

UTAH DIVISION OF JUVENILE JUSTICE AND YOUTH SERVICES POLICY AND PROCEDURES		
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EMERGENCY HEALTH CARE SERVICES		
<p>RATIONALE: The purpose of this policy is to ensure emergency health care services are provided to minors placed in the division's physical custody.</p> <p><i>Related Policies, Applicable Standards, Statutes: Utah Code §63G-6a-803 UAC R33-8-401; §80-1-102; UAC R33-8-401; JJYS policy 05-04 Transportation; 05-06 Use of Restraints; 05-15 Incident Reporting; 07-01 Non-Emergency Health Care Services; 07-04 Health Care Records</i></p>		
Original Effective: October 15, 2004	Revision: October 15, 2004	Next Review Due: April 5, 2027

I. DESCRIPTION

Division facilities and programs shall provide for emergency health care services for minors placed in the division's care, custody or control. Staff shall give consent for such emergency health care services when no parent/legal guardian is available to consent (policy 07-01 Non-Emergency Health Care Services).

II. DEFINITIONS

The following terms are defined for this policy as:

- A. **Emergency health care services:** Care for medical or dental needs for an acute illness, life threatening condition, or an unexpected health need that cannot be deferred until the next scheduled health care appointment.
- B. **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 ([Utah Code §80-1-102](#)). Division staff are not legal guardians.
- C. **Legal Custodian:** The authority of the division regarding each minor in the

care, custody, or control of the division. This authority includes the right and duty to authorize emergency health care on behalf of each minor. Legal custody is granted to the division by the Utah Juvenile Court, consistent with the Juvenile Court Act, Utah Code §80-1-102.

- D. **Qualified Mental Health Professional (QMHP):** A licensed psychologist, psychiatrist, or therapist with experience in child or adolescent development.
- E. **Residential Facility:** A JJYS (Juvenile Justice and Youth Services) facility where minors may stay overnight.

III. POLICY

- A. In any situation in which a minor in the care, custody or control of the division appears to be in need of emergency health care services, staff shall consider the nature and severity of the emergency to determine the appropriate course of action.
 - 1. In any situation in which conditions are perceived to be life threatening, staff shall immediately contact local emergency medical personnel by dialing 911, follow the instructions given by the local emergency medical personnel and then notify on-site medical staff.
 - 2. If the conditions are not perceived to be life threatening, staff shall contact on-site nursing or on-call nursing, when available, to help assess the emergency.
- B. In a health care emergency staff shall make and document good-faith efforts to contact the parent(s)/legal guardian(s) of the minor, inform them of the situation, and arrange for them to give any consent needed for emergency health care services. In exercising the authority of the division as legal custodian of a minor, division staff are only authorized to give such consent to the necessary emergency health care services in the event that a delay for purposes of obtaining consent of the parent/legal guardian would jeopardize the life or immediate health of the minor.
- C. Minors in detention or secure care who require emergency transport or hospitalization shall be supervised by staff in accordance with Policy 05-04 Transportation.

IV. PROCEDURE

- A. If an injury or illness does not require that the minor be transported by emergency medical personnel:
 - 1. Residential programs: at least two facility staff members shall transport the minor to the health care facility. Unless medical circumstances prevent otherwise, as determined by the QMHP or

medical team and as approved by the division director, in accordance with policy 05-04 Transportation and 05-06 Use of Restraints Devices, during any transportation by staff, the minor shall be restrained.

2. Community based programs: If parents are unable to transport the minor, staff may transport a minor to the health care facility. One staff member shall accompany the minor, however two staff members are preferable when available.
- B. At the health care facility, staff shall accompany the minor into the examining room area and maintain a position to monitor the minor through visual contact whenever possible. Staff shall be observant and informed of the minor's movements.
 - C. Staff shall request and secure discharge documentation from the health care facility prior to leaving the facility, and upon return to the division facility/program, shall promptly provide the documentation to division medical personnel. Medical personnel shall contact the health care facility, as needed, for additional documentation. Medical documentation shall be placed in the minor's health care record.
 - D. During an emergency health care situation, staff who remain at the facility shall ensure appropriate supervision is maintained for other minors who are not involved in the emergency.
 - E. During or after any health care emergency staff shall notify the following within one business day:
 1. Program or facility director;
 2. Minor's case manager, caseworker or probation officer, as appropriate (05-15 Incident Reporting); and
 3. Administrative Services Manager (ASM) who shall immediately report emergency procurement to DFA, per UCA 63G-6a-803 UAC R33-8-401.
 - F. After a health care emergency incident, staff shall document the occurrence and details of the emergency in an incident report, including the notification or attempted notification of parent(s)/legal guardian(s). Incident reports shall be completed in accordance with the policy 05-15 Incident Reporting and a copy shall be retained in the minor's file. Medical records resulting from each incident shall be managed according to policy 07-04 Health Care Records.
 - G. On an annual basis the facility shall conduct and document one medical emergency drill or exercise so staff can practice their training, ensure protocols are followed, and learn from the exercise by reporting the effectiveness of the plan after the drill or exercise.

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.



Brett Petersen, Director
Division of Juvenile Justice & Youth Services

04/04/2024

Signature Date