


Medical Services

Division of Child and Family Services (DCFS)
Juvenile Justice Services (JJS)
Statewide Policy

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APPROVED BY:	Sharon Anderson, Deputy Administrator – DCFS 
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APPROVED BY:	Dr. Cindy Pitlock, Administrator – DCFS 
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REFERENCES:	NRS 639.0125; Program Reporting (DCFS/JJS 100.03); Training and Staff Development (DCFS/JJS 100.05); Documentation Standards (DCFS/JJS 100.13); Performance-based Standards (DCFS/JJS 100.14); Youth Rights (DCFS/JJS 300.03); Emergency Planning and Response (DCFS/JJS 300.10); Suicide Prevention and Response (DCFS/JJS 400.01); Medication Administration and Management (DCFS/JJS 400.02); Youth Facility Release (DCFS/JJS 500.10); Admissions and Placement (DCFS/JJS 500.15); Length of Stay and Release (DCFS/JJS 500.19); Child and Family Team (DCFS/JJS 500.21)
ATTACHMENTS:	Attachment A: Health History for Initial Health Assessment Attachment B: Admission Checklist for Fungal Infection/Parasitic Infestation Attachment C: State Physical Examination Record Attachment D: Medical Intake Standing Orders Attachment E: Physician’s Order Attachment F: Medical Progress Notes Attachment F: Mental Health Progress Notes Attachment H: Injury Body Chart

I. SUMMARY

The Division of Child and Family Services (DCFS) shall utilize best practices when providing medical services to youth to promote the health and well-being of every child. This policy also allows facility medical staff to administer Tuberculosis (TB) tests and vaccines to facility staff as supplies allow.

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II. PURPOSE

To provide a statewide standardized process for the delivery and coordination of medical and health services by DCFS staff.

III. DEFINITIONS

As used in this document, the following definitions shall apply:

- A. Child and Family Team (CFT): A family-driven, youth-centered, collaborative service team, focused on the strengths and needs of the youth and family. The team consists of the youth (as appropriate), parents/guardian, service professionals, facility staff, including the assigned facility case manager, and the youth's assigned Youth Parole Counselor. The team may also consist of other family members, care providers, or individuals identified as being integral to the youth's environment.
- B. Medical Staff: All full time, part time, and contracted staff who provide services within a DCFS facility.
- C. Medication Administration Record (MAR): A form for documenting a youth's medications, dosages, date ordered, date and time administered, and initials of person administering the medication.
- D. Over-the-Counter Medication (OTC): Medications sold directly to a consumer without the requirement of a prescription from a healthcare professional.
- E. Tuberculin (TB) Skin Test: Sometimes called a "Mantoux," a simple, harmless way to find out if a person has latent TB infection.
- F. Vaccination: Treatment with a vaccine to produce immunity against a disease.

IV. GENERAL REQUIREMENTS

- A. Staff Training
 - 1. All medical staff shall be licensed by the appropriate state board upon hire and maintain all continuing training requirements to maintain licensure.
 - a. Licensure is tracked by Human Resources.
 - 2. All medical staff shall be trained in basic first aid and cardiopulmonary resuscitation (CPR) (DCFS/JJS 100.05, Training and Staff Development).
 - a. Medical staff shall provide training certification to the facility training officer.
 - 3. All medical staff shall be trained in a youth mental health training (e.g., Youth Mental Health First Aid, Mental Health Training for Juvenile Justice) per Training and Staff Development.
 - a. Medical staff shall provide a copy of their training verification to the facility training officer.

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4. All facility staff shall participate in drills and planning related to emergency preparedness, to ensure the facility can meet the medical needs of youth during an emergency (DCFS/JJS 300.10, Emergency Planning and Response).
5. Any facility staff administering medication shall be trained in medication administration prior to administering medication as outlined in Medication Administration and Management (DCFS/JJS 400.02).
 - a. Basic medication management training consists of over-the-counter medications which may be available in housing units.
 - b. Comprehensive medication management training is required for staff who administer any medications which are not over the counter, to include signs and symptoms of medication side effects.

B. Medical Staff – Facility

1. The Director of Nursing (DON) shall oversee all medical facility staff and ensure medical services are followed as outlined in statewide policies and standard operating procedures.
2. The facility shall ensure adequate medical services are available to youth in the facility or coordinate community-based medical services as necessary.
3. Each facility shall employ a lead nurse who, with the full understanding of policies and procedures, will provide coverage alongside the DON and assume an administrative role in the absence of the DON.
4. In addition to a lead nurse, each facility shall employ or contract Registered Nurses (RN) as part of their medical staff.
 - a. It is recommended one nurse be present at the facility eight hours per day, seven days per week.
 - b. If staffing does not allow for one nurse to be present eight hours per day, seven days per week, a nurse shall be on-call for those days when no nurse is on shift.
 - c. Licensed Practical Nurses (LPNs), may staff facility shifts, provided a RN is on call for those shifts.

C. Facility Medical Physicians

1. The DON shall ensure a contracted medical doctor is secured for each of the state facilities on an ongoing basis.

V. **ADMISSION TO FACILITY – GENERAL**

- A. Facility medical staff shall participate in the facility’s pre-admission process for each youth to review the youth’s medical records and identify and communicate each youth’s unique medical needs to relevant facility staff.

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- B. The facility's Youth Handbook shall include procedures for how to obtain medical services (DCFS/JJS 300.03, Youth Rights).
- C. Facility medical staff shall complete a health intake screening within one hour from the time of the youth's admission, per Performance-based Standards (PbS) (DCFS/JJS 100.14). This health intake screening shall include completion of the following:
 - 1. Health History for Initial Health Assessment (Attachment A)
 - 2. Admission Checklist for Fungal Infection/Parasitic Infestation (Attachment B)
- D. All youth within a state facility shall undergo a health assessment/physical examination by a licensed medical doctor within seven days of admission, per Medication Administration and Management (DCFS/JJS 400.02) and in accordance with PbS (DCFS/JJS 100.14), if the health assessment/physical examination provided by the sending county is not within the previous six months or does not provide all of the information needed by facility medical staff.
 - 1. The medical doctor shall complete a State Physical Examination Record (Attachment C).
- E. Facility medical staff shall designate OTC medications available for use at the facility.
 - 1. Facility medical staff may complete a Medical Intake Standing Order (Attachment D) for over the counter (OTC) medications youth may require during their commitment.

VI. ADMISSION TO FACILITY – FEMALE YOUTH

- A. During the intake process, facility medical staff shall contact the parent/guardian of female youth to obtain verbal or written consent to test for pregnancy.
 - 1. Medical staff shall provide a pregnancy test to newly admitted females.
 - 2. For youth whose parents do not consent to a pregnancy test shall, the youth shall be asked to provide a "Yes" or "No" response when asked if they have reason to believe they may be pregnant.
 - a. If the response is "Yes," a pregnancy test shall be given as confirmation due to pregnancy being a medical concern which could impact the youth's safety and security while in the facility.
 - b. If the response is "No," no action is needed.

VII. MEDICAL SERVICES

A. Medication Management

- 1. All medication administration shall follow the process within Medication Administration and Management Policy (DCFS/JJS 400.02).
- 2. No medication, whether prescription or OTC, may be administered to any youth in a DCFS state facility without a valid prescription or order from an authorized person licensed to prescribe medications in the State of Nevada per NRS 639.235.

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- a. Medical staff shall complete and submit a Physician's Order (Attachment E) to obtain a valid prescription for each youth.
 3. Medication Administration Records (MARs) (DCFS/JJS 400.02, Attachment C) shall be reviewed each day by facility medical staff or trained medication administering staff, to review for completeness, notation of side effects, medication noncompliance, and for the timely identification of medication errors.
 4. Facility medical staff shall monitor effectiveness and side effects of all prescribed medical medications and communicate this to the prescriber, as applicable.
- B. Emergency Services
1. Facility medical staff shall respond to and treat all youth injuries, except those which require emergency care or community-based medical treatment.
 2. For all youth injuries, facility medical staff shall be responsible for the completion of the Injury Body Chart (Attachment H).
 - a. The completed Body Chart shall be uploaded to the corresponding Incident Documents in the DCFS web-based case management system (DCFS/JJS 100.13, Documentation Standards).
 - b. Any pictures documenting a youth injury shall be uploaded to the Pictures section of the corresponding incident in the web-based case management system.
 - c. Facilities shall develop a process for completing Body Injury Charts when medical staff are unavailable to complete in a timely manner.
 - i. If non-medical staff complete a Body Injury Chart, a medical staff member shall review the chart and complete a secondary review of the youth as soon as possible, including completing a new Body Injury Chart.
 3. Facility medical staff or supervisory staff shall call emergency services (911) if the following occurs during a youth injury:
 - a. No heartbeat
 - b. Unconscious
 - c. Suicide attempt (injuries)
 - d. Severe allergic reaction (anaphylaxis)
 4. Facility medical staff shall immediately consult a medical doctor or transport a youth to a hospital in the following circumstances:
 - a. Abdominal pain
 - b. Head injury
 - c. Fracture
 - d. Temperature of 102 degrees or higher which does not respond to Ibuprofen or Acetaminophen
 - e. Uncontrolled bleeding or a wound requiring stitches
 - f. Vomiting blood

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- g. Medication reactions
 - h. Seizures or Convulsions
 - i. Lost tampon
 - j. Any other medical situation as deemed necessary
5. Facility medical staff shall make an appointment with the facility medical doctor or coordinate community based medical treatment services for the following:
- a. Physical exam, if necessary
 - b. Treatment for a Sexually Transmitted Disease (STD)
 - c. Sore throat
 - d. Earache
 - e. Urinary Tract Infection (UTI)
 - f. Upper respiratory infection
 - g. Indigestion
 - h. Constipation or blood in stool
 - i. Allergies
 - j. Rashes
 - k. Joint pain
 - l. Dental care
 - k. Any other medical situation as deemed necessary
6. Facility housing units may have over the counter medications on hand. These items shall be locked and accessible only to staff.
- a. Medical staff at each facility shall train direct care staff in over-the-counter medications, uses, and dosages. Such over-the-counter medications include, but are not limited to, Ibuprofen or Acetaminophen, ointment for scrapes/cuts, band aids, Chapstick, and hand lotion.
 - b. Direct care staff may provide any of these items upon request based on the complaint of the youth and standing orders or direct orders from medical professionals.
7. The use of any item in a first aid kit or general supply shall be documented and provided to the medical staff who shall keep track of facility supplies, to ensure first aid and-over-the-counter supplies are always fully stocked.

C. Medical Oversight – Youth Parole Bureau (YPB)

- 1. While on community supervision, Youth Parole Counselors shall ensure referrals are provided for the youth's family to gain needed medical resources, including medical insurance coverage.
- 2. Youth Parole Counselors shall monitor the medical care and needs of youth under their supervision, as applicable, until discharge from parole supervision.

D. Suicide Monitoring

- 1. Facility medical staff, in collaboration with mental health staff, shall monitor youth assessed at high suicide risk (DCFS/JJS 400.01, Suicide Prevention and Response).

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2. YPB staff shall provide referrals to youth on community supervision who have attempted or threatened suicide (DCFS/JJS 400.01).

E. Additional Services

1. All facility youth shall have access to a dental checkup and prescribed treatment as coordinated by facility medical staff either through a facility contracted dentist or community-based dental provider.
2. Facility medical staff shall participate in the Child and Family Team (CFT) meeting upon request or as deemed necessary, to ensure medical information is shared with the youth's primary supports and prescribed health treatment is documented in the youth's Case Plan, per Child and Family Team (DCFS/JJS 500.21) and guidance from *PbS* (DCFS/JJS 100.14).
3. All facility youth shall be provided a standardized physical fitness test at admission and release, per guidance from *PbS*.
4. All facility youth shall be provided the opportunity for one hour of large muscle exercise each day and two hours each weekend day, per guidance from *PbS*.
5. Facility medical staff may administer TB tests and/or vaccinations to youth based on the availability of testing supplies and vaccines.
6. Facility medical staff shall contract with other medical service providers as required by needs of youth in the facility as recommended by the facility medical doctor (e.g., podiatrists, oncologists, etc.).

VIII. AFTERCARE PLANNING

1. Facility medical staff shall attend a youth's final facility CFT meeting, or aftercare meeting, to identify community-based medical needs and communicate information to the youth's CFT for inclusion in the Discharge Summary, per Length of Stay (DCFS/JJS 500.19) and Youth Facility Release (DCFS/JJS 500.10).
 - a. If attendance in the youth's final facility CFT meeting is not possible, the facility medical staff shall provide all necessary information to the identified facility case manager prior to the aftercare meeting.
2. For continuity of care, the facility medical staff shall work with youth parole counselors to identify a youth's required community-based medical services and access to medical insurance prior to discharge, as needed.
3. Medical staff shall complete the medical section of the facility Discharge Summary, ensuring a seamless transition to medical services in the community.

IX. DISASTER SERVICES

- A. Emergency Situations – Refer to the Emergency Planning and Response (DCFS/JJS 300.10).

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X. SERVICES FOR STAFF

- A. Facility medical staff may administer TB tests and various vaccines to staff, based on availability of testing supplies and vaccines.

XI. DOCUMENTATION

A. Admission

1. The sending jurisdiction shall provide a physical, blood and TB test, and any other relevant medical documents for all newly committed youth (DCFS/JJS 500.15, Admissions and Placement).
2. Medical staff shall ensure each youth has a medical record, either paper or electronic which shall contain the following, at a minimum:
 - a. Face Sheet
 - b. Health History for Initial Health Assessment (Attachment A)
 - c. Admission Checklist for Fungal Infection/Parasitic Infestation (Attachment B)
 - d. State Physical Examination Record (Attachment C)
 - e. Medical Intake Standing Orders (Attachment D)
 - f. PRN and One Time Medication Record (DCFS/JJS 400.02, Attachment D)
 - g. Medical Inventory log (DCFS/JJS 400.02, Attachment A)
 - h. Physician's Orders (Attachment E)
 - i. Medication Administration Records (DCFS/JJS 400.02, Attachment C)
 - j. Medical Progress Notes (Attachment F)
 - k. Mental Health Progress Notes (Attachment G)
 - l. Injury Body Charts (Attachment H)
 - m. Treatment Medication Refusals (DCFS/JJS 400.02, Attachment F), as necessary
 - n. Other health and mental health documentation, as necessary
3. Medical staff may utilize the web-based case management system for medical documentation, including assessments and screenings (DCFS/JJS 100.13, Documentation Standards).
 - a. Medical documents may be uploaded to a youth's Medical Screen.
 - b. Assessments and screenings may be recorded to a youth's Assessments Screen.
4. In the event of an evacuation, medical staff are required to retrieve and safeguard youth medical files.
 - a. It is recommended staff upload assessments and screenings into the web-based case management system to ensure safety of records.
5. Medical staff shall report on the following, to be included on the monthly Superintendent Report (DCFS/JJS 100.03, Program Reporting):
 - a. Number of youths admitted with allergies, broken down by food, medication, or other
 - b. Number of females who are pregnant at admission

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6. Medical staff shall ensure the following documentation is in the web-based case management system (DCFS/JJS 100.13, Documentation Standards), as applicable to the youth:
 - a. Youth Record – Medical Screen:
 - i. Doctor(s)
 - ii. Insurance Providers
 - iii. Codes/Alerts – allergies, conditions, diet, illness, restrictions, special precautions, prescriptions, pharmacies, and any relevant notes
 - b. Youth Record – Personal Information Screen:
 - i. Insurance Provider, including insurance number
 - c. Youth Record – Individual Flags:
 - i. Sports Restriction
 - d. Youth Record – Activities:
 - i. Facility Call – Staff Outgoing
 - e. Youth Record – Clinical Activities:
 - i. Infirmary Notes
 - ii. Letter Sent
 - iii. Program/Treatment/Med Refusal
 - f. Bookings – Confinement:
 - i. Medical Separation

B. Re-entry

1. Facility medical staff shall provide the following information for the Discharge Summary:
 - a. Summary of overall health
 - b. Necessary medical referrals needed in the community, if applicable
 - c. Medical Release Form/List of current medications
 - d. Copy of Vaccine and TB testing records
 - e. Medical Release and Follow-Up Instructions (DCFS/JJS 400.02, Attachment M)
 - f. Prescription Medication Transport Form (DCFS/JJS 400.02, Attachment N)

C. Tuberculosis Testing and Vaccines

1. Facility medical staff shall document all TB tests and results for staff and youth.
2. Facility medical staff shall document all vaccines, by name and date, for staff and youth.

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XII. STANDARD OPERATING PROCEDURES

- A. Each facility shall create standard operating procedures consistent with this policy, to include:
1. Documentation of required trainings and certifications.
 2. Assigning a lead nurse for coverage of DON when necessary.
 3. Communicating the on call medical staff when medical staff are not present at the facility.
 4. Intake screening and assessment procedures, including all required documentation.
 5. Process for youth to request medical services, including ensuring the facility's youth handbook is updated when changes occur.
 6. Process for requesting appointments with the facility medical doctor and other medical professionals for required screenings and assessments.
 7. Process for obtaining parental/guardian consent and pregnancy testing for female youth, if applicable.
 8. Creating and communicating a list of OTC medications available for use at the facility.
 9. Process and staff responsible for reviewing MARs daily.
 10. Process and staff responsible for creating youth medical records; including entering medical information and uploading medical documents, assessments, and screenings in the web-based case management system.
 11. Procedures for responding to medical emergencies and documenting Injury Body Charts, to include non-medical staff responsibilities when medical staff are not available.
 12. Testing procedures for standardized physical fitness tests at intake and prior to release, including the staff responsible for administration.
 13. Process for communicating medical information for CFT meetings and discharge summaries.
 14. Documentation for youth and staff TB testing and vaccinations.
 15. Procedures for retrieving and safeguarding youth medical files during emergency evacuations.
 16. Maintaining an updated list of community medical resources by county.
- B. The Youth Parole Bureau shall create standard operating procedures consistent with this policy, to include:
1. Staff responsibilities related to medical care of youth on community supervision.
 2. How community medical referrals will be made in preparation of aftercare.
 3. Documentation of referrals and other medical and health information in the web-based case management system.
 4. Maintaining an updated list of northern and southern Nevada community medical services and resources.
- C. This policy shall be reviewed every two years or sooner if deemed necessary.