

<b>UTAH DIVISION OF JUVENILE JUSTICE AND YOUTH SERVICES POLICY AND PROCEDURES</b>		
<b>Policy: 07-01</b>	<b>Page 1 of 8</b>	
<b>Non-Emergency Health Care Services</b>		
<p><b>RATIONALE:</b> The division has an obligation to provide health care services to minors in division custody, which includes implementing procedures to assess their needs for medical, dental, or mental health care services, and to arrange for those services with the responsible health or mental health authority who shall exercise autonomy when making health care decisions. Procedures are intended to describe the responsibilities of staff, in context with medical, dental, and mental health services.</p> <p><i>Related Policies, Applicable Standards, Statutes: Utah Code 80-5-104.5; Title 63G, Chapter 2; JJYS policy 07-04 Health Care Records; 03-03 Intake Screening; 05-04 Transportation; 05-05 Use of Seclusion; 05-06 Use of Restraint Devices; 07-02 Emergency Medical Care</i></p>		
<b>Original Effective: October 15, 2004</b>	<b>Revision: November 1, 2023</b>	<b>Next Review Due: November 1, 2026</b>

**I. DESCRIPTION**

Division facilities and programs provide non-emergency medical, dental, and mental health services as needed for minors placed in division custody, using the services of licensed health care, dental care, and mental health providers. Records of such services are maintained and treated as confidential records. (See Policy 07-04 Health Care Records). This policy supersedes any previous policy governing this subject matter.

**II. DEFINITIONS**

The following terms are defined for this policy as:

- A. **Government Records Access and Management Act - (GRAMA):** The Utah State Government Records Access and Management Act (UCA 63G-2-101, et.seq.) which is the state statute that governs handling of records retained by governmental entities and release of such records in response to records requests.
- B. **Health care:** Medical, dental, and mental health care.
- C. **Health care liaison:** A designated, trained JJYS staff who coordinates health services delivery on those days the health care professionals are not on-site

for 24 hours or more. The liaison does not deliver health care, they coordinate the health care that is required as directed by a health care professional.

- D. **Health Insurance Portability and Accountability Act - (HIPAA):** which protects the privacy of patients in a healthcare setting and generally prevents the disclosure of protected health information, including personal identifying information of patients.
- E. **Legal Guardian:** A person recognized by the division as having the authority to give consent on behalf of a minor under the age of 18, including consent to marriage, enlistment in the armed forces, major medical, surgical or psychiatric treatment, or legal custody if legal custody is not vested in another person, agency or institution. Division staff are not legal guardians.
- F. **Medical Isolation:** determined by a qualified healthcare professional for purposes related to a medical issue and means a resident will stay in their assigned room except to shower; needs a mask to transfer through public areas; and should not share a room while in medical isolation.
- G. **Qualified Medical Health Care Professional (QMHC):** A person licensed to provide medical care.
- H. **Qualified Mental Health Professional (QMHP):** A person in the human services field who is licensed to provide mental health services (a licensed psychologist, psychiatrist, or therapist with experience in child or adolescent development).
- I. **Residential Facility:** A JJYS facility where minors may stay overnight.
- J. **Responsible Health Authority:** A designated health professional assigned to the facility that arranges for all levels of health care and assures quality, accessible, and timely health services for all minors.
- K. **Responsible Mental Health Authority:** A designated mental health clinician assigned to the facility with whom final clinical judgements rest.

### III. Policy

- A. Health care services:
  - 1. An initial health screen shall be completed in a private setting by facility staff upon intake for minors admitted into a residential facility using the approved Initial Health Screen in CARE.
  - 2. A nursing assessment shall be completed on every minor admitted into a residential facility.
  - 3. A mental health screening shall be conducted within 14 days of admission to secure care by a QMHP.
  - 4. The division shall ensure routine and other non-emergency health care services are provided for minors in residential services.
  - 5. Minors shall have access to request health care services (sick calls) while residing in JJYS facilities.
- B. Communicable Diseases:
  - 1. Staff shall follow standard guidelines and take precautions to prevent the spread of communicable diseases from a minor to other minors, staff and

- volunteers, and the general public, in accordance with the division's mandatory blood-borne pathogens training.
2. A minor receiving residential services from the division shall not be denied access to services solely because of being infected with a communicable disease.
- C. Medical information is private or controlled and may only be released according to HIPAA and GRAMA standards or other state or federal laws.

#### **IV. PROCEDURE**

- A. Health Care Screening, Assessments, and Sick Calls.
1. Health Care Screening and Assessments;
    - a) The results of the initial health screen shall be reviewed by qualified medical personnel within three business days. The initial health screen shall address the following:
      - 1) Health issues that may require immediate attention. In such cases, staff shall immediately notify a qualified medical professional;
      - 2) Current physical health;
      - 3) Illegal drugs (e.g., medication abuse, alcohol, smoking or vaping)
      - 4) Reproductive health;
      - 5) Current mental health (e.g., suicide precaution or mental health diagnosis);
      - 6) Current medications;
      - 7) Allergies or diet;
      - 8) Health history; and
      - 9) Other observations by the intake worker that may be relevant to the medical or mental health care of the minor.
    - b) The nursing assessment shall be completed within three business days of the minor's intake and shall be administered by a qualified medical professional. The nursing assessment shall address the following:
      - 1) Review of the initial health screening results;
      - 2) Additional data to complete the medical, dental, and mental health histories, including any follow-up from positive findings obtained during the initial health screening and subsequent encounters;
      - 3) Review of immunization history and update of schedules as needed;
      - 4) Vital signs (i.e., height, weight, pulse, blood pressure, and temperature);
      - 5) Focused physical exam as needed;
      - 6) Laboratory or diagnostic tests as determined by the responsible physician; and
      - 7) Initiation of therapy when appropriate.
    - c) A Physical examination shall be conducted within 30 days of a minor

entering division custody:

- 1) That includes breast, rectal, and genitourinary exams as indicated by gender, age, and risk factors;
  - 2) That includes a tuberculosis test unless there is documentation from the health department that the prevalence rate does not warrant it;
  - 3) When medical staff identify a need for additional care; and
  - 4) On an annual basis.
  - 5) A physical exam shall be conducted sooner than 30 days when indicated by the nursing assessment.
- d) The initial mental health screening shall be conducted by a QMHP and include a structured interview with inquiries into
- 1) A history of:
    - i) Psychiatric hospitalization and outpatient treatment;
    - ii) Substance use hospitalization;
    - iii) Detoxification and outpatient treatment;
    - iv) Suicidal behavior or self-injurious behavior;
    - v) Violent behavior;
    - vi) Victimization, including physical and sexual abuse, bullying;
    - vii) Special education placement;
    - viii) Cerebral trauma or seizures or physical trauma or abuse;
    - ix) Sex offenses;
    - x) Exposure to traumatic life events and losses; and
    - xi) Recent stressors (conflict with family or others, breakup, unstable living conditions, death of friend or family).
  - 2) The current status of:
    - i) Mental health symptoms and psychotropic medications;
    - ii) Suicidal ideation;
    - iii) Drug or alcohol use; and;
    - iv) Orientation to person, place, and time
  - 3) Emotional response or adjustment to incarceration; and
  - 4) A screening for intellectual functioning (i.e., intellectual disability or neurodevelopmental disorder, learning disability).
2. Response to Individual Complaints of Illness (Sick Calls) or Injury after Intake:
- a) Minors may request health care services by:
    - 1) Making a verbal request to staff members; or
    - 2) Submitting a confidential, written request to the sick call box.
  - b) Requests for health care shall be picked up daily by a qualified medical professional or health care liaison.
    - 1) A health care request shall be reviewed by a qualified medical professional or health care liaison within 24 hours.
    - 2) A face-to-face encounter between a patient and a qualified medical professional shall occur within 48 hours (72 hours on

the weekends).

- c) Staff shall document medical instruction as directed by the qualified medical professional.
- d) When illness or injuries are reported, staff of the facility or program shall contact the designated qualified medical professional for further instructions. Staff shall also notify the legal guardian(s) of the minor as soon as possible after the injury or illness is diagnosed or reported to staff.

B. Non-emergency Health Care Treatment:

- 1. Routine and other non-emergency health care services shall be performed by the facility's qualified health care professionals.
- 2. Routine and other non-emergency health care services that cannot be performed by the facility's qualified health care professionals shall be referred off-site.
  - a) Health care professionals, case managers, facility staff, and parents/legal guardians shall arrange for the provision of outpatient services that are not available within the facility. The determination of the necessity of these services shall be made by a qualified health care professional and approved by the facility director. Staff shall notify parent(s)/guardian(s) of the minor's medical need and obtain their consent prior to facilitating medical services.
  - b) When the program's qualified health care professional considers referring a minor to receive services from a minor's private health care provider, staff shall coordinate with the case manager and the minor's parent(s)/guardian(s). The Parental Notice for Health Care Services (07-01A) shall be completed if it has not already been done:
  - c) In-patient hospital care shall be determined by a qualified medical professional or QMHP. Arrangements for security precautions and supervision during extended hospital care for a minor who has been placed in a secure facility shall be the responsibility of facility staff.
- 3. Transportation and Security for Off-site Non-emergency Health Care:
  - a) Staff shall follow approved transportation procedures (policy 05-04 Transportation) when transporting a minor for routine and other non-emergency health care visits.
  - b) Staff shall accompany a minor on health care visits and maintain supervision according to the program operations manual (policy 05-06 Use of Restraint Devices).
  - c) Staff shall document the purpose of the health care visit and transport information in the minor's file and shift log.
  - d) Staff shall request written discharge and follow up instructions from the off-site health care facility and deliver it to the facility's qualified health care professionals.
- 4. Staff, in consultation with the dietitian and medical staff, shall adhere to special instructions regarding a minor with a medical condition that may require individual attention, a special diet, or special physical activity.

C. Special Medical Cases - Communicable Diseases:

1. As directed by a qualified medical professional, a minor in a detention or secure care facility with a fever exceeding 100.4 F or other symptoms of a communicable disease, shall be placed in medical isolation in their room (05-05 Use of Seclusion).
2. Minors may only be released from medical isolation under guidance from the qualified medical professional and may be required to wear a mask anytime they are outside of their rooms.
3. If multiple minors are diagnosed with the same illness and medical staff have provided authorization, those minors with the same illness may share a room while in medical isolation.
4. Intake and transition in detention and residential youth services:
  - a) When a minor is brought to a detention facility, staff shall ask law enforcement if the minor appears sick or is displaying any flu-like or COVID-19 symptoms prior to the minor entering the secure area of the facility.
    - 1) If yes, then staff are encouraged to put on gloves and mask and shall provide a mask for the minor to wear until the minor is confirmed negative for COVID-19.
    - 2) During intake, minors with symptoms shall be isolated in the intake room and staff shall call nursing or on-call medical.
    - 3) Staff shall assume any other minors transported in the same law enforcement vehicle(s) were also exposed.
    - 4) Staff shall follow Flu and COVID-19 infectious disease protocols.
5. Flu and COVID-19 Infectious Disease Protocols
  - a) Staff working in a unit with a minor in medical isolation are encouraged to wear a mask.
  - b) If a previously admitted resident displays signs of flu or COVID-19:
    - 1) Staff shall immediately medically isolate minor in their room and consult with the on-call medical provider;
    - 2) Staff shall consult with the on-call provider about obtaining a rapid COVID-19 test. The decision to issue these tests shall be made on a case-by-case basis by the health care provider; and
    - 3) Staff shall notify the mental health clinician of minors in medical isolation.
  - c) Medical isolation conditions:
    - 1) Staff shall provide 32 oz. of water to a minor in medical isolation at least once per shift.
    - 2) The minor shall be allowed no visitors until the resident has been without fever for at least 24 hours without the use of fever reducing medications.
    - 3) Minor shall remain in their room until they are without fever for more than 24 hours.
    - 4) Minor shall be offered a daily shower (see policy 05-05 Use of Seclusion).

- 5) Meals shall be brought to the medically isolated room on disposable trays.
  - 6) Tissues, soap, running water, and trash containers should be provided in the room.
  - 7) Books and school materials may be allowed in the room.
  - 8) Staff who enter the room should ensure that the minor is masked before interacting with the minor.
  - 9) Staff are encouraged to don gloves and a mask when delivering items to the minor.
  - 10) JJYS mental health clinicians shall meet with minors in medical isolation every other day, or more often if needed. These meetings may be held via telehealth.
  - 11) Accommodations for alternative activities may be made for minors while in medical isolation. For example, additional time for games, video conferencing, video games, time on iPad or additional reading material.
- d) Staff COVID-19 Return to Work Protocol:
- 1) An employee should stay away from work if they have respiratory virus symptoms that aren't better explained by another cause. These symptoms may include fever, chills, fatigue, cough, runny nose, and headache.;
  - 2) An employee may return to work when, for at least 24 hours, both of the following are true:
    - i) Their symptoms are getting better overall; and
    - ii) They have not had a fever (and are not using fever reducing medication).
  - 3) When an employee returns to work, they are encouraged to consider added precautions for five days, such as frequent hand washing, physical distancing, and wearing a mask.
  - 4) If an employee develops a fever or starts to feel worse after returning to work, they should begin the process outlined in IV.C,.5.d).

D. Pregnant Minors:

1. A minor who is pregnant shall receive regular prenatal care coordinated by qualified medical staff, the minor's parent/legal guardian or case manager, to include medical examinations, appropriate activity levels, safety precautions, nutrition guidance and prenatal vitamins.
2. A pregnant minor shall have access to counseling and assistance to help the minor understand their options regarding the pregnancy.
3. While placed in a division facility, a pregnant minor shall be monitored by a physician (ordinarily the same physician who will deliver the child) and advance arrangements shall be made with an accredited hospital for hospitalization and delivery (UCA 80-5-208). Minors shall not be restrained during labor and delivery except when absolutely necessary due to serious threat of harm to the minor, staff or others (policy 05-06 Use of Restraint

Devices).

- E. Dental Services: Intake Assessments and Dental Care
  - 1. Minors shall receive fluoride toothpaste.
  - 2. Within seven days of admission to a JJYS residential program, medical staff shall conduct a dental care screening that includes visual observation of the teeth and gums and notation of any obvious abnormalities requiring immediate referral.
  - 3. Within 14 days of admission to a JJYS residential program, medical staff shall provide oral health education which includes hygiene and prevention.
  - 4. Within 30 days of admission the following dental services shall be provided:
    - a) Dental examination to include the taking or reviewing of the minor's dental history, charting, and examination.
    - b) Dental treatment, including referrals off-site, as determined by a dentist.
    - c) Crowns and other major dental work shall only be done with the express written consent of the APD and parent(s)/legal guardian(s).
- F. Emergency Medical or Dental Treatment: Refer to policy 07-02 Emergency Health Care Services.
- G. Recordkeeping and Confidentiality of Records:
  - 1. Health care services received by a minor while in the division's custody shall be documented, and records shall be maintained and kept confidential according to HIPAA, GRAMA, the facility and program requirements, (policy 07-04 Health Care Records) and other applicable state or federal laws.
  - 2. Health care records maintained by health care staff and providers may be provided as needed to ensure continuity of health care at a new placement.
  - 3. Health care records are the property of the division and shall be returned to the division when the minor leaves the care of the provider.

**V. Continuous Renewal:**

This policy shall be reviewed every three (3) years to determine its effectiveness and appropriateness. This policy may be reviewed before that time to reflect substantive change.

This policy has been reviewed by the Division of Juvenile Justice and Youth Services Executive Management Team, and is approved upon the signature of the Director.



Bret M. Peterson, Director  
Division of Juvenile Justice Services

11/01/2023

Signature Date