

WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES
REHABILITATION ADMINISTRATION
JUVENILE REHABILITATION

POLICY 4.30 PROVIDING HEALTH CARE FOR JR YOUTH

Policy Committee Chair

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Juvenile Rehabilitation

Approved



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Rehabilitation Administration
2/11/2015

Authorizing Sources

RCW 13.40.010 (f);
RCW 13.40.460;
RCW 69.40;
RCW 69.50;
RCW 70.24.105;
RCW 70.24.340 (1);
RCW 26.28.015 (5);
RCW 72.05.130;
RCW 9.02.100 (1);
WAC 246-877
DSHS Administrative Policy 9.06
28 CFR Part 115 PREA, Juvenile Facility
Standards, effective August 20, 2012

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Effective Date (*Technical Update 6/22/16*)
2/27/2015

Sunset Review Date
2/27/2019

I. PURPOSE AND SCOPE

This document establishes policy relating to the provision of health care to Juvenile Rehabilitation (JR) youth.

All staff, contractors, volunteers, and interns working in the Division of Institution Programs, Division of Community Programs and Parole, and the Division of Operations and Support Services are responsible for reviewing and complying with JR policies.

II. POLICY

1. JR, for the purposes of HIPAA, is not considered a health care component in accordance with DSHS Administrative Policy 5.01.
2. JR must conduct a health screening within one hour of intake for youth entering institution placement. (PbS Standard H2).

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- 2.1. Medical staff must complete the Client Health Screen in ACT. The Client Health Screen is RN-generated and is completed within 24 hours.
- 2.2. If medical staff are unavailable within the youth's first hour, trained intake staff must complete the Intake Client Health Screening form in ACT.
- 2.3. Staff will also conduct the health screening within one hour when:
 - 2.3.1. A youth returns to an institution from time in a different JR residential facility
 - 2.3.2. A youth returns to JR for a parole revocation
 - 2.3.3. A youth returns from Authorized Leave
 - 2.3.4. A youth returns from time in county detention for new charges or court stay
 - 2.3.5. A youth returns from being away from JR supervision for more than 24 hours
- 3. JR has authority and responsibility to provide basic health care to residential youth.**
 - 3.1. JR may provide health education and preventive care that reasonably responds to a youth's health care needs. Urgency of need, safety, security, time, and resources will be considered.
 - 3.2. Health assessments are required. Health Care Practitioners will authorize the scope of physically strenuous activity for youth who refuse health assessments.
 - 3.3. Youth will receive annual physical and dental examinations.
- 4. Staff will use the parent orientation letter to notify custodial parents or legal guardians of JR's authority and responsibility to provide basic health care.**
- 5. Consistent with Policy 1.40, *Maintaining Confidentiality When Releasing Records*, the Health Care Authority or designee at the institution or the Community Facility Administrator or designee will notify custodial parents or legal guardians of a youth's significant health condition.**
 - 5.1. Notification will be completed by telephone within 4 hours.
 - 5.2. If contact cannot be made, a certified letter will be sent no later than the end of the next business day.
- 6. JR will attempt, when reasonable, to access a youth's health care insurance for health care expenses.**
 - 6.1. JR will ensure youth aged 19 and younger are screened for medical assistance when transitioned to a community facility or before being released to parole.
- 7. Youth may refuse basic health care for conditions which do not significantly compromise the youth's health or pose a threat to the health or safety of others.**
 - 7.1. Youth must sign the Health Care Refusal (DSHS form 20-275). This form will be maintained in the youth medical file.
 - 7.2. Medical staff completing Health Care Refusal with youth will specify the reason for recommended health care and possible results of refusal.

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- 8. Youth may present as gender non-conforming or identify as lesbian, gay, bisexual, transgender, questioning or intersex (LGBTQI) during the health screening process. If a youth identifies as LGBTQI or presents as gender non-conforming, it will be documented on the Client Health Screen. (PREA Standard 115.341 (c)(2)). Refer to Policy 4.60, *Ensuring the Health and Safety of LGBTQI Youth.***
- 9. JR may provide Supplemental Health Care.**
 - 9.1. Supplemental Health Care may be requested in writing by youth, parents, or legal guardians.
 - 9.2. The request will be documented in the medical progress notes in the Automated Client Tracking (ACT) system.
 - 9.3. The Health Care Practitioner or JR Medical Director may make, and will review requests for supplemental health care. The Superintendent, Regional Administrator or designee will approve or deny requests in consultation with the Medical Director.
 - 9.4. If care is needed from a non- JR physician, medical staff may coordinate with the doctor to obtain consent from a parent or legal guardian for necessary health care requiring general anesthesia.
 - 9.5. Supplemental Health Care is subject to safety, security and availability of resources.
 - 9.6. The youth, custodial parents or legal guardians may be financially responsible for supplemental health care including staffing, security and transportation.
 - 9.7. Health Care Staff will verbally notify custodial parents or legal guardians regarding supplemental health care decisions and document notification in ACT. If contact cannot be made, a certified letter will be sent as soon as reasonable.
 - 9.8. For youth who enter a JR facility with cosmetic issues (e.g., orthodontic care) and the youth, parent or guardian requests referral, evaluation, replacement or adjustment, JR will:
 - 9.8.1. Continue with community appointments, if supplemental health care is requested and approved, or
 - 9.8.2. Use temporizing measures to ensure that there are no complications while the youth is in JR care.
 - 9.9. Written consent of custodial parents or legal guardians is required for supplemental health care if the youth is under age 18, unless the health care is for:
 - 9.9.1. Assessment;
 - 9.9.2. Mental health treatment and the youth is age 13 or older;
 - 9.9.3. Sexually transmitted disease (STD) treatment and the youth is age 14 or older;
 - 9.9.4. HIV/AIDS treatment and the youth is age 14 or older; or
 - 9.9.5. Birth control.
 - 9.10. Consent must be obtained consistent with Policy 1.40, *Maintaining Confidentiality When Releasing Records.*

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10. JR must provide emergency health care.

- 10.1. Staff will respond, consistent with their level of training, if they identify a youth in need of emergency health care.
- 10.2. Superintendents, Regional Administrators or designees will develop a local procedure to communicate emergency health care.
- 10.3. Health Care Staff and Security, where available, will immediately respond to medical emergency calls.
 - 10.3.1. For life-threatening emergencies, medical care must not be delayed by attempts to reach medical staff. Staff will call 9-1-1 first.
- 10.4. Superintendents and Regional Administrators and the Medical Director will jointly approve an emergency plan developed by the local Health Care Authority to provide emergency health care when and where Health Care Staff are not on duty.
- 10.5. Emergency care will not be delayed. Attempts to notify the parent or legal guardian will be made after attending to the youth's medical needs.

11. JR may provide involuntary treatment.

- 11.1. The Health Care Practitioner is authorized to request involuntary treatment for youth when imminent danger of significant health risk is present.
- 11.2. Health Care Staff, Community Facility Administrator, contracted provider or designee will notify the Superintendent or Regional Administrator or designee and Medical Director, as soon as possible, of decisions to provide involuntary treatment.
- 11.3. For involuntary treatment of mental illness, staff will refer to Policy 4.31, *Administering Involuntary Psychotropic Medication to Youth*.

12. JR must verify, provide and document legally required immunizations for youth attending school.

- 12.1. JR will request current immunization records from the Department of Health's statewide immunization information system, custodial parents, legal guardians or school district.
- 12.2. Custodial parents and legal guardians may request an exemption from immunization by completing the Certificate of Immunization Status (DOH Form 348-013).
- 12.3. Health Immunizations provided by JR Health Care staff will be documented in the Immunization Registry maintained by the Department of Health.

13. Medications, including non-prescription, must be controlled, secured and monitored.

- 13.1. Medications arriving for youth are to be reviewed and approved by health care staff or the health care practitioner.
- 13.2. Medication must be stored in original containers and secured.
 - 13.2.1. Topical, oral, inhalant, injectable, and suppository medications must be stored separately from each other.

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- 13.3. Residents must have a physician's authorization before the use of any herbal supplements, remedies, vitamins, or minerals may be permitted.
 - 13.3.1. Residents taking prescription medications must have the prescribing physician's authorization before the use of any non-prescription drug, herbal supplements, remedies, vitamins or minerals are taken in order to minimize drug interactions.
- 13.4. Under no circumstances are stimulants, tranquilizers or psychotropic drugs administered for purposes of discipline, security, control or for purposes of experimental research (ACA Standard, 4-JCF-4C-30)
- 13.5. JR Health Care Practitioners may order up to a 30-day supply of medications for youth who are being transferred, paroled, or discharged.
- 13.6. Health care staff must comply with the Washington State Board of Pharmacy Laws and Rules to control, secure, distribute, and monitor medication.
 - 13.6.1. In facilities where non-health care staff supervise youth self-administering medication, and where the Washington State Board of Pharmacy Laws and Rules apply, youth will take the medication directly from the pharmacy labeled container under supervision of staff.
- 13.7. Staff must:
 - 13.7.1. Monitor youth taking medication;
 - 13.7.2. Record medications offered according to orders in the medical record;
 - 13.7.3. Document acceptance or refusal.
- 13.8. Medication will be disposed of pursuant to the Washington State Board of Pharmacy Laws and Rules:
 - 13.8.1. Unused regulated (DEA-controlled) medications must be disposed in a manner approved by the Board of Pharmacy and witnessed by two licensed medical staff. Counting DEA-controlled medications (but not disposing of them) may be done by one licensed medical staff and one non-licensed line staff or two non-licensed medical staff, if two licensed staff are not available. All other unused medication in bubble packs will be returned to the pharmacy for credit.
 - 13.8.2. Community Facilities will bring unused and discontinued medications to the pharmacy for disposal. *Regulated medications can only be accepted for disposal at Police or Fire stations.*
 - 13.8.3. Disposal will be documented.
- 14. Health care staff will complete and document mandatory DNA or HIV testing in ACT per Policy 4.40, *Determining the Need for DNA or HIV Testing.***
- 15. JR will ensure procedures to minimize the spread of infectious diseases including prevention and monitoring.**
 - 15.1. JR will ensure youth have access to education regarding prevention and spread of communicable diseases, including sexually transmitted and blood borne illnesses.

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- 15.2. JR may provide testing for HIV infection upon a youth's request and will always provide it if court ordered. Counseling around HIV testing will be provided when indicated and as required by law.
- 15.3. Youth may be medically isolated to prevent the spread of an infectious disease if deemed necessary by the Medical Director or designee.

16. Health care staff will verbally notify the Medical Director or designee within specified time periods.

- 16.1. The Medical Director or designee must be notified within 2 hours of:
 - 16.1.1. Medical isolation;
 - 16.1.2. Medication errors that are serious or life threatening;
 - 16.1.3. Youth being considered for the involuntary administration of psychotropic medication, per Policy 4.31, *Administering Involuntary Psychotropic Medication to Youth*;
 - 16.1.4. Placement of a youth on SPL 1, per Policy 3.30, *Assessing and Treating Youth Suicide and Self-Harm Risk*;
 - 16.1.5. A suicide attempt;
 - 16.1.6. Transfers of youth to the emergency department of a hospital;
 - 16.1.7. Hospitalization of youth;
 - 16.1.8. Death of youth, per Policy 1.31, *Responding to the Death of a Residential Youth*.
- 16.2. The Medical Director or designee must be notified within 24 hours of:
 - 16.2.1. Commitment or intake of a medically fragile youth;
 - 16.2.2. Parental requests to communicate with the Medical Director;
 - 16.2.3. A request for review through the Continuous Quality Improvement Program;
 - 16.2.4. Institutional transfer of a youth for health care.
- 16.3. The designee will be the medical clinician on call. If the designee is notified, an email will be sent to the Medical Director for information purposes.
- 16.4. Medical Director notifications must be documented in ACT medical progress notes.

17. Health care orders and documentation of health care will be maintained in ACT.

- 17.1. Health care staff will complete Health Care Transfer or Release in ACT. Health care staff will also complete and send the Certificate of Immunization Status (DOH Form 348-013) when release/discharge or transfer occurs, as follows:
 - 17.1.1. When a youth is moved temporarily or permanently to another institution or minimum security facility, medical records will be sent with the Case File per Policy 2.40, *Managing Youth Case Files*.
 - 17.1.2. When a youth is released to a Children's Administration placement, a copy of the medical records will be sent to the youth's caseworker.

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- 17.1.3. Upon request and unless precluded by Policy 1.40, *Maintaining Confidentiality When Releasing Records*, when a youth is being released and will be residing in the home of a parent or legal guardian:
 - 17.1.3.1. If the youth is under 18 years of age, copies of records should be given to the parent or legal guardian;
 - 17.1.3.2. If the youth is 18 years of age or older, copies of records should be given directly to the youth.
- 17.1.4. The Medical File is part of the JR Case File. Transfer of the Medical File will occur consistent with Policy 2.40, *Managing Youth Case Files*.
- 17.1.5. Health care information will be shared between staff involved in the youth's care consistent with Policy 1.40, *Maintaining Confidentiality When Releasing Records*.

PROVIDING MEDICAL CARE TO PREGNANT YOUTH**18. JR will provide medical care to youth who are pregnant.**

- 18.1. On admission, a youth who claims to be pregnant must be treated as such until a pregnancy test confirms pregnancy or not. Pregnancy testing will be done within one working day of the youth's arrival at the facility. The results of any positive pregnancy test must be provided to the Superintendent or designee for treatment and programming decisions.
- 18.2. Youth who are pregnant or who report pregnancy must be informed of the legislation regarding use of mechanical restraint and use of restraints during transportation.
 - 18.2.1. Diagnostic staff will provide the attached brochure to the pregnant youth within seven days of admission to a JR facility.
- 18.3. Pregnant youth may be taken to an OB-GYN in the community for medical care during pregnancy.
 - 18.3.1. The treating medical practitioner will provide the date of estimated delivery.
 - 18.3.2. The determination must be communicated in writing to the Superintendent and Transportation Administrator, and documented in the youth's medical file.
- 18.4. Transportation of pregnant youth must be done in accordance with Policy 5.40, *Transporting Youth* and Policy 5.10, *Using Physical Restraints*.
- 18.5. Counseling staff, staff who were chosen to serve as a birthing coach, or a program manager escorting the youth may be present in the exam room or delivery room if the treating medical provider allows their presence during labor and delivery.
- 18.6. Staff may be present during routine medical checkups, consistent with custody requirements and in consideration of the reasonable privacy of the youth.
- 18.7. The treating physician may order that mechanical restraints be removed from a pregnant youth. Staff must follow the order immediately. Approved physical restraint may be used by staff if necessary per Policy 5.10, *Using Physical Restraints*.

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- 18.8. If possible, the medical provider will estimate the final date of post-partum recovery period as soon as possible after delivery and provide that date to the Superintendent.
- 18.9. The law requires that information about the youth's pregnancy period be known in order to limit the use of restraints, however this information is related to a medical condition and is covered by the Healthcare Information Portability and Accountability Act (HIPAA). Information about pregnancy and the post-partum period must be treated as confidential and not distributed beyond persons with a need to know.

MEDICAL RESPONSE TO SEXUAL ABUSE OR HARASSMENT**19. Medical and mental health practitioners must report sexual abuse in accordance with Policy 5.90 (49), Applying the PREA Juvenile Standards in JR and Policy 5.91, Reporting Child Abuse and Neglect. (PREA Standard 115.361 (d))**

- 19.1. Medical and mental health practitioners will inform youth at the initiation of services of the practitioner's duty to report and the limitations of confidentiality. (PREA Standard 115.361 (d)(2))

20. JR must ensure that all full- and part-time medical and mental health practitioners who work regularly in its facilities have received specialized training. (PREA Standard 115.335 (a)) The training must include:

- 20.1. How to detect and assess signs of sexual abuse and sexual harassment
- 20.2. How to preserve physical evidence of sexual abuse
- 20.3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment
- 20.4. How and to whom to report allegations or suspicions of sexual abuse or sexual harassment.
- 20.5. JR must maintain documentation that medical and mental health care practitioners have received the specialized training either from JR or elsewhere. (PREA Standard 115.335 (c))
- 20.6. Medical and mental health care practitioners must also receive the training mandated for employees or for contractors and volunteers depending on the practitioner's status with JR. (PREA Standard 115.335 (d))

21. When residents indicate on the Sexually Aggressive-Vulnerable Youth (SAVY) assessment (in accordance with to Policy 3.20, Assessing Sexually Aggressive or Vulnerable Youth) that they have experienced prior sexual victimization or prior perpetration of sexual abuse, JR staff shall ensure that the resident is offered an appointment with a medical or mental health practitioner within 14 days of completion of the SAVY. (PREA Standard 115.381 (a-b))

- 21.1. JR must conduct a mental health evaluation of all known youth-on-youth abusers within 60 days of learning of such abuse history, and offer treatment as recommended by mental health practitioners. (PREA Standard 115.383 (h))
- 21.2. Medical and mental health practitioners must obtain informed consent from youth over the age of 18 before reporting information about prior sexual victimization that did not

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occur in a JR residential setting. Mandatory reporting requirements apply for youth under the age of 18 (in accordance with Policy 5.91, *Reporting Abuse and Neglect*). (PREA Standard 115.381 (d))

22. JR must provide victims of sexual abuse timely and unimpeded access to emergency medical treatment and crisis intervention, guided by medical and mental health practitioners. (PREA Standard 115.382 (a))

22.1. If no medical or mental health care provider is on duty at the time of the report, first-responders must protect the youth and immediately notify the JR Medical Director and the Superintendent, Regional Administrator or designee in accordance with Policy 1.30, *Reporting Serious and Emergent Incidents*. (PREA Standard 115.382 (b))

22.2. Victims must be provided timely information about and access to emergency contraception and preventive treatment for sexually transmitted infection in accordance with professional standards of care. (PREA Standard 115.382 (c))

23. JR must offer medical and mental health evaluation and treatment as needed to all youth who have been victims of sexual abuse in any prison, jail, or juvenile detention facility. (PREA Standard 115.383 (a))

23.1. Evaluation and treatment must include follow-up services, treatment plans, and referrals to needed services when transferred or released. (PREA Standard 115.383 (b))

23.2. Victims must be offered tests for pregnancy and sexually transmitted infection. (PREA Standard 115.383 (d, f))

23.2.1. If a victim is pregnant, she must be provided timely access to comprehensive pregnancy information and medical services. (PREA Standard 115.383 (e))

24. Treatment services in section 22 and 23 must be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with the investigation. (PREA Standard 115.382 (d), 115.383 (g))

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III. DEFINITIONS

Basic Health Care: Level of health care as guided by national health care standards for juvenile correctional programs adopted by JR for residential youth.

Continuous Quality Improvement Program: Under the direction of the Medical Director, a group of health care staff and practitioners assembled to monitor and improve health care.

Emergency Health Care: Care, services, and supplies for an acute or unexpected health need that require immediate evaluation or treatment by a health care practitioner.

Health Assessment: The process whereby the health status of a youth is evaluated, including but not limited to, a medical history, physical examination, and diagnostic testing as needed.

Health Care: Care, services, and supplies related to the health of a youth that includes medical, dental and mental health.

Health Care Authority: An individual at the facility that has been designated the lead medical authority.

Health Care Screening: A screening process completed within 24 hours by medical staff in order to review the health status of newly arrived youth for health concerns.

Health Care Staff: Licensed, certified or registered professionals employed or contracted to provide health care to youth within the scope of their professional training.

Intake Screening: Screening done by non-medical staff in the first hour of the youth's arrival to determine whether there is a need for immediate intervention.

JR Health Care Practitioners: Designated Physicians, Dentists, Advanced Registered Nurse Practitioners or Physician Assistants contracted or employed by a JR facility to provide consultation or health care.

Medical Director: A licensed physician who is the JR health care authority responsible for oversight of health care and quality assurance.

Medically Fragile: A youth with health issues that require additional monitoring, treatment, or enhanced resources.

Medical Isolation: The placement of a youth in a single room for the purpose of decreasing or eliminating the spread of infectious disease.

Significant Health Condition: Emergency health care, hospitalization, involuntary treatment, and refusal of health care that poses a significant risk to self or others.

Supplemental Health Care: Health care beyond basic health care.

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IV. REFERENCES

NCCHC Standards	Washington State Board of Pharmacy Laws and Rules
ACA Standard, 4-JCF-4C-30	PbS Standards

V. RELATED JR POLICIES

Policy 1.31 - Responding to the Death of a JR Youth	Policy 4.31 - Administering Involuntary Antipsychotic Medication to Youth
Policy 1.40 - Maintaining Confidentiality when Releasing Records	Policy 5.10 – Using Physical Restraints
Policy 2.40 – Managing Youth Case Files	Policy 5.90 – Applying the PREA Juvenile Standards in JR
Policy 3.20 – Assessing Sexually Aggressive or Vulnerable Youth (SAVY)	Policy 5.91 - Reporting Abuse & Neglect of JR Youth
Policy 4.40 - Determining the Need for DNA or HIV Testing	

VI. FORMS AND DOCUMENTS

Document Title	Available In ACT	Link to Paper form
Health Care Refusal		DSHS 20-275
Certificate of Immunization Status		<u>DOH</u> Form 348-013
Pregnant Youth Brochure		
