



Administrative Policies and Procedures: 20.5

Subject:	Health Care Delivery at Youth Development Centers
Authority:	TCA 37-5-105(3), 37-5-106, 63-7-101
Standards:	ACA: 4-JCF-3C-03, 4-JCF-4C-01, 4-JCF-4C-02, 4-JCF-4C-03, 4-JCF-4C-05, 4-JCF-4C-06, 4-JCF-4C-07, 4-JCF-4C-11, 4-JCF-4C-12, 4-JCF-4C-14, 4-JCF-4C-15, 4-JCF-4C-16, 4-JCF-4C-17, 4-JCF-4C-21, 4-JCF-4C-22, 4-JCF-4C-34, 4-JCF-4C-42, 4-JCF-4C-46, 4-JCF-4C-50, 4-JCF-4C-54, 4-JCF-4C-59, 4-JCF-4D-01, 4-JCF-4D-02; DCS Practice Standards: 7-100 A, 7-101 A, 7-104 A, 7-105 A, 7-111 B, 7-115 C, 7-121 C, 7-122 D, 8-306
Application:	Department of Children's Services Youth Development Center Employees

Policy Statement:

DCS shall provide comprehensive and culturally sensitive health services that meet the individual medical and developmental needs of children placed in Youth Development Centers (YDCs)

Purpose:

To ensure the youth in Youth Development Centers have in-house access to basic medical treatment.

Procedures:

A. Elements of health services	<p>There are four (4) elements that form the basis for all health services. DCS must have a plan to ensure that children/youth in its care have access to the following:</p> <ol style="list-style-type: none"> 1. Early assessment and detection; 2. Prompt and effective treatment; 3. Prevention measures; and 4. Continuity of care in the community upon release.
B. Early assessment and detection	<ol style="list-style-type: none"> 1. Health Orientation <p>Each youth will receive an intake screening and health orientation upon their arrival at the Youth Development Center. The health orientation must be documented using form CS-0114, Health Screening for Youth in Department of Children's Service Residential Treatment Facilities. Each youth must sign the form indicating that he/she has received the information. The completed form is placed in the youth's health record.</p> 2. Verbal and written instructions concerning access to health care will be given to each youth. The instructions may be in the form of an instruction sheet or

	<p>may be included in an orientation manual such as a youth handbook. These instructions include, at a minimum:</p> <ul style="list-style-type: none"> a) Location of the health clinic; b) Access to and times of sick call; c) Access to emergency care; and d) Procedures for acquiring dental and mental health services. <p>3. Non-English Speaking/Reading Youth</p> <p>Each YDC must thoroughly explain health care access procedures to youth in their own language if they do not speak or read English. Interpreter services may be necessary. In those cases staff should obtain authorization through their immediate supervisor, with final approval from the Superintendent, to access Interpreter Services.</p>
<p>C. Prompt and effective treatment</p>	<p>1. First Aid</p> <ul style="list-style-type: none"> a) Each YDC will have local procedures that clearly describe provisions for access to first aid, including staff responsibilities and the location of first aid supplies and equipment. Included in the local procedures are written instructions outlining the use of first aid kits by non-medical staff. b) The physician will approve contents, number, location, and procedures for periodic inspection of the first aid kits. <p>2. Sick Call</p> <ul style="list-style-type: none"> a) The Health Care staff will develop procedures to respond to and triage medical and dental complaints of youth on a daily basis. The procedures will include the communication process to be used by youth including procedural and scheduling differences on shifts, weekends, and holidays. b) CS-0084, Daily Sick Call Roster, will be available and placed at locations easily accessible to youth. Youth will complete the form and place it in a locked Sick call box located in an easily accessible place. Nurses will gather the completed forms and call youth to address their medical concerns. At no time will staff, other than nursing, have access to the completed sick call forms or the locked box containing the completed forms. c) The Health Care staff conducting daily sick call will maintain daily sick call records listing all youth attending sick call, their complaints, and the disposition of their cases. The physician will conduct sick call reviews on a regular basis including an examination of the sick call records and a review of referrals made by the health care staff. <p>3. Routine Medical Services</p> <p>A youth will have an EPSDT screening within seven (7) days of admission to the YDC, and annually thereafter, with appropriate follow-up per DCS Policy <u>20.7, TennderCare Initial and Annual Early Periodic Screening Diagnosis and Treatment Standards (EPSDT)</u>. The physician and/or other qualified medical associates must be available to youth at least one day per week for routine medical services and be available by phone at other times.</p>

	<p>4. Limited Activity</p> <p>If a youth needs work or other physical activity restrictions, the physician, medical associate, or nurse will complete form CS-0194, Limited Activity Notice.</p> <p>5. Specialty Referrals</p> <p>In situations when a youth needs specialty care beyond what the YDC physician or medical associate can provide, a referral to a medical specialist will be made. Referrals should not be made for non-essential care or elective procedures unless deemed medically necessary. Arrangements for specialty care should be made through locally available physicians or specialty clinics if possible.</p> <p>6. Requests for Personal Physician</p> <p>Youth may request in writing, to the Superintendent, to be seen by their personal physician. The Superintendent will review the request with the Health Care Administrator and contact the youth’s parent/guardian for confirmation. All costs incurred accessing the personal physician is the responsibility of youth’s parent/guardian. The facility physician will be responsible for evaluating recommendations of any outside physician and determine the best course of treatment.</p>
<p>D. Hospitalization</p>	<ol style="list-style-type: none"> 1. Each YDC will have a contract or written agreement with a licensed community hospital. Youth will be hospitalized when directed by the attending or referral physician. A YDC security staff member must accompany the youth and stay with him/her during the entire hospital stay. The FSW or designee and/or a family member should be available to sign any necessary paperwork. 2. Youth may stay in the hospital without security personnel in attendance if they meet criteria set by the Superintendent. This will be a case-by-case decision and left solely to the discretion of the Superintendent or designee. 3. In selected cases, the Superintendent may seek a medical pass to permit a youth to be in parental custody during a period of hospitalization.
<p>E. Convalescent care</p>	<p>Each Health clinic will provide convalescent care for youth recovering from an illness or injury either on-site or utilizing community resources.</p>
<p>F. Infirmary care</p>	<p>Each Health Clinic will have the capability of providing twenty-four (24) hour infirmary care to youth for medical reasons. Each Health Clinic will have local procedures that define the scope of infirmary services available.</p>
<p>G. Chronic care</p>	<p>The Health Clinic must provide a plan for chronic care for youth requiring long-term care. Any health condition that is chronic or that requires multidisciplinary care should have an individual treatment plan for regular, ongoing care. If the</p>

	<p>level of chronic care exceeds that available through the facility's health care resources, appropriate arrangements and procedures must exist to ensure that the care is available by transfer to an outside resource.</p>
<p>H. Emergency Care</p>	<ol style="list-style-type: none"> 1. Each Youth Development Center will have local procedures to ensure that youth have access to 24-hour emergency medical and dental services. These procedures must include: <ol style="list-style-type: none"> a) Response to emergencies occurring with the facility; b) First aid and/or life saving stabilizing emergency care which will be provided within a four-minute response time; c) Emergency evacuation or transfer of the youth when appropriate; d) Use of an emergency vehicle or designated community ambulance service; e) Emergency on-call personnel; f) Location of emergency supplies and equipment within the facility; and g) Regular inspection, replenishment and maintenance of emergency supplies and equipment. 2. The Health Care Administrator and the Training Officer must establish a training program for YDC staff to respond to emergency situations within four minutes. The training will include: <ol style="list-style-type: none"> a) Recognition of signs and symptoms of distress and knowledge of action required in the emergency situation. b) Administration of first aid and cardiopulmonary resuscitation (CPR). 3. In an emergency situation, the staff will alert the Health Clinic personnel. 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, health care personnel will 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 the local emergency response or 911 is not needed, the decision to transport a youth to a hospital emergency room will be made by the Health Clinic nursing staff and/or physician or medical associate. If health care personnel are not available, the security staff in charge or the Superintendent will make the decision to transport. 5. In an emergency situation, medications are given only at the direction of health care personnel. 6. When emergency care is rendered, it is required that the youth be referred to a physician or an emergency room for follow-up care. All emergency care is documented in the health record as well as to whom the individual was referred. 7. The health clinic staff is responsible for prompt notification of a youth's parents/guardians in the event of serious illness, surgery, or injury.

<p>I. Health care for youth in segregation</p>	<p>Youth who are restricted or segregated will be allowed the same access to health care as all other youth. Sick call will be conducted daily at the site where the youth is housed. Examinations and treatment will be 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 health care staff for appropriate evaluation and disposition.</p>
<p>J. Mental health care</p>	<p>Each Youth Development Center must provide mental health services for youth within the facility. All youth entering the facility will be screened and, when necessary, assessed for mental health and substance abuse disorders. For youth assessed as having a disorder, a mental health treatment plan will be 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.</p>
<p>K. Contingency plan</p>	<ol style="list-style-type: none"> 1. Each Youth Development Center will prepare and maintain a written operational plan for the provision of health care services in the event of a natural or man-made disaster, riot, or other situation that would interrupt the routine delivery of health services. 2. The Health Care Administrator, in consultation with the Superintendent, will prepare an operational plan for the provision of health care services in emergency situations. This plan must be prepared and maintained as part of the facility contingency plan and must be reviewed annually and updated as necessary. 3. A medical contingency plan must include, but is not limited to, the following: <ol style="list-style-type: none"> a) Orientation and training of health care staff on the contingency plan; b) Personnel alert/recall system for health care staff not on duty; c) Identification, set up and operation of a patient triage area; d) Safety and security of emergency treatment areas; e) Communications both internal and external; f) Disposition of injured, ill or deceased; g) Temporary medical records system and patient tagging system; h) Access to emergency medical vehicles; i) 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 j) Defined role of support to be provided and/or resources available from non-facility sources.

	<p>k) A list of names and telephone number in central operations for each of the following as appropriate:</p> <ul style="list-style-type: none"> ◆ 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.
<p>L. Prevention measures</p>	<p>Youth will be encouraged to assume responsibility for their health through self-care educational programs. Prevention services include:</p> <ol style="list-style-type: none"> 1. Immunizations against communicable disease; 2. Screening to detect chronic, treatable conditions; 3. Education about infectious disease to prevent future transmission; 4. Instruction in managing chronic conditions to avoid serious complications; 5. Wellness program and activities such as exercise; and 6. Environment and infection control practices.
<p>M. Continuity of care in the community upon release</p>	<ol style="list-style-type: none"> 1. Discharge planning is a process to decide what a youth needs for a smooth transition from the YDC to another level of care. The complexity of the plan is determined by the youth's medical condition, needs, and goals. The discharge plan involves: <ol style="list-style-type: none"> a) Assessment of the youth's medical, psychological, social and cultural needs; b) Development of a plan that identifies and documents discharge strategies; c) Arrangement for the provision of services, including youth/family education and referral; and d) Inclusion of the parent/guardian and the FSW in the discharge process. 2. If the youth is being transitioned to another level of care, the nursing staff should contact the FSW and the DCS Regional Health Unit Nurse, responsible for following the youth after release, to communicate the youth's medical, dental, and mental health needs, including medication follow-up after discharge. 3. If the youth is being discharged to home, the staff, including the FSW, will work with the youth and family to help them identify service needs and assist them to connect with appropriate aftercare services. Considerations should

	<p>be made for the youth and family strengths and needs, their particular home community, and any barriers they may encounter.</p> <p>4. Transfer of medical and mental health records should be arranged with private and community providers who will take over the medical, dental, and mental health care of the youth after discharge. Transfer of records will be in compliance with HIPAA and DCS Policy <u>20.25 Health Information Records and Access</u>.</p>
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Forms:	<p><u>CS-0084, Daily Sick Call Roster</u></p> <p><u>CS-0114 Health Screening For Youth in Department of Children’s Services Residential Treatment Facilities</u></p> <p><u>CS-0194 Limited Activity Notice</u></p>
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Collateral documents:	<p><u>Incident Reporting Manual for YDCs</u></p>
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