

Medical Services

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| | DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE INSTITUTIONAL POLICY |
| SUBJECT: | Medical Services |
| POLICY NUMBER: | DCFS/JJS 400.10 |
| EFFECTIVE DATE: | 10/11/2021 |
| APPROVED BY: DATE: | Kathryn Roose, Deputy Administrator, Division of Child and Family Services 10/6/2021 |
| SUPERSEDES: | New Policy |
| APPROVED BY: DATE: | Ross Armstrong, Administrator, Division of Child and Family Services 10/6/2021 |
| REFERENCES: | NRS 639.0125; Training and Staff Development (DCFS/JJS 100.05); Documentation Standards (DCFS/JJS 100.13); Performance-based Standards (DCFS/JJS 100.14); Emergency Planning and Response (DCFS/JJS 300.10) Suicide Prevention and Response (DCFS/JJS 400.01), Medication Administration and Management (DCFS/JJS 400.02); Length of Stay and Release (DCFS/JJS 500.10); Admissions and Placement (DCFS/JJS 500.15); Child and Family Team (DCFS/JJS 500.21), |
| ATTACHMENTS: | Attachment A: Body Chart Attachment B: Medical Questionnaire Attachment C: Admission Checklist for Fungal Infection/Parasitic Infestation |

I. SUMMARY

The Division of Child and Family Services (DCFS) shall utilize best practices when providing medical services to youth in our care to promote the health and well-being of every child.

II. PURPOSE

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

III. DEFINITIONS

- 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.

Medical Services

- B. Discharge Summary: A facility report on the progress of the youth, provided upon release from a state facility as part of aftercare planning.
- C. Medical Staff: All full time, part time, and contracted staff that provide services within a DCFS facility.
- D. Medication Administration Record (MAR): A form for documenting a youth's medications, dosages, date ordered, date and time administered, and initial of person administering the medication.
- E. Over-the-Counter Medication (OTC): Medications sold directly to a consumer without the requirement of a prescription from a healthcare professional. Facility medical staff shall designate OTC medications available for use at the facility.
- F. Tyler Supervision: The web-based case management software system utilized by DCFS.

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. (Licensure is tracked by Human Resources).
2. All medical staff shall be trained in basic first aid, cardiopulmonary resuscitation (CPR), and youth mental health first aid, and provide a copy of their verification card to the Training Officer.
3. All facility and Youth Parole Bureau (YPB) staff who are not licensed medical staff shall be trained in basic first aid, cardiopulmonary resuscitation (CPR), proper defibrillator use as required by Training and Staff Development (DCFS JJS 100.05).
 - a. The facility Superintendent and Chief of Parole may allow staff to be exempt from this requirement if they can produce proof of comparable training prior to hire.
 - b. Any exemptions shall be noted in writing and placed in the employee's file.
4. Basic first aid and CPR training shall be provided by a facility certified instructor or an outside agency/instructor. It is recommended that a facility medical staff person become a certified instructor.
5. Basic first aid and CPR recertification shall be required every two years.
6. Training Officers and designated YPB staff shall document and maintain the names of staff trained and dates of certification/recertification.

Medical Services

7. 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 per Emergency Planning and Response (DCFS/JJS 300.10).
8. 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 that may be available in housing units.
 - b. Comprehensive medication management training is required for those staff passing out any medications that are not over the counter, including signs and symptoms of medication side effects.

B. Medical Staff - Facility

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

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 the relevant facility staff.

Medical Services

- B. The Youth Handbook shall include procedures for how to obtain medication care services. (DCFS/JJS 300.03 Youth Rights)
- C. Facility medical staff shall complete a health intake screening within one hour or less from the time of the youth's admission, per guidance from Performance-based Standards (PbS; DCFS/JJS 100.14). This health intake screening shall include the Body Chart (Attachment A), Medical Questionnaire (Attachment B), and Admission Checklist for Fungal Infection/Parasitic Infestation (Attachment C).
- 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 Performance-based Standards (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.

VI. ADMISSION TO FACILITY – FEMALE

- 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. Training requirements for the administration of medications is outlined in Section IV.A.8 of this policy.
- 2. All medication administration shall follow the process within Medication Administration and Management (DCFS/JJS 400.02).

Medical Services

3. No medication, whether prescription or over the counter (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.
4. The Medication Administration Record (MAR) shall be reviewed each day by facility medical staff or trained medication administering staff, to review for completeness, the notation of side effects, medication noncompliance, and for the timely identification of medication errors.
5. 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 that require emergency care and/or community-based medical treatment.
2. For all youth injuries, facility medical staff shall be responsible for the completion of the Body Chart (Attachment A). The Body Chart shall be uploaded under Incident Documents in Tyler Supervision under the corresponding Incident.
3. Any pictures documenting a youth injury shall be uploaded by facility staff under Pictures in Tyler Supervision under the corresponding Incident.
4. Facility medical staff and/or supervisory staff shall call emergency services (911) if the following occurs:
 - a. No heart beat
 - b. Unconscious
 - c. Suicide attempt (injuries)
 - d. Severe allergic reaction (anaphylaxis)
5. Facility medical staff shall immediately consult a doctor or possibly transport the youth to the 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
 - g. Medication reactions
 - h. Seizures/Convulsions
 - i. Lost tampon

Medical Services

6. Facility medical staff shall make an appointment/coordinate community based medical treatments service for the following:
 - a. Physical exam – if necessary
 - b. Treatment for a Sexually Transmitted Disease (STD)
 - c. Sore throat
 - d. Earaches
 - e. UTI (Urinary Tract Infection)
 - f. Upper respiratory infection
 - g. Indigestion
 - h. Constipation or blood in stool
 - i. Allergies
 - j. Rashes
 - k. Joint pain
 - l. Dental care
7. 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. Direct care may provide any of these items upon request based on the complaint of the youth, and standing orders or direct orders from medical staff.
8. 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

1. While on community supervision, the Youth Parole Counselor shall ensure referrals are provided for the youth's family to gain needed medical resources, including medical insurance coverage.
2. The Youth Parole Counselor shall monitor the youth's medical care and needs, as applicable, until discharge from parole supervision.
3. The Youth Parole Counselor shall ensure medical information in the Medical and Personal Information Screen in Tyler Supervision is updated upon facility discharge and as needed.

Medical Services

D. Suicide Monitoring

1. Facility medical staff shall monitor youth assessed at high suicide risk per Suicide Prevention and Response (DCFS/JJS 400.01).
2. YPB staff shall provide referrals to youth on community supervision who have attempted or threatened suicide per Suicide Prevention and Response (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 treatment.
2. Facility medical staff shall participate in the Child and Family Team (CFT) 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 Performance-based Standards (PbS; DCFS/JJS 100.14).
3. All facility youth shall be provided a standardized physical fitness test at admission and release, per guidance from Performance-based Standards (PbS; DCFS/JJS 100.14).
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 Performance-based Standards (PbS; DCFS/JJS 100.14).

VIII. Aftercare Planning

1. The facility medical staff shall attend the youth's last CFT meeting, or aftercare meeting, to identify community-based medical needs and communicate this to the youth's team for inclusion in the Discharge Summary, per Length of Stay (DCFS/JJS 500.10) and Youth Release (DCFS/JJS 500.10)
2. If attendance in the youth's last 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.
3. For continuity of care, the facility medical staff shall work with the Youth Parole Counselor to identify the required community-based medical services and access to medical insurance prior to discharge, as needed.
4. Medical staff shall complete the medical section on the Discharge Summary for a seamless transition to the community.

Medical Services

IX. DISASTER SERVICES

- A. Emergency Situations – Refer to DCFS/JJS 300.10.

VII. DOCUMENTATION

A. Admission

1. The sending jurisdiction shall provide a physical, a blood and tuberculosis test, and any other relevant medical documents for all newly committed youth, per Admissions and Placement (DCFS/JJS 500.15).
2. Medical staff shall conduct all assessments and screenings as required within this policy.
3. Medical staff shall ensure each youth has a medical record, either paper or electronic file.
4. Medical staff may utilize Tyler Supervision for all medical documents, assessments, and screenings by uploading copies to the Youth Record à Medical Screen.
 - a. In the event of an evacuation, medical staff are required to retrieve and safeguard youth medical files. It is recommended that staff upload assessments and screenings into Tyler Supervision to ensure the safety of those records.
5. Medical staff shall report on the following, to be included on the monthly Superintendents Report:
 - a. Number of youth admitted with allergies, broken down by food, medication, or other
 - b. Number of females who are pregnant at admission
6. Medical staff shall ensure the following documentation is in Tyler Supervision, per Documentation Standards (DCFS/JJS 100.13), 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
 - Any relevant notes

Medical Services

- b. Youth Record – Personal Information Screen
 - i. Insurance Provider, including insurance number
- c. Youth Record – Individual Flags
 - i. Sports Restriction
- d. Bookings/Confinement
 - i. Medical Separation
- e. Youth Record – Clinical Activities
 - i. Infirmary note
 - ii. Letter sent
 - iii. Program/Treatment/Med Refusal

B. Re-entry

- 1. Facility medical staff shall provide the following on the Discharge Summary:
 - a. Summary of overall health
 - b. Necessary medical referrals needed in the community
 - c. Medical Release Form/List of current medications
 - d. Copy of Immunization Records
 - e. Transport Form

VI. STANDARD OPERATING PROCEDURES

- A. Each facility shall develop Standard Operating Procedures consistent with this policy, to include:
 - 1. All documents related to the health intake screening.
 - 2. The staff responsible for the daily review of the MAR.
 - 3. Responsible staff for entering medical information and uploading medical documents, assessments, and screening in Tyler Supervision.
 - 4. Standardized physical fitness test used and staff responsible for its administration.
 - 5. How youth are advised in writing about how to obtain medical care.
 - 6. List of community medical services by jurisdiction.
- B. The Youth Parole Bureau shall develop 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. List of community medical services to each facilities Service Matrix, as required by DCFS/JJS 500.17 Youth Level of Service/Case Management.