

20.5 Health Care Delivery at the Youth Development Center	
Application: Department of Children's Services Youth Development Center Employees	
Authority: TCA 37-5-105(3), 37-5-106, 63-7-101	Standards: PREA: 115.321, 115.335, 115.381, 115.382; ACA: 4-JCF-4C-01, 4-JCF-4C-02, 4-JCF4C-03, 4-JCF-4C-05, 4-JCF-4C-06, 4-JCF-4C-07, 4-JCF-4C-08, 4-JCF-4C-10, 4-JCF-4C12, 4-JCF-4C-14, 4-JCF-4C-16, 4-JCF-4C-17, 4-JCF-4C-21, 4-JCF-4C-42, 4-JCF-4C-46; 4-JCF-4C-54, 4-JCF-4C-59, 4-JCF-4D-02, ACA: 4-JCF-4C-01-08, 4-JCF-4C-11-17, 4JCF-4C 21-22, 4 JCF-4C-42, 4-JCF-4C-54, 4-JCF-4C-59, 4-JCF-4D-01-02
Commissioner:	Date:
Original Effective Date: 01/08/98 Current Effective Date: 04/11/24	Supersedes: 20.5 09/29/22 Last Review Date: 04/11/24
Glossary: None	

Policy Statement:

DCS provides comprehensive and culturally sensitive health services that meet the individual medical, dental, mental health, and developmental needs of children placed in a Youth Development Center (YDC).

Purpose:

DCS must provide safe, quality health care to custodial youth at a Youth Development Center to improve and maintain their health needs, in compliance with regulations and accreditation standards. Health care includes medical, nursing, dental, and mental health services.

Procedures:

A. Elements of Health Services

There are four (4) elements that form the basis for all health services. DCS must have a plan to ensure that children/youth in care have access to the following:

- ◆ Early assessment and detection;

- ◆ Prompt and effective treatment;
- ◆ Prevention measures; and
- ◆ Continuity of care in the community upon release.

B. Early Assessment and Detection

1. Upon Arrival at the YDC

- a) Upon arrival, all youth are informed both verbally and in writing how to access healthcare services. For youth who do not speak or read English, interpreter services are provided when necessary. The youth must sign a form indicating that they received the information. The instructions include, at a minimum: □ Location of the health clinic; □ Access to and times of sick call; □ Access to emergency care; and □ Protocols for acquiring dental and mental health services.
- b) Nursing staff administer form **CS-1104, Columbia Suicide Severity Rating Scale**, for all newly admitted youth to identify whether the youth is at risk for suicide and assess the severity and immediacy of that risk (see Policy [19.1 Suicide/Self Harm Prevention and Intervention in a Youth Development Center](#)). If the youth answers Yes on either question 1 or 2, the therapist is notified. If the youth also answers Yes to any question from 3-6, the therapist, shift leader, and staff on the unit are immediately informed and appropriate supervision is put in place.
- c) A health screening is performed by a health professional. The health screening is documented on form **CS-0114, Health Screening for Youth in a Youth Development Center**, which is signed by the youth and placed in the youth's medical file.
- d) The health screening shall include at least the following:
 - ◆ Inquiry into:
 - History of chronic illnesses and serious infectious or communicable diseases, including symptoms and treatment;
 - Use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, seizures);
 - Current illnesses and health problems, including infections or communicable diseases;
 - Current medications;
 - Current dental problems;
 - Recording of height and weight; and
 - Other health problems designated by the responsible physician.

- ◆ Observations of the following:
 - Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating;
 - Body deformities and ease of movement;
 - Conditions of the skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos, and needle marks or other indications of drug use.
- ◆ Medical disposition:
 - Cleared for general population; Or
 - Cleared for general population with a referral to appropriate health care service; or
 - Referral to appropriate healthcare service for emergency treatment. When youth are referred for emergency treatment, their admission or return to the facility is predicated on written medical clearance.
- e) All youth undergo an Early Periodic Screening, Diagnosis, and Treatment (EPSDT) examination by a physician or designee within fourteen (14) days of the youth's arrival at the facility. If there is documented evidence of a health examination within the previous ninety (90) days, a new health examination is not required, except as determined by the YDC physician. The EPSDT is documented on form **CS-0708, EPSD&T Physical Examination**, which is then kept in the youth's medical file.

The EPSDT examination shall include at least the following:

- ◆ Review of earlier admission screenings;
- ◆ Review of results of the previous medical examination, tests, and Identification of problems;
- ◆ Recording of height, weight, and vital signs (pulse, blood pressure, respiration, and temperature);
- ◆ Request for and collection of additional data to complete the medical, dental, mental health, and immunization histories;
- ◆ Physical examination, including review of mental and dental status;
- ◆ Orders for laboratory and/or diagnostic tests to detect communicable disease, including tuberculosis and sexually transmitted infections;
- ◆ Other tests and examinations, as appropriate;
- ◆ Initiation of medical therapy, if appropriate; and
- ◆ Development and implementation of a medical treatment plan, including recommendations concerning housing and program participation.

2. EPSDT Evaluations

Every youth shall undergo an EPSDT evaluation on a yearly basis. Evaluation for communicable diseases at these follow-up examinations are according to the

physician's clinical judgment. The EPSDT is documented on form **CS-0708, *EPSD&T Physical Examination***, which is kept in the youth's medical file.

3. Dental Care Upon Arrival

Every youth shall undergo a dental evaluation and a dental cleaning within fourteen (14) days of arrival at the YDC. The evaluation is documented on form **CS-0120, *Dental Record (YDC)***.

4. Semi-Annual Dental Evaluations and Cleanings

Every youth shall undergo a dental evaluation and cleaning every six (6) months. Additional dental care is provided as described in Policy [20.12, *Dental Care, Section B*](#).

C. Prompt and Effective Treatment

1. First Aid

- a)** The YDC has First Aid kits and spill kits available throughout the facility and in state vehicles. First Aid kit locations are determined by the Health Services Administrative Panel in conjunction with the superintendent or designee. The clinic protocol describes the contents, locations, use, and non-medical staff responsibilities for First Aid kits and spill kits.
- b)** The YDC has Automated External Defibrillators (AEDs) available in the facility in locations determined by the superintendent. The clinic protocol describes the locations and staff responsibility for AEDs. Non-medical staff receive training in the use of AEDs.

2. Availability of Medical Services

Nurses are available on site seven (7) days per week. The physician is available on-site to youth at least one day per week for routine medical services and is available by phone the remainder of the week.

3. Sick Call

- a)** Youth may initiate requests for health services at any time. Form **CS-0084, *Sick Call***, is available and easily accessible to all youth. After completion, youth may hand-deliver a sick call form to the nurse at sick call time, or may place the form in a locked sick call box. Nurses are the only staff with access to the locked boxes and gather the forms. Nurses then contact the youth to address their medical issue. Nurses utilize a priority system to schedule healthcare services and address routine, urgent, and emergency healthcare requests and conditions.
- b)** The nursing staff conducting daily sick call maintain daily sick call records listing all youth attending sick call, their complaints, and the disposition of their cases. The physician conducts sick call reviews on a regular basis, including an evaluation of the sick call records and a review of referrals made by the health care staff.

4. Standing Orders

The YDC Health Services Office maintains written standing orders, signed by the physician, for the treatment of minor conditions and/or provision of emergency care in accordance with best practice. In the absence of the physician, the standing orders provide instruction to nurses and other health care personnel for the treatment of any youth having the condition(s) to which the standing order pertains.

- a) Standing orders are developed jointly by the physician and the YDC Lead Nurse and constitute a mutual agreement concerning the management of commonly occurring conditions and needs for emergency care. The Director of Nursing may review and edit the standing orders if desired or requested.
- b) The Lead Nurse maintains copies of the standing orders in the unit manual or separately. They must be available in the clinical setting for use as a reference.
- c) Content
 - ◆ Each standing order includes a description of the condition, treatment orders, and referral data. They are written in sufficient detail to provide clear instructions to those responsible for carrying them out in the absence of the physician.
 - ◆ Standing orders have cover sheets that serve as a letter of agreement between the physician and the health care staff. This agreement clearly specifies which personnel and/or categories of personnel are authorized to use the protocols and are signed by the responsible physician.
- d) All standing orders are reviewed annually by the physician and the YDC Lead Nurse to ensure that they accurately reflect best practice and the intent of the responsible physician. Documentation of the reviews is kept in the standing order file.
- e) The YDC Lead Nurse or physician orients new health care personnel to the standing orders before they are permitted to use them. The responsible physician or the Health Services Administrative Panel may choose to restrict an individual employee's use of the protocols, based on their educational background, experience, or expertise.
- f) Medications Administered Per Standing Order When a standing order includes medication therapy (either over-the-counter or prescription drugs), the protocol clearly specifies:
 - ◆ Name of medication or drug;
 - ◆ Dosage(s) authorized;
 - ◆ Route(s) of administration;
 - ◆ Duration of order;
 - ◆ Frequency of administration; and
 - ◆ Contraindications for use.

A. No standing order shall authorize the administration of a controlled drug or medication intended for psychotropic use.

B. When a nurse administers or distributes a prescription drug as a result of a standing order, he or she clearly documents its administration in:

- ◆ The health record on the physician order sheet, and
- ◆ A corresponding progress note.

C. Within seven (7) days, the physician must sign the documentation regarding the reason for and the administration of a prescription medication given per standing order.

5. Clinical Protocols

Clinical protocols define the scope of practice for healthcare professionals (e.g. nurses, emergency medical technicians) and are the means by which the physician delegates specific acts of medical management to other healthcare professionals.

Clinical protocols are readily available in the YDC Health Services Office at all times for consultation by individual healthcare professionals and other staff members as needed.

- a) Clinical protocols constitute a directive from the supervising physician to healthcare professionals for the treatment of identified conditions, including episodic illnesses, chronic illnesses, and emergency treatment. The physician and the Lead Nurse jointly agree to the clinical protocols. The Director of Nursing may review and accept or reject clinical protocols. Standardized protocols may be adapted to the YDC facility setting, provided they accurately reflect the intentions of the supervising physician.
- b) Each protocol includes the condition, assessment data, treatment data, and indications for referrals, as mutually agreed by the physician and the Lead Nurse.
- c) A letter of agreement between the physician and the Lead Nurse regarding approval of the clinical protocols are signed by both parties and kept in the YDC Health Clinic Office.
- d) The clinical protocols must be re-evaluated with a change in the physician or Lead Nurse, and an updated letter of agreement must be executed.
- e) The physician and the Lead Nurse review the clinical protocols jointly, on an annual basis, in order to update them. Documentation of the review is kept on file in the YDC Health Services Office. The Director of Nursing may also review the clinical protocols and accept, change, or reject clinical protocols based on best practices.

- f) Medication Administered per Clinical Protocol. Clinical protocols that include medication therapy clearly outline the medications that healthcare professionals are authorized to administer in the treatment of identified conditions. No clinical protocol shall authorize the administration of a controlled drug or medication intended for psychotropic use. Within seven (7) days, the contract physician must sign the documentation regarding the reason for and the administration of a medication or treatment order given per clinical protocol.
- g) The physician reviews and initials or signs all laboratory reports, EKG reports, X-ray reports, and similar results of diagnostic tests obtained by a healthcare professional following clinical protocols.

6. Limited Activity

If a youth's physical activity needs to be restricted due to a medical need, the physician or nurse completes form **CS-0194, Limited Activity Notice**.

7. Specialty Referrals

Youth needing specialty care beyond what the YDC physician or medical personnel can provide are referred to the appropriate medical specialist. Referrals are not made for non-essential care or elective procedures unless deemed medically necessary. Arrangements for specialty care are made through locally available physicians or specialty clinics when possible. A written list of referral sources, including emergency and routine care, is available and reviewed/updated at least annually.

8. Requests for Personal

Physician Youth may submit a written request to the Superintendent to be seen by their personal physician. The Superintendent reviews the request with the Health Services Administrative Panel and if the youth is under the age of 18, contacts the youth's parent/guardian for confirmation. All costs incurred accessing the personal physician are the responsibility of youth and/or the parent/guardian. The facility physician is responsible for evaluating recommendations of any outside physician and determining the best course of treatment.

D. Mental Health Care

The YDC must provide mental health services for youth within the facility. All youth entering the facility are screened and, when necessary, assessed for mental health and substance abuse disorders. For youth assessed as having mental health needs, a mental health treatment plan is developed and incorporated into the youth's Individual Program Plan (IPP) and implemented by qualified, trained staff. These services include, but are not limited to, those provided by qualified mental health professionals who meet the educational and license/certification criteria specified by their respective professional disciplines, e.g., psychiatry, psychology and social work.

E. Emergency Care

1. The Health Services Office has a protocol to ensure that youth have access to twenty-four (24) hour emergency medical, dental, and mental health services. The protocol includes:
 - ◆ Response to emergencies occurring within the facility;
 - ◆ On-site emergency first aid and/or life-saving stabilizing emergency care which will be provided within a four (4) minute response time;
 - ◆ Location of emergency supplies and equipment within the facility;
 - ◆ Regular inspection, replenishment and maintenance of emergency supplies and equipment;
 - ◆ Identification of emergency personnel on-call or available twenty-four (24) hours per day, including physician, dentist, and mental health professional services.
 - ◆ Emergency evacuation or transfer/transportation of the youth from the facility when appropriate. The transportation system assures timely access to health services that are only available outside the YDC. The system addresses:
 - Security procedures providing for nonemergency (standard) and emergency (ambulance) transport of youth;
 - Medically sensitive conditions and/or specific precautions to be taken by transportation officer(s) are addressed and documented prior to transport;
 - Use of medical escort to accompany security staff, if indicated;
 - Transfer of medical information for continuity of care
 - Use of an emergency vehicle or designated community ambulance service; and
 - Use of one or more designated hospital emergency room(s) or other appropriate health facilities.
2. The Health Services Administrative Panel and the Training Officer must establish a training program for YDC staff to respond to emergency situations within four (4) minutes. The training includes:
 - ◆ Recognition of signs and symptoms of distress and knowledge of action required in potential emergency situations;
 - ◆ Recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal;
 - ◆ Methods of obtaining assistance;
 - ◆ Administration of basic first aid and cardiopulmonary resuscitation (CPR);
 - ◆ Suicide intervention; and

- ◆ Procedures for patient transfers to appropriate medical facilities or community health-service providers.
- 3. In an emergency situation, the staff alert the nursing staff. Staff certified in CPR, first responder techniques, and first aid must provide assistance in the event of a life-threatening emergency. First aid must be continued until the arrival of qualified health care personnel. At that point, EMS personnel take charge and assume responsibility for the emergency, including the direction of other employees as necessary to provide and/or assist with first aid.
- 4. If activation of the local emergency response through 911 is not needed, the decision to transport a youth to a hospital emergency department is made by the nursing staff and/or physician. If health care personnel are not available, the Director of Nursing may be contacted. If the security staff in charge or the Superintendent feel that transport to a hospital is necessary, they may make that decision.
- 5. When emergency care on site is rendered, the youth must be evaluated by a medical professional within twelve (12) hours. All emergency care is documented in the health record as well as to whom the individual was referred.
- 6. The nursing staff is responsible for prompt notification of a youth's parents/guardians in the event of serious illness, injury, or surgery.

F. Infirmary Care

The Health Clinic has the capability of providing twenty-four (24) hour infirmary care to youth for medical reasons. The Health Clinic has local protocols that define the scope of infirmary services available. The protocols address the following at a minimum:

- ◆ Definition of the scope of infirmary care-services available;
- ◆ Healthcare practitioner on call or available twenty-four (24) hours per day;
- ◆ A qualified healthcare professional is on site when a youth is present in the infirmary;
- ◆ Nursing care procedures and treatment plans delineate healthcare guidelines;
- ◆ Youth supervision within sight or sound of a security staff member.

G. Convalescent Care

The Health Clinic provides convalescent care for youth recovering from an illness or injury either on-site or utilizing community resources. The Health Care Services Administrative Panel help develop appropriate convalescent care plans when needed.

H. Chronic Care

The Health Services Administrative Panel develop an individual healthcare plan for any youth with a health condition that is chronic and requires regular, ongoing, multidisciplinary care. If the level of chronic care exceeds that available through the facility's health care resources, appropriate arrangements must be made to ensure that the care is available by transfer to an outside resource.

I. Health Care for Youth in Segregation

Youth who are restricted or segregated are allowed the same access to health care as all other youth. Sick call is conducted daily at the site where the youth is housed. Examinations and treatment is performed in an appropriate room on the unit, when possible. If not possible, the youth may be moved to the clinic or infirmary for examination and/or treatment with appropriate security provided. Emergency or urgent care must be reported immediately to the nursing staff for appropriate evaluation and disposition. After removal from segregation, nursing staff evaluate the youth for any injuries or concerns.

J. Contingency Plan

1. The Health Services Administrative Panel, in consultation with the Superintendent, prepares an operational plan for the provision of health care services in emergency situations that would interrupt the routine delivery of health services. This plan is prepared and maintained as part of the facility contingency plan and is reviewed annually and updated as necessary.
2. A medical contingency plan includes, but is not limited to, the following:
 - ◆ Orientation and training of health care staff on the contingency plan;
 - ◆ Personnel alert/recall system for health care staff not on duty;
 - ◆ Identification, set up, and operation of a patient triage area;
 - ◆ Safety and security of emergency treatment areas;
 - ◆ Communications both internal and external;
 - ◆ Disposition of injured, ill, or deceased;
 - ◆ Temporary medical records system and patient tagging system;
 - ◆ Access to emergency medical vehicles;
 - ◆ Stock of emergency medical supplies stored in footlockers or similar containers within the facility but outside the clinic area and in a secure location outside of the compound if possible. This stock is to be checked and inventoried at least semi-annually; and updated as necessary.
 - ◆ Defined role of support to be provided and/or resources available from non-facility sources.

- ◆ A list of names and telephone number in central operations for each of the following as appropriate:
 - Community hospitals;
 - Community health services;
 - Private physicians;
 - Ambulance services;
 - Fire and police departments;
 - Civil Defense;
 - Military medical facilities (active forces, reserves, National Guard); or
 - Other as necessary.

K. Prevention Measures

Youth are encouraged to assume responsibility for their health through self-care educational programs. Staff provide education on the following subjects:

- ◆ Nutrition and Exercise;
- ◆ Personal Hygiene;
- ◆ Substance Abuse;
- ◆ Sexual Development;
- ◆ Birth Control and Pregnancy Prevention;
- ◆ Sexually Transmitted Infections and Infection Prevention
- ◆ HIV/AIDS Prevention
- ◆ Safe and Healthy Relationships
- ◆ Parenting

L. Continuity of Health Care After Departure

As plans are formed for a youth to depart the YDC, medical staff must be notified to ensure the transfer of necessary and appropriate health information.

1. If the youth is being transitioned to another level of care, the nursing staff contacts the JSW/FSW and the appropriate DCS Regional Health Unit Nurse, to communicate the youth's medical, dental, and mental health needs, including medication follow-up after discharge.
2. If the youth is being discharged home, the healthcare staff and the JSW/FSW work with the youth and family to help them identify sources of health care in the community. Considerations are made for the youth and family's strengths and needs, their particular home community, and any barriers to accessing care that they may encounter.
3. Transfer of medical and mental health records are arranged with private and community providers who take over the medical, dental, and mental health care of

the youth after discharge. A medical summary is provided to maintain continuity of care when the youth is referred to a community-based health care provider or released from the facility. Transfer of records is in compliance with HIPAA and DCS Policy [20.25 Health Information Records and Access](#) and DCS Policy [13.9 Juvenile Justice Case Transfers Within and Between Regions](#).

4. Arrangements should be made for a prescription for a twenty-eight (28) day supply of the youth's current medication, paid for by the YDC contract pharmacy, at the time of discharge from the YDC.

Forms:

[CS-0084, Sick Call](#)

[CS-0708, EPSD&T Physical Examination](#)

[CS-0114, Health Screening For Youth in Department of Children's Services in a Youth Development Center](#)

[CS-0194, Limited Activity Notice](#)

[CS-1104, Columbia Suicide Severity Rating Scale](#)

Collateral Documents:

[13.9, Juvenile Justice Case Transfers Within and Between Regions](#)

[19.1 Suicide/Self Harm Prevention and Intervention in a Youth Development Center.](#)

[20.7, Early Periodic Screening Diagnosis and Treatment Standards \(EPSDT\)](#)

[20.25 Health Information Records and Access](#)