis. The purpose of this document is to make the foster home as safe as possible.

Time Out Fostering has a clear responsibility to make sure that the health & safety of any children living with a foster carer through us is promoted. This responsibility is shared with foster carers, the Placing Authority, other professionals and the children placed.

If Foster Carers do not comply with requests from Time Out Fostering to improve their health and safety caring towards children and young people staying with them this can lead to the termination of their approval. It is therefore important to become familiar with this document.

The assessing and supervising social worker will decide whether or not the applicant's house and the occupants are at an acceptable standard of health and safety. Time Out Fostering recognises that different families have their own standards and that extremes of cleanliness or untidiness can have a negative impact on children living in the house. However a base line for health and safety must be adhered to. For this purpose a health & safety checklist (below) is used to assess basic health and safety. General tidiness and hygiene will be assessed by the social worker. If a social worker is unsure whether the standards are acceptable within the home a second opinion will be sought from a director of the company. This will mean a visit from that person.

Foster carers will be given opportunity to address any issues deemed unacceptable by the agency. If carers choose not to adhere to these a consultation will take place with the Placing Authority to determine whether the placement is still viable.

Safety standards checklist

Time Out Fostering of seeks to minimise the risks for children placed in our care. We therefore have guidelines we ask our foster carers to adhere to before a child is placed with them. Some of these are basic standards of safety within the home they are to be placed in. We therefore have this checklist to ensure that each area of the home is looked at and reviewed yearly.

1.1 Carers must have an available bedroom for the foster child or young person. In the case of full time care this must be a spare room that is not usually in use. In the case of short term, respite or support care (No more than 120 days per year and not to last more than four consecutive weeks) then the room can be that of another child or young person, following assessment of the situation to ensure that the child whose room is being given up for the foster child is not adversely effected. Age and implications of sharing would also be assessed.

All the criteria in section 1 must be met. Section 2 is the criteria which are necessary in some cases depending on the age and needs of the placed child or young person. Please complete with your assessing social worker.

Section 1: To be completed by social worker

	Yes	Action needed	Done & date
<ul style="list-style-type: none"> • Does the accommodation have adequate furnishings and decoration • Is the accommodation clean and hygienic • Would the children and young people have own bed and or room, Bunk beds to have safety bars NB; Bunk beds only suitable for under 5's and over 14's. • Is there an adequate designated room (see Paragraph 1.1) • Is there sufficient light to read or play • If children over 8 to be sharing a bedroom, it should be a child of the same sex • Is there sufficient room for children to complete homework • Are the windows and doors opening and accessible in case of fire • Are smoke alarms fitted, working and checked weekly (minimum one on each floor) • Is there no smoking in bedrooms • Do the electricity and electric goods conform to current safety standards in the house • Are gas fires, heating and boilers regularly serviced • Are all medicines and chemicals including cosmetics stored in original containers and of reach of children • Do soft furnishings conform to British standards • Is garden equipment secure and maintained • Are any pets supervised when around children, they must be hygienic and not aggressive (child friendly)-see pet assessment • Is there a lockable first aid box which is kept fully equipped • Are alcohol, cigarettes and lighters kept out of reach • Can the front and back doors be securely fastened • Are any major alterations to the house compliant with Local authority building regulations • Is a working fire extinguisher and or/fire blanket is available • Is there a working carbon monoxide detector available • Do adults understand how infection is transmitted • Can children eat in a comfortable relaxed place • Do stair banisters have a maximum gap of four inches • Is car MOT to date and has it been photocopied • Is the car insured for business use and has it been photocopied • House and Buildings insurance – photocopied • Are the correct BBS approved restraints in place and fitted correctly • Do all children under 135cm or under twelve have an appropriate car seat or booster seat • Is the kitchen safe e.g. knives and other dangerous items stored safely • Does the household have a safer caring policy 			

Section 2:

	Yes	Action	Done
--	-----	--------	------

	needed	& date
<ul style="list-style-type: none"> • Is safety film fitted to low windows or is glass toughened • Are fireguards available and used appropriately • Are stair gates fitted correctly and secured • Are cooker guards fitted and kitchen access supervised • Are balcony doors and access areas secured • Are outside hazards such as ponds covered or fenced off • Is furniture safe and are large pieces secured so they cannot be pulled over • Are electric sockets covers used and electric equipment stored safely • Do upstairs windows have locks that are fitted and working and are the whereabouts of the keys known • Are garden fences and gates lockable • Do childcare equipment and toys conform to current British safety standards • Are tools etc stored safely and out of the reach of children. 		

PRINT NAME.....

SIGNED..... DATED.....

Food Hygiene

The main causes of food poisoning are;

- Food prepared in advance and left out of the fridge
- Cooling food too slowly before refrigeration
- Not reheating food to a high enough temperature to destroy bacteria
- Undercooking
- Not thawing poultry for long enough to defrost completely
- Cross contamination from raw to cooked food e.g. dripping blood from meat
- Infected food handlers

Foster carers need to ensure that basic food hygiene is adhered to, e.g.;

- Washing hands with hot soapy water before preparing food (especially after handling pets)
- Keeping raw meat at the bottom of the fridge
- Cleaning surfaces before food preparation
- Thawing adequately
- Cook food thoroughly
- Take chilled or frozen food home quickly
- Keep your fridge/freezer at the correct temperature
- Check use by dates and adhere to them
- Keep pets out of the kitchen

Eating and Mealtimes

Time Out Fostering recognises how difficult it can be to provide children with a healthy diet. Mealtimes can often turn into a battleground. This can be especially difficult when a child has had very different experiences of food and mealtimes. Children and young people can behave in many ways e.g. overeating, hoarding, stealing, fussiness, refusal and vomiting. Try to introduce foods at the child's pace and avoid confrontation. Children with special needs may require additional help with feeding.

As a foster carer you will need to adjust dietary needs, these may be on religious, medical or cultural grounds. These needs may differ from your own usual diet and you may need to seek advice.

The following are guidelines to encourage good eating habits;

- Make mealtimes a pleasant experience for the whole family
- Encourage choice and allow children to feed themselves as soon as they are able
- Take into account likes and dislikes
- Do not force a child to eat or trick them into eating more, when they say they have had enough
- Try to give fruit as a snack, instead of biscuits or crisps
- Reward children for good behaviour at the table
- Tell children what behaviour you would like, but do not expect to achieve it
- Try not to express your own dislikes in front of children, as it can put them off
-

General rules for healthy eating are;

- Cut down on fat, sugar and salt.
- Provide meals with more fibre e.g. wholemeal rice, fruit and veg, baked beans.
- Give access to fresh fruit and vegetables every day.

As a child enters adolescence food may become an issue again. Give a choice with opportunities to prepare meals. Choice needs to be financially realistic and can offer an opportunity for young people to learn budgeting as well as cooking!

Prevention of Accidents

Foster carers' homes must meet legal housing requirements. Different ages and needs of children will mean that they are at differing levels of risk e.g. children with learning difficulties will be at greater risk.

All potentially dangerous products and chemicals should be safely stored. If a child has a history of solvent abuse extra care should be taken to ensure any potentially dangerous products are kept secure.

If firearms and /or ammunition (including air rifles /replica guns) are to be kept in the foster carers home this must be discussed with Time out Fostering staff during the assessment process. If the weapon requires a license it will need to be verified by Time Out Fostering staff. **All firearms must be kept in a secure locked cabinet.**

First Aid and Medication

All foster carer homes must be equipped with an up to date First Aid Kit. This should contain:

- A box of adhesive dressings (various sizes)
- Box of sterile gauze dressings (various sizes) for cuts
- Small packet of paper tissues - to use as a temporary sterile dressing
- 2 or 3 cotton bandages
- 2 or 3 crepe bandages – for sprains
- Triangular bandage, or clean linen or cotton tea towel or other cotton cloth – to use as a sling or large dressing for a burn or scald
- Small roll of cotton wool for padding
- Blunt ended scissors
- Safety pins and rolls of adhesive tape – for fastening dressings and slings
- Small bar of soap for washing dirty wounds
- Antiseptic cream.

Always keep a First Aid Kit in the house. Keep another in your car and always take one on holiday.

All foster carers will undertake the necessary First Aid training.

All medication should be stored in a locked cabinet.

Prescribed medication must be administered according to the guidelines.

Medication that is not prescribed must be administered according to the instructions on the packaging.

No child under the age of sixteen should be given aspirin unless it has been prescribed by their GP.

Consent To Specific Treatment For Looked After Children

If a medical or dental practitioner requests consent to give treatment to a child in foster care, the following action must be taken;

- If the child is accommodated under section 20 of the Children Act 1989 the consent of the parents must be sought in writing.
- If the child is accommodated through a care order the consent of the parents should still be sought. The county council may give consent if it is in the child's best interest. If they refuse consent the area manager must endorse this.

Refusal of medication

Do not force the child or young person to take medication if they refuse. Contact the GP for advice. All refused medication must be recorded in the daily notes. If the child refuses medication repeatedly, contact the supervising social worker.

If a mistake is made by giving a child an incorrect amount of medication the supervising social worker must be informed immediately. The incident must be recorded in the daily notes. The parents and Local Authority should also be informed.

Special Care Procedures

Some children and young people need special care to make sure that their health needs are met, for example;

- Physiotherapy exercises
- Use of oxygen and nebulisers
- Naso-gastric and gastrostomy feeding
- Reagent teats for blood sugar levels and injection of insulin
- Care of tracheostomy tube

Carers can be trained and assessed by the relevant health care professionals under the direction of a GP or consultant Paediatrician and in consultation with the parent. Special Care procedures should be detailed in the child or young persons Health Care Plan (SS684) and training must be specific to the individual child.

The child's views must be sought regarding who they would like to carry them out and the manner in which the tasks are performed.

If a child is moved to another placement the Health Care Plan, medication records or a copy and all medication must accompany the child on the day of departure to ensure consistency of care.

Homely Remedies

These include medication for minor ailments and alternative medication such as homeopathy and aromatherapy. Details of these remedies and the recommendations for administration should be in the Health Care Plan and should be checked by the GP against prescribed medication to avoid negative reactions.

Any administering of 'homely remedies' should be recorded in the records with an explanation of why it was given. These remedies should not be given for long periods of time. If conditions persist advice should be sought from a GP.

Storage Of Medication

All medication must be kept in the original packaging in which it came. Different types of medication should be stored separately e.g.:

- Medication for external use
- Medication for internal use
- Prescribed medication
- Homely medication

Medication for Minor Complaints

1. Pain killers

Pain is a warning that something is wrong with the body. Therefore any persistent pain requires a visit to the GP. Aspirin is not to be given to under-sixteens except on medical advice. Paracetamol can be given according to the manufacturer guidelines when necessary.

2. Indigestion Mixtures

Chest or abdominal pain should be referred to the GP as soon as possible. Indigestion mixtures can interfere with the action of other medication. If it is evident that a child or young person has indigestion or heartburn pharmacist consultation should be able to advise. Indigestion mixtures can be given according to the manufacturer guidelines when necessary.

3. Cough Mixtures

Cough mixtures must not be given to children and young people with diabetes without talking to a pharmacist first. Cough Mixtures can be given according to the manufacturer guidelines when necessary.

4. Sun Creams

Children under two should be shaded from the sun at all times using hats and clothing. Try to avoid taking children out in the sun between 12pm and 3pm. Any child or young person going into the sun should have sun cream applied at regular intervals. The factor should be appropriate to their age and skin colour e.g.: children with very fair skin and blond/ ginger hair will need a 30 factor or more. African Caribbean and Asian type skins needs a factor 15 or more.

Babies under three months should not have suncream applied on their skin. They should be kept out of the sun completely.

Calamine lotion can soothe sunburnt skin. The burnt skin should be protected from further exposure to the sun. Very painful sunburn should be referred to the GP. Sun creams to be applied according to the manufacturer guidelines when necessary.

5. Moisturising Creams

These are used for eczema or dry skin. They can be applied directly onto the skin or in a bath as a substitute for soap.

The soap substitutes can be very oily and make the bath dangerously slippery.

6. Antiseptics

Some children or young people can be allergic to antiseptics. It is not necessary to use them for minor cuts. If an infection occurs it is best to seek medical advice.

7. Barrier creams

These can be used for nappy rash or for children or young people with incontinence.

8. Laxatives

It is best to consult a pharmacist or GP before administering a laxative. This is because there are many causes for constipation. Some laxatives can interfere with other medications. Try to encourage the child or young person to eat wholemeal bread, fruit and vegetables and to drink plenty of water.

9. Alternative Remedies

If alternative remedies are to be used fully qualified practitioners should be consulted. This is to avoid any risk to the child or young person and foster carer if the remedy gives a negative reaction.

Hospitalisation

If you need to take the child or young person to hospital inform both the supervising social worker and the child's social worker as soon as possible.

Reassure the child who may be feeling frightened, partly because they may be sensitive to separation from you. Try to stay with them without compromising your own family. Contact Time Out Fostering if you need additional support.

Death of a child or young person

The following procedure will help you to know what to do following such a distressing event;

1. Contact Time Out Fostering immediately. After discussion with a senior member of staff, you may be asked to be responsible for the following, or alternatively Time Out Fostering will take the appropriate action.
2. Contact the appropriate emergency services. Ensure you find out where the child is being taken.
3. Immediately telephone the child's social worker; try to speak directly with them. If they are unavailable speak to their supervisor or the duty social worker. **DO NOT** leave a message.
4. The social worker will inform the child's parents and anyone else with parental responsibility.
5. The social worker will discuss with the parents the arrangements they want to make about the funeral.
6. Inform your supervising social worker as soon as possible for support.

The Responsible Authority has a legal obligation to inform the Secretary of State in writing of the child's death. They may request more information or conduct a formal review of events preceding a child's death. When the death was sudden there is usually an inquest that carers may be required to attend.

Other aspects of safety and accident prevention

Do not smoke around children, lots of studies show that passive smoking is damaging to the health of children.

Fire Risks

All carer homes should be fitted with a smoke alarm on each floor of their home. These should be checked weekly to see if they are working. A fire blanket should be kept in the kitchen.

All children living in the carer's home should understand the risks of fire and be encouraged to be careful. Matches etc should be kept out of reach. Children according to their age and understanding should be aware of what to do in the event of a fire. Teach them to dial 999 where appropriate.

Supervision

Children under eight years old should never be left on their own. Between the ages of 8 – 16 children should not be left on their own, unless agreed in the placement agreement.

Young people over 16 can be left alone with the consent of the person with parental responsibility and the social worker.

General

Burn and scalds: Don't eat or drink anything hot with a child/baby on your lap. Beware dangling kettle and iron flexes tablecloths and protruding pan handles. Have fireguards in front of fires when in use.

Falls: Discourage bouncing chairs on the floor. Use the straps provided on pushchairs and high chairs. Ensure children cannot fall from windows or down stairs by using rails and gates.

Choking and suffocation: Plastic bags, rubber bands, ribbons and strings should be kept away from young children. Be aware that young children often put things into their mouth nose and ears.

Cuts: Glass doors and windows must be protected when at a dangerous height. Don't let children and young people walk carrying anything made of glass or other sharp objects such as pencils. This includes lollypops or pencils in mouths. Keep knives and scissors safely.

Poisons: Be aware that plants, berries, seeds and toadstools can be poisonous. Teach children not to put anything other than approved food or drink in their mouths. Keep all chemicals safely and out of reach.

Drowning: Babies and young children can drown in the bath – be careful and do not leave them unattended. Be vigilant when children are paddling, swimming or playing with water. Ponds should be fenced or covered. Teach children about the dangers of water and teach them to swim as early as possible.

Electricity: Put safety covers on electric sockets. Be ware of worn flexes or appliances. Provide a cooker guard for young children.

In the Car: Special baby seats, care seats, seat belts, booster seats must be used. Check for fault or wear. Do not use any seats that have been involved in an accident, if you are unsure purchase new seats.

On the Road: Use walking reins or hold a toddlers hand. Teach children the Green Cross Code. Cycle helmets and cycling proficiency should be used when children are cycling. Make regular safety checks on the childrens bikes. Make sure children are wearing clothing that can be seen e.g. fluorescent clothing.

In the Garden: Gates and fencing must be secure and designed to prevent children climbing over or under. Outdoor toys must be given regular safety checks. Pits should be covered when not in use. Children should be supervised when playing in sandpits. Children must **always** be supervised around water. When using trampolines, all safety guidelines **must** be adhered to.

In the Home: Never leave a young child alone in the kitchen. Alcohol should be stored safely way from children and young people. Do not store chemicals in other bottles e.g.; drink bottles. Try to store them in bottles that cannot be opened by children or young people. Teach children good safety habits. Encourage children to tidy up. Make sure inappropriate age toys are put away.

Ensure tools are put away and kept safely.

Teach them to phone 999 in the event of an emergency.

Hygiene

Each foster carer's home should reach an acceptable standard of health and hygiene. This will be assessed during the approval process and monitored thereafter. Many of these are things like clean surfaces where food is prepared. These standards are at times difficult to assess and therefore a second opinion is sometimes sought. Time out Fostering will aim to support carers with any areas of difficulty.

HIV/ AIDS AND HEPATITIS

Guidelines for HIV /AIDS

It is important that foster carers have a good understanding about HIV and AIDS. You may be caring for a child with HIV /Aids or you may wish to offer education to the child/ren placed with you about how to protect themselves.

HIV/AIDS

HIV is the name of the virus. AIDS is the set of symptoms that present themselves when the virus affects the person's ability to fight off infection.

How Is It Passed On?

Through unprotected sexual intercourse, vaginal or anal, sharing of needles, or other blood to blood contact. The fluids the virus can be contracted via are blood, semen, vaginal fluid, pregnancy and breast milk.

A child may contract the virus from their mother in pregnancy, childbirth, breastfeeding or sexual abuse.

What Risks are Involved in Fostering an HIV Positive Child?

HIV cannot be transmitted through urine, faeces, spit, mucus or vomit. It cannot be transmitted by kissing, hugging, bathing or feeding.

HIV is not easy to pass on. Once outside the body it dies quickly. If there is spillage of blood, vaginal fluid or semen, new rubber gloves should be used to clear up spillages and any cloths used should be wrapped in a bag with the rubber gloves and thrown away. Open wounds pose a possible threat and again new rubber gloves should be worn and any cuts, abrasions or eczema should be protected with a plastic plaster. Any objects, which can come into contact with blood, should not be used by anyone other than their owner and should be kept out of reach; this includes toothbrushes and razors.

Time Out Fostering carers should apply the same level of hygiene to all children and work on the possibility that the child placed could have HIV although this is highly unlikely. Many children who carry HIV will not be aware of it especially if their parents are unaware of their HIV status.

Confidentiality

There is unfortunately discrimination towards children and adults with HIV. Therefore privacy is very important for children with HIV. It is not a notifiable disease and social workers do not have to inform foster carers that a child is HIV positive, however it is usually deemed in the child's best interest to inform them.

If you are aware that the child placed with you is HIV positive you may ask for support from your supervising social worker or a specialist agency. Before you tell anyone ask it is important to ask yourself whether it would be in the child's best interest for anyone else to know.

Testing

Foster carers may have suspicions that a child has become infected with HIV. Carers should inform their Supervising Social Worker, who will liaise with the Placing Authority. All decisions regarding testing, education or care will be made with their agreement.

Education on HIV

Foster carers often take on the role of educating children and young people about HIV and AIDS. Many children and young people have some knowledge about HIV / Aids, some of which may be prejudicial or incorrect. It is important to be clear about what is not a risk, and what is a risk. Time Out Fostering expects discrimination against gay men and Africans to be challenged by our foster carers.

Children and young people will need access to information about drug use and sexual relationships in order to protect themselves or others from contracting the virus.

Extra care should be taken when dealing with children who have been abused. Schools may be teaching about HIV Aids so it may be useful to find out about what has been covered.

Hepatitis

The most important types of hepatitis (inflammation of the liver) are A, B and C. They all have symptoms and only a blood test can confirm which virus a person has.

There are two main differences between the viruses;

- How they are passed from person to person
- How long they stay in the body therefore how much damage they cause.

Hepatitis A

The most common hepatitis virus in Britain. Mainly caught in developing countries with poor sanitation. It is caught through contaminated food and water (oral- faecal route) handling nappies, poor hygiene among food handlers.

Spread sexually through mouth/anal contact.

It is very infectious. Incubation period is 2-6 weeks after which symptoms may develop. It causes sickness diarrhoea and stomach pains. It can be acute especially in older people. The virus usually clears from the body within 6 months and causes no long-term damage.

Hepatitis B

This is a serious disease. It is 100 times more contagious than HIV. It is an identifiable cause of cancer. It can be fatal.

The virus is found in blood, saliva, urine, semen and vaginal fluids.

It is spread by

- Blood transfusions and donor organs abroad
- Unsterile tattooing, acupuncture or ear piercing equipment particularly abroad where standards are not always as high as in UK
- Sharing razors or toothbrushes with an infected person
- Uncovered cuts and scratches
- Close physical contact e.g. children playing together
- Unprotected sexual intercourse, vaginal or anal
- Sharing IV needles
- Transmission at birth from mother to child

It is very infectious.

People have different levels of the virus in their blood. This can be determined through a blood test. They may not have symptoms all the time. Hepatitis B can leave the body but some people have it chronically, which can lead to cirrhosis of the liver and occasionally cancer of the liver.

The incubation period is between 6-12 weeks symptoms can be non-existent to severe.

The treatment is rest and a special diet. No alcohol.

Use the government hygiene guidelines to prevent infection and condoms for sexual activity.

There is a vaccination available for Hepatitis B. Talk to your GP if you would like this vaccination.

Hepatitis C

This is found in blood, saliva, urine, semen and vaginal fluids. It is spread in the same way as Hepatitis B. It is mainly spread though sharing IV needles and unprotected sexual intercourse.

It is very infectious.

The incubation period is usually up to 2 months but can be up to nine months.

Government guidelines on hygiene.

The following procedures are designed to minimise risk of infection from many different illnesses such as hepatitis B. All foster carers should familiarise themselves with them and apply them all the time.

This information should be passed on to children who have HIV infection. Foster carers need to apply the same hygiene standards for all the children and young people placed with them.

- Sores and cuts on the hands should be kept covered with waterproof adhesive dressing
- Hands should be washed thoroughly before and after carrying out first aid procedures involving external bleeding and broken skin, after contact with blood or bodily fluids (semen, faeces, urine or vomit)
- Wherever possible disposable latex/rubber/plastic gloves should be used when carrying out first aid. Household rubber gloves should always be used if heavily soiled material, or bleach, is being handled
- Implements which may be contaminated with blood should never be shared e.g. razor blades, toothbrushes, towels
- Wounds or cuts which break the skin should be washed with soap and water and covered with waterproof sticking plaster or dressing
- If bodily fluid or blood is splashed onto the skin it should be washed off immediately with water and soap. Splashes into the eyes or mouth should be washed off immediately with plenty of water
- Spillage of blood and bodily fluids should be dealt with as soon as possible. Ordinary domestic bleach, diluted one part in ten parts with cold water should be poured onto the spill and then covered with paper towels. Surfaces that have been contaminated with blood or bodily fluids should be wiped with bleach as described above. Alternatively, use hot soapy water.
- Disposable items which may have been soiled with bodily fluids may be flushed down the toilet (e.g. tampons, toilet roll) or burnt (e.g. disposable nappies, sanitary towels). All soiled materials should be securely double bagged and sealed. Arrangements should be made with your local environmental health services for collection and disposal. Vomit urine or faeces should be flushed down the toilet and potties should be washed and dried with paper towels.
- Non-disposable items that have been soiled with blood or bodily fluids e.g. terry nappies, clothing, sheets, towels should be washed in the machine at 80 degrees centigrade or boiled before washing.

- The Health Authority produces a range of leaflets on infections and diseases. Free copies are available from GP surgeries, NHS sexual health (GUM) clinics, or your health promotion unit (in the phone book under local health authority). Ask for advice from your Time out Fostering Supervising Social Worker.

Promoting Health in Your Foster Child

Each foster care should be fully aware of a child's health needs at the start of the placement. This information should be given by the child's social worker. Children under the age of two should have a health check every six months and after that every twelve months. There should be a health assessment prior to the placement starting or as soon as is practicable.

GP registration is a matter for the parents unless the child is on a care order. If the child has moved away from their GP then it may be appropriate to change to the carers GP. The GP should be told that the child is being looked after by Foster Carers. If the child is settled in the carer's home then medicals should be carried out by the Medical Officer appointed by the Responsible Authority. This should be arranged by the child's social worker who should remind the carers. The foster carers have responsibility to take the child to medicals. The school nurse should be told by the carers that the child is looked after by Foster Carers.

Prophylactic and Preventative Treatment

Immunisations and dental checks are important and it is the carer's responsibility to ensure this happens. Certain treatments that seem routine may need special permission – so check it out with the social worker first. Talk to your GP or Health Visitor about immunisations.

Sex Education, Sexuality, Sexual Orientation and Contraception

There are many complex issues to be considered. They include legal considerations relating to the age of consent, different moral or religious views of young people and their parents, carers and social workers, ignorance and sexually transmitted diseases.

All areas should be discussed with the supervising social worker to establish who should be saying what and when. It can also be expressed in the placement agreement when there is concern about a young person.

Carers need to be aware, knowledgeable and confident when discussing contraceptives, sexual preference and identity and the possible consequences of unprotected sex. Carers cannot consent to give young people contraception. This must be given by the person with parental responsibility.

Carers should take care not to express negative impressions about different sexual orientations.

Drug, Alcohol and Solvents.

The misuse of drugs, alcohol and solvents can damage a child's health sometimes permanently. Children and young people need clear accurate advice and information. Carers should provide this information in a caring manner, advising and discouraging.

Illegal drugs are controlled under the misuse of Drugs Act. The following drugs are illegal to possess or supply to others unless prescribed;

- Heroin or other opiates
- Cocaine
- Amphetamines or other stimulants
- Cannabis
- LSD
- Barbiturates

Symptoms

	Alcohol	Drugs	Solvents
Behaviour	Drunkenness – slurred words falling over etc. If drinking becomes chronic it may become more hidden and be less obvious.	Mood swings, giggling, erratic, anger, lying, depression. Short term memory loss. Avoidance of eye contact.	Very similar to drugs but exaggerated, tendency towards violence.
Smell	Smells of alcohol!	Odd, pungent	Chemical smell
Signs	Bottles hidden away or left lying around, alcoholic drink disappearing from the household.	Bits of silver foil. Unusual use of tobacco or cigarette papers. Cardboard or paper torn up or made into a thin tube. Small pieces of paper folded into envelopes.	Sores around the nose or mouth. Interest in plastic bags. Empty container of likely chemicals. Sores around nose or mouth
Effects	Damage to liver, malnutrition, and long term addiction problems. Depression.	Can affect mental health and capacity to think clearly. Additional risk of acquiring hepatitis, septicaemia, HIV, infections, malnutrition and overdosing.	Capacity to think affected. Membranes in the nose, mouth and throat can be permanently damaged. Occasionally death.

General;

- Unexplained amounts of money disappearing
- Sleepy, when awake dozy and uncomprehending
- Slurred speech forgets simple words
- Secretive
- Changeable, distant and erratic behaviour/moods
- Unusual smells
- Unreliable time keeping

If you are concerned about drugs, alcohol or solvent abuse contacts the child's social worker and the supervising social worker. Seek advice and information. Record all suspicious events.