

MONTGOMERY COUNTY JUVENILE COURT CENTER FOR ADOLESCENT SERVICES

Chapter: Health Care
Subject: Responsible Health Care Authority
Policy: 4C-01
Page: 1 of 1
Standards: ACA 3-JCRF-4C-01
Issue Date: 3/23/06
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. **Policy:** Written policy, procedure and practice provide that the facility has a designated health authority with responsibility for the health care of juveniles pursuant to a written agreement, contract and/or job description. The health authority may be a physician, health administrator or health agency.

The responsibility of the health authority is not limited to providing appropriate medical care for juveniles confined in the facility, but also includes arranging for health care that must be provided by outside providers, facilities, or agencies, and ensuring that juveniles have access to them.

II. **Procedure**

- A. The Director will develop, in conjunction with the designated health authority, a contract detailing responsibilities and compensation, in accordance with the aforementioned policy.
- B. The contract developed shall be re-negotiated annually with provision for termination by either party with 90-days notice.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: Unimpeded Access to Care
Policy: 4C-02
Page: 1 of 2
Standard(s): ACA-3-JCRF-4C-02
Issue Date: 12/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy: Written policy, procedure and practice provide for access to health care and for a system for processing complaints regarding health care. These policies are communicated orally and in writing to juveniles on arrival in the facility and are communicated in a language clearly understood by each juvenile. All decisions concerning access to healthcare are made by health care staff.

II. Procedure

A. Juvenile(s) and parent(s)/guardian(s) receives a copy of the Resident and Parent Handbook upon arrival to the facility. Within the handbook, access to health care is clearly defined. The juvenile and parent(s)/guardian(s) are required to sign for receipt and acceptance of policies and procedures.

B. Resident(s) with communication barriers (i.e. unable to read, non-English speaking juveniles) will have their needs met by explaining access procedures orally or provided in written form in their own language.

C. Access to Care

1. Upon admission or within 72 hours of admission, each juvenile will meet with medical personnel for a health care screening and medical history. At this time, all aspects of health care are orally explained to each juvenile. The process of medical request is orally communicated to each juvenile.

2. Non-Immediate Medical Complaints

- a) Each residential unit has a confidential, secure box for written medical request(s).
- b) Medical request forms are located at the medical request box.
- c) Juvenile(s) have unimpeded access to medical request forms.

- a. All youth must complete medical request forms and place forms in secure medical lock box.

- b. Conditions in which staff members are permitted to complete medical requests forms on the youth's behalf.

1. Youth is restricted to his/her room due to safety precautions in accordance with Policy 4C-06 Suicide Awareness and Prevention and Chapter 3C Rules and Discipline.

- c. The medical department checks the secure medical request box on a daily basis. Upon collecting medical request(s), all provided services will be documented within the youth's medical file.

3. Immediate Medical Complaints

- a. Youth reporting immediate medical issues or concerns must be reported to staff member.
- b. The staff member must notify medical personnel and/or On-Duty Supervisor
- c. Youth is restricted to his/her room and Medical Isolation Form is completed by medical personnel and/or On-Duty Supervisor documenting reason for medical isolation.
- d. Youth remains on medical isolation until reassessed and released by medical staff and justification documented on medical isolation form.

D. In accordance with 3D-07 Grievance Procedure, all youth must file a grievance if he/she believes that their access to health care has been impeded.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: Personnel
Policy: 4C-03
Pages: 1 of 1
Standard: ACA 3-JCRF-4C-03
Revised: January 2005
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. Policy:** Appropriate state and federal licensure, certification or registration requirements, and restrictions apply to personnel who provide health care services to juveniles. The duties and responsibilities of such personnel are governed by written job descriptions approved by the health authority. Verification of current credentials and job descriptions are kept on file in the facility.
- II. Procedure**
 - A. It will be the responsibility of the Director to verify all health care personnel have their licenses, certification and/or registration upon hire and one (1) time each year to ensure compliance with State of Ohio statute.
 - B. The Medical / Health Care Staff shall submit a copy of their professional credentials annually and/or when requested.
 - C. Contractual employees shall submit a copy of their professional credentials annually and/or when requested.
 - D. The Director will ensure the provision of the position descriptions for all health care personnel. The Medical Director shall review and approve the position descriptions each year and update them as needed.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: Qualifications
Policy: 4C-04
Page: 1 of 1
Standards: ACA 3-JCRF-4C-04
Issue Date: December 2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy: Written policy, procedure and practice of the Center for Adolescent Services (CAS) that treatment by health care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or other independently licensed health care provider is performed pursuant to written standing or direct orders by personnel authorized by law to give such orders. Nurse Practitioners and Physician Assistants may practice within the limits of applicable laws and regulations.

- A. Standing Orders may be used only by a Physician Assistant or Nurse Practitioner working in the facility under the supervision of the Medical Director, a licensed Physician. Other health care staff is prohibited from using standing orders.
- B. Staff other than Physician Assistants or Nurse Practitioners shall deliver treatment only under direct written or verbal order from a licensed physician.
- C. This policy does not preclude existing orders from emergency situations.

II. Procedure

- A. All treatment orders shall be documented in the medical file for each individual youth receiving treatment and signed by the appropriate health care provider.
- B. The nursing staff is responsible for verification that all orders are appropriate, properly authorized and not contraindicated by other documented information.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: Mental Health Services
Policy: 4C-05
Pages: 1 of 1
Standards: ACA 3-JCRF-4C-05
Issue Date: 12/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy: Written policy, procedure and practice specify the provision of mental health services to juveniles. 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 discipline.

II. Procedure

- A. Assessment
 - 1. Admitted youth are required to undergo a mental health diagnostic assessment prior to admission through South Community, Inc., a licensed mental health provider contracted through Montgomery County Juvenile Court.
 - 2. Youth exhibiting signs and symptoms of mental health distress, disability or illness during placement are referred to court psychologist, South Community Inc, Wright State University School of Professional Psychology.
- B. Counseling Services
 - 1. Youth deemed appropriate for counseling and/or psychotropic medications by mental health professionals are referred to South Community Inc. or other licensed mental health provider(s).
 - 2. Youth meeting the criteria for mental health services will begin counseling and/or psychotropic medications with licensed mental health provider(s).
- C. Coordination of Care
 - 1. Communication of mental health services to youth are disseminated to treatment team members to coordinate care and treatment of youth.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: Suicide Awareness & Prevention
Policy: 4C-06
Page: 1 of 5
Standards: ACA 3-JCRF-4C-06
Revised: August 1994
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy: There is written suicide prevention and intervention program that is reviewed and approved by the qualified medical or mental health professional. All staff with responsibility for juvenile supervision are trained in the implementation of the program.

The program should include specific procedures for intake screening, identifying and supervising of suicide-prone juveniles.

II. Definitions

- A. Intake/Suicidal Assessment Screening: The initial intake screening for suicide thoughts, intent, and history on each resident.
- B. Center for Epidemiological Studies Depression Scale for Children (CES-DC): Assessment tool with a rating scale of one to sixty (1-60) detailing the feelings and/or actions demonstrated by the resident.
- C. Suicidal Behavior Report:
 1. A detailed description of the Resident's behavior and documenting the identified warning signs, leading to assess supervision level of youth.
 2. Document completed by any staff to be distributed out to all staff for behavioral alert.
- D. Suicidal Ideation Questionnaire-JR (SIQ): A self-report inventory designed to assess thoughts about suicide in adolescents and young adults. The inventory is a 15-sentence list of thoughts, with corresponding reporting of how often the adolescent reports having the thoughts.
- E. Shroud and Coverlet –A gown and blanket that are made from materials restricting a youth from tying or hurting themselves with it. Youth are placed on shroud and coverlet by supervisors/administration when youth are assessed as high risk and are presenting an immediate harm to self or others.
- F. Suicide Attempt: A suicide attempt represents any form of self-harm. The attempt may or may not cause injury. Examples of self harm may include, but are not limited to: tying bedding or clothing around one's neck; cutting, scratching, or mutilation of the skin; ingestion of cleaning supplies; a youth banging their head on a wall; a youth attempting to force his/her head into a toilet.
- G. Suicide Threat: A suicide threat represents any communication such as, but not limited to: verbal, written, or behaviorally observable communication (such as unusual or intense crying) that would indicate that a youth is not coping with his or her present situation and may be contemplating suicide or an intent to inflict self harm. A threat may also include changes in 'personal property management,' such as a youth offering of giving away personal belongings. Communication or information of a threat does not necessarily come directly from the child but might also come from other sources such as a note found in a youth's room or a statement to another that “. . . if I don't get out of here I'll kill myself.”

- H. Suicidal Ideation: The presenting thought processes of a suicidal individual, which are preoccupied with feelings of wanting to end their life. Ideation typically includes thoughts of death, self-harm, and/or wishing one had never been born.
- I. Risk: Is a term that is used to designate a classification risk level, behavior management program, and risk monitoring expectation.
- J. Risk Levels:
 1. Low-Risk Observation: Low risk observation checks do not exceed random fifteen (15) minute intervals. Observation checks must also be accompanied by the responsible staff completing a visual and verbal check of the youth each time.
 2. Moderate-Risk Observation: Moderate Risk Observation checks do not exceed random ten (10) minute intervals. Observation checks must also be accompanied by the responsible staff completing visual and verbal check of the youth each time.
 3. High-Risk Observation: The most intensive level of staff observation, active behavior management, and supervision of resident activity. This level of supervision would include one-on-one direct observation, constant/continual, and in immediate physical proximity of the youth at all times.
- K. Elevate- Website containing training curriculum and reference material(s). Access is provided to all facility staff upon hire. Access to Elevate is available at any Court computer.
- L. Orientation Training Checklist - Checklist outlining training(s) for new employees.

III. Suicidal Risk Factors

- A. Family history of suicide;
- B. Family history of child maltreatment;
- C. Previous suicide attempt(s);
- D. History of mental disorders, particularly depression;
- E. History of alcohol and substance abuse;
- F. Feelings of hopelessness, helplessness, worthlessness, and withdrawal from peers, friends, and/or family;
- G. Impulsive or aggressive tendencies;
- H. Cultural and religious beliefs (i.e. belief that suicide is noble resolution of a personal dilemma);
- I. Local epidemics of suicide;
- J. Isolation, a feeling of being cut off from other people;
- K. Barriers to accessing mental health treatment;
- L. Loss (relational, social, work, or financial);
- M. Easy access to lethal methods;
- N. Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts;
- O. Preoccupation/Ideation with themes of death or expressing suicidal thoughts;
- P. Behavioral and personality changes: sleeping pattern changes, eating pattern changes, increased nervousness, outbursts of anger or apathy about appearance and health;
- Q. Physical illness

IV. Suicidal Protective Factors

- A. Effective clinical care for mental, physical, and substance abuse disorders;
- B. Easy access to a variety of clinical interventions and support for help seeking;
- C. Family and community support (connectedness);
- D. Prosocial relationships and activities;
- E. Support from ongoing medical and mental health care relationships;
- F. Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes;
- G. Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

V. Procedure

A. Assessments

1. Intake Assessment Screenings

- A. Upon admission the Nurse and/or EMT-B conducts an Intake/Suicidal Assessment Screening for each resident.
- B. When the Nurse and/or EMT-B determine that a youth is considered to be a “High Risk”, he/she will immediately communicate that information to the Director, Medical Director, and the On-Duty Supervisor.
 1. Complete Suicide Behavior Report
- C. When the Nurse and/or EMT-B determine that a youth is considered a “Low Risk,” they will immediately communicate this information to the assigned On-Duty Supervisor.
 1. On-Duty Supervisor receives a copy of the Intake Suicide Assessment Screening form.

2. Center for Epidemiological Studies Depression Scale for Children (CES-DC):

- A. Completed by the Family Specialist and/or Family Specialist Supervisor upon resident admission (within three business days of admission).
- B. When the Family Specialist and/or Family Specialist Supervisor determine that a risk exists, he/she will immediately communicate that information to the Director, Medical Director, and the On-Duty Supervisor.
 1. Complete Suicide Behavior Report

3. Suicidal Ideation Questionnaire-JR (SIQ):

- A. Self-Report inventory facilitated by On-Duty Supervisor, Family Specialist, Supervisors, Program Manager, Nurse or Director.
- B. When above mentioned staff determine a youth is considered to be a high risk in suicidal ideation (raw score of 31 or higher) a behavior report is completed and supervision level is determined by On-Duty Supervisor and Administration.
- C. When a youth is found to have critical items rating Moderate-Risk or High-Risk observation level and placed in on a Shroud and Coverlet status only, until reviewed by licensed mental health staff or Medical Director.

B. Suicidal Behavior Report

1. Youth identified as suicidal
2. Utilizing the Suicidal Behavior Report, determine the level of observation and follow the safety precautions as listed.
3. The responses required for the observation level selected are minimum standards and may be modified to an advanced or higher level of response.
4. Upon assuring the safety of the resident, complete the Suicidal Behavior Report Form and distribute to the designated staff and departments (Administration, Control Desk, Family Specialists, Kitchen, Living Units, Medical, and Teachers).
5. It is the staff member’s responsibility to thoroughly complete the form(s) and provide an accurate description of the resident’s demeanor, behavior, and any specific threats.

C. Procedure when a youth is identified as suicidal:

1. The staff member(s) observing resident suicidal warning signs will immediately communicate the observation(s) to the On-Duty Supervisor and/or Administrator(s)
2. The On-Duty Supervisor and Administrator(s) will assess the situation, discuss a plan of action, and determine the level of staff supervision required.
3. The On-Duty Supervisor and Administrator(s) are responsible for determining the need for counseling, intervention, and/or medical attention for the resident involved.
4. Staff will immediately place the resident on one-on-one supervision maintaining visual observation at all times. It is the responsibility of that staff member to ensure the safety of that resident.
5. Youth identified as suicidal, as defined as “Moderate Risk” or “High Risk” must be issued and wear a shroud and coverlet. These materials must be secured by the On-Duty Supervisor from the Intake Closet.
6. The youth must wear a shroud and coverlet. For females, bras and underwear should be removed. If the youth is on her menstrual cycle, the youth may keep her underwear.
7. Potentially harmful items such as clothing, sheets, pens, pencils, glasses and any sharp items must be removed from his/her room.

D. Removal or Reduction from Suicidal Observation

1. Whenever possible, licensed mental health professionals will conduct an assessment of a youth placed on Low-, Moderate-, or High-Risk Level Supervision status within a 24-hour period. This will determine whether or not the need for continued supervision exists or a reduction in the frequency of observation is warranted.
2. The youth may be transported to appropriate licensed mental health professionals to determine current level of suicidal ideation or behavior when licensed mental health professionals are not within the facility
3. Youth found not to be actively suicidal or having current suicidal ideation must be recommended for removal from or reduction in the frequency of suicidal observations from Low-Risk, Moderate-Risk, or High-Risk Level Supervision by a licensed mental health professionals.
4. On-Duty Supervisor will review recommendations from licensed mental health professionals and remove youth from assigned supervision or reduce the frequency of suicidal observation. This information will be documented on a Suicidal Behavior Report and communicated with staff via shift briefings and email.
5. Youth considered no longer in need of Low-Risk, Moderate-Risk, or High-Risk Level Supervision will be returned to regular supervision within the Treatment Program, with all the personal items returned to the assigned youth.

E. Suicide Awareness and Prevention Plan

1. The plan is reviewed annually and submitted to a qualified medical professional for approval.
2. Utilize the classification model (Suicidal Behavior Report) to determine the level of observation and supervision of the resident. The responses required for the observation level selected are minimum standards and may be modified to an advanced or higher level of response if desired.
3. Treatment Staff and Supervision communicate and coordinate the required response.
4. Upon establishment of appropriate observation level and supervision, staff will complete the Suicidal Behavior Report Form.
5. If suicidal ideation, threats, or behavior have been observed, complete the “Suicide Intervention – Suicide Threat or Behavior Checklist” to determine level of risk and observation required.

6. Submit the Suicidal Behavior Report directly with the Supervisor on duty. If an Administrator is not available at the facility, contact them immediately by phone.

F. Staff Training: Suicide Awareness, Identification, and Prevention

1. Orientation Training

- a. An Orientation Training Checklist is provided to all newly hired employees by his/her assigned Manager. The Orientation Training Checklist training includes, at a minimum, the following:
 - i. Intake Suicidal Assessment Screening
 - ii. Suicidal Ideation Questionnaire-JR (SIQ) and associated Risk Levels
 - iii. Suicidal Behavior Reports
 - iv. Emergency Response Training, ERT

2. Annual Training

- a. Staff are trained annually within Elevate's curriculum in recognizing suicide risks and implementing the suicide awareness and prevention procedures.
- b. Staff receives annual Emergency Response Training (ERT) that includes the topics of the Suicidal warning signs, decision making & implementation, completion of the Suicidal Behavior Report Form, response requirements and observation levels, and decision making and notification system.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: Health Trained Staff Member
Policy: 4C-07
Pages: 1 of 1
Standards: ACA-3-JCRF-4C-07
Issue Date: 12/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. Policy:** Written policy, procedure, and practice provide that when the facility does not have full-time, qualified health-trained personnel, a health-trained staff member will coordinate health delivery services.
- II. Procedure**
 - A. This standard is not applicable to the Center for Adolescent Services.
 - B. The Center for Adolescent Services provides for full-time, qualified health-trained staff members to coordinate health delivery systems.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: Pharmaceuticals
Policy: 4C-08
Pages: 1 of 4
Standards: ACA 3-JCRF-4C-08
Issue Date: 1/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy: It is our policy, procedure, and practice to provide that the program's health care plan adheres to state and federal laws and regulations regarding storage and distribution of medications.

A. The Nurse, under the supervision of the Director and the Medical Director, is responsible for ensuring complete procedural compliance with this policy.

II. Definitions

A. Administrator: Director

B. Assisted Self-Administration: Hand youth their medication and ensure that the youth places the medication(s) in their mouth and swallows all provided medication(s).

C. Dispense: To fill a prescription. For example, a pharmacist dispenses youth medication.

D. Medication: A substance used for cure, relief, treatment, or prevention of disease.

E. Over the Counter Medications (OTC): are medicines that may be sold directly to a consumer without a prescription from a health care professional.

F. Medication Administration Record (MAR): Document detailing resident's name and their associated medication(s) and time of administration.

G. Medication Pouch: Individual pouch containing prescription information, medication identification; and weekly pill organizer for prescribed medication.

III. Procedure

A. Prescription Medication: Distribution

1. Pursuant to section 3701-17-59 of the Ohio Administrative Code, it is legal for a staff member to assist a youth in self-administering a medication that has been ordered by a physician.
2. The Nurse shall review the medication ordered for the youth by their physician. Orders are maintained in youth's medical file.
3. Medications are ordered every 30 days for the physician to re-evaluate appropriateness each month.
4. Medication brought in during initial intake must be verified by Nurse and/or Medical Director.

5. Medication shall be administered from the secure medication cart at the prescribed distribution schedule within camera view.
- B. Over-the-Counter Medication (OTC): Distribution
1. Upon youth's medical assessment with the Nurse and/or Physician, the youth may be cleared to receive specified over-the-counter medication.
 2. Staff shall be notified of OTC clearance by the presence of the medication treatment sheet in the Medication Administration binder, with any/all indicated allergies.
 3. Medication shall be administered from the secure medication cart at the prescribed distribution schedule within camera view.
- C. Storage of Medication
1. Prescription medications are distributed by licensed Pharmacy (i.e. Shelton's Pharmacy and/or Clark's Pharmacy).
 2. All medications are secured and maintained within the medication storage cabinet in the medical office and within the secured medication cart.
 3. Storage of medications will be maintained in Medication Pouches assigned to youth. This will contain weekly pill organizers, description of the medication (visual and written forms) and prescription description.
 4. Storage of Over-the-Counter (non-prescription medication) is stored in the top storage pharmacy drawer on the medical cart and is available on as-needed basis.
- D. Administration of Medication from Medication Cart
1. All medication will be administered from the medication cart on camera view.
 2. Youth will receive medication while standing in front of the Medication Cart.
 3. General Medication Dispensing Procedure
 1. Youth is visually identified and matched according to the name on the prescription for identified youth contained in the Medication Pouch of the youth.
 2. Medications are verified against the MAR. A visual match is available by locating the pill identifying document within the Controlled Materials Log stored in the medication cart.
 3. Medication(s) are removed by staff from the youth's assigned medication pouch and placed in a disposable medication cup.
 4. Youth self-administers all provided medication(s).
 5. Staff conducts a visual mouth check to ensure administration is complete.
 6. Youth and staff sign MAR.
- E. Administration of Medication on Unit
1. Medication may be administered on the unit under the following circumstance(s)
 1. Youth is considered a risk to self and/or others as determined by on-duty supervisor and/or administrator.
 2. Youth is secured in unit bedroom.
 3. Two staff members must be physically present when youth self-administers medication.
 2. Medication Dispensing Procedure
 1. Nurse or On-Duty Supervisor notifies unit of medication pass by radio communication.

- a. Staff is trained on Medication Management in his/her Orientation Training. This is documented within the Orientation Training Checklist Packet.
2. All youth are secured in their individual bedrooms.
3. Medication Cart is placed and secured at a designated location on the unit.
 - a. Harbor Unit – Medication cart must be located just in front of yellow caution tape in camera view.
 - b. Pier Unit – Medication cart should be placed even with the unit office windows in camera view.
 - c. Dock Unit – Medication cart should be placed approximately 10 feet behind the control desk red tape in camera view.
 - d. Bay Unit – Medication cart should be placed just in front of yellow caution tape in camera view.
4. An additional unit staff member must be present for the distribution of medication from the medical cart.
5. One youth shall be released from their room to self-administer medication. Youth is visually identified.
6. Medications are verified against the MAR and a visual match contained in the youth's assigned medication pouch.
7. Medication(s) are removed from the youth's assigned medication pouch and placed within a disposable medication cup.
8. Youth self-administers all provided medication(s).
9. Staff conducts a visual mouth check to ensure administration is complete.
10. Youth and staff sign MAR.
11. Youth is then secured back in their bedroom.

F. Administration of Medication off Unit

1. Medication may be administered off the unit and in the hallway under the following circumstance(s)
 1. Youth are not considered a risk to self and/or others as determined by on-duty supervisor and/or administrator.
 2. Two staff members must be physically present when youth self-administers medication.
 3. Medication can be distributed within camera view.
2. Medication Dispensing Procedure
 1. Nurse or On-Duty Supervisor notifies unit of medication pass by radio communication.
 2. Designated youth are called off the unit and are escorted to the central hallway where the Medication Cart is located and staffed within camera view.
 3. Medication cart is placed and secured at a designated location off the unit in the central hallway. This is in the center of the hallway approximately five feet down and away from the medical office door way, facing the Supervisor's Office window.
 4. One youth shall be called from the unit or line in the hallway to have medication administered at a time.
 5. Youth is visually identified.
 6. Medication(s) are verified against the MAR and a visual match contained in the youth's assigned medication pouch.
 7. Medication(s) are removed from the youth's assigned medication pouch and placed within a disposable medication cup.

8. Youth self-administers all provided medication(s).
9. Staff conducts a visual mouth check to ensure administration is complete.
10. Youth and staff sign MAR.
11. Youth is then escorted back to their assigned unit and/or their assigned bedroom.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: Health Screenings and Examinations
Policy: 4C-09
Page: 1 of 2
Standards: ACA 3-JCRF-4C-09
Issue Date: 8/14/02
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Authorized by: Mike Garrett, Director

I. Policy: Written policy, procedure and practice require medical, dental and mental health screenings to be performed by health-trained or qualified health care personnel on all juveniles. This screening includes the following:

A. Inquiry into:

1. Current illness, pregnancy, and health problems, including venereal disease and other infectious diseases;
2. Dental problems;
3. Mental health problems;
4. Use of alcohol and other drug, which includes types of drugs used, mode of use, amounts used, frequency of use, date or time of last use, and a history of problems that may have occurred after ceasing use (e.g., convulsions);
5. Past and present treatment of hospitalization for mental disturbance or suicide;
6. Other health problems designated by the responsible physician.

B. Observation of:

1. Behavior, which includes state of consciousness, mental status, appearance, conduct, tremors, and sweating;
2. Body deformities, ease of movement, etc.;
3. Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse.

II. Procedure

- A. Upon admission, or within seventy-two (72) hours of admission, juveniles will report to the medical department for a health screening and examination by qualified medical personnel.
- B. The medical department will screen each juvenile documenting response to each inquiry and his or her observations of the juvenile during the examination.
- C. The medical department will document the results of the screening and examination on the Intake Screening form.
- D. The screening will include the following:
 1. Inquiries into the following:
 - a. Current illness, pregnancy, and health problems, including venereal diseases and other infectious diseases;
 - b. Dental problems;
 - c. Mental health problems;

- d. Use of alcohol and other drugs, which includes: types of drugs used, mode of use, amounts used, frequency of use, date or time of last use, and a history of problems that may have occurred after ceasing use (e.g., convulsions);
 - e. Past and present treatment of or hospitalization for mental health disturbance or suicide;
 - f. Other health problems designated by the responsible physician.
2. Observation of the following:
- a. Behavior, which includes state of consciousness, mental status, appearance, conduct, tremors, and sweating;
 - b. Body deformities, ease of movement, etc;
 - c. Condition of skin, including trauma markings, bruises, lesions, and jaundice, rashes, infestations and needle marks other indications of drug abuse.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: Identification and Treatment of Drug and Alcohol Abuse
Policy: 4C-09-01
Pages: 1 of 2
Standards: ACA 3-JCRF-4C-09-01
Issued: August 1994
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Authorized by: Mike Garrett, Director

- I. **Policy:** Written policy, procedure and practice provide for the early identification and treatment of youth with alcohol and drug abuse problems through a standardized battery assessment. This battery shall be documented and include, at a minimum, the following:
- A. Screening and sorting
 - B. Clinical assessment and reassessment
 - C. Medical assessment for drug and alcohol program assignment appropriate to the needs of the individual youth.
 - D. Referrals
 - E. Monitoring and drug testing

The Family Specialist and/or Family Specialist Supervisor are responsible for ensuring procedural compliance with this policy.

II. Definitions

- A. Youth Level Service Inventory (YO-LSI): A risk assessment instrument providing risk level and criminogenic needs. The instrument is composed of static and dynamic predictors of criminal risks including: criminal history, family circumstances, education achievements, peer relations, substance abuse, personality & behavior, and attitudes & orientations.
- B. Ohio Youth Assessment System (OYAS): Designed to assess at time of residential intake to determine the needs and appropriate length of stay.

III. Procedure

- A. Pre-Admission Screening
 - I. All youth are screened by the Montgomery County Juvenile Court Probation Services Formal Review Team.
 - II. Youth with a documented history of substance abuse as well as an elevated YO-LSI and/or OYAS score for substance abuse are referred to Crisis Care Inc. for a Substance Abuse Evaluation and treatment recommendations.
 - III. Prior to admission all youth receive a Crisis Care Assessment.
 - IV. Youth who have been identified as needing residential treatment for substance abuse are not considered for admission to CAS.
- B. The Center for Adolescent Services is not a drug and alcohol treatment facility.

C. Identification & Testing

- I. Mandatory Testing: Alcohol and Drug testing will be completed for all youth returning from any unsupervised leave (i.e. home visits and extended Leave with Permission).
- II. Suspicion Testing: Youth suspected of drug and/or alcohol use while in the residential program may be tested upon approval of the Nurse, and/or Administrator.
- III. Referrals
 1. Youth testing positive for alcohol and/or other drugs are referred to Probation Services for consideration of a Violation of Court Order/Probation and Crisis Care Inc. for drug and alcohol assessment.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: Communication of Resident's Special Medical Needs at Admission
Policy: 4C-10
Pages: 1 of 1
Standards: ACA 3-JCRF-4C-10
Issue Date: 12/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy: Program staff is informed of juvenile's special medical needs. At the time of admission, staff is informed of any physical problems that might require medical attention.

II. Procedure

- A.** At the time a youth is admitted, the Nurse will complete an initial assessment and document his or her findings on the Intake Medical Screening forms, to include the following:
- i. Health history
 - ii. Dental history
 - iii. Mental health history, to including a suicide risk assessment
 - iv. Drug and alcohol history
 - v. Pregnancy
- B.** The Nurse and/or Medical Director is responsible for documenting the need for special medical needs/restrictions upon assessment via the Medical Restriction Document.
- C.** The Medical Restriction Document is disseminated to all program staff at the time of admission and, if pertinent, shall provide information related to physical problems and/or physical limitations that may require special medical attention or place limitations on program participation. The Medical Restriction Document will be updated as needed.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: Health Screenings and Examination
Policy: 4C-11
Pages: 1 of 1
Standards: ACA 3-JCRF-4C-11
Issue Date: 1/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy: Written policy, procedure, and practice provide for the collection and recording of health appraisal data and require the following:

- A. The process is completed in a uniform manner as determined by the health authority;
- B. Health history and vital signs are collected by health-trained or qualified health personnel;
- C. Review of the results of the medical examination, tests, and identification of problems is performed by a physician;
- D. Collection of all other health appraisal data is performed only by qualified health personnel.

II. Definitions

- A. Intake Screening Forms: Health history, pregnancy, dental history, mental health history, to including a suicide risk assessment, and the drug & alcohol history.

III. Procedure

- A. At the time a youth is admitted, the Nurse will complete an initial assessment and document his or her findings on the Intake Screening forms.
- B. The immunization records are requested during the Intake Screening process.
- C. Nurse will complete a comprehensive medical history and document his or her findings on the Health Related History form within seventy-two hours (72) of admission on all youth.
- D. Within seven (7) days of admission the Physician will perform a comprehensive physical exam on each youth and document his or her findings on the Physical Examination form.
- E. Health records are maintained within individual medical charts.
- F. Nurse, in consultation with the Medical Director, will collect and record all health appraisal data in a uniform manner consistent with professional standards.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: Health Screenings and Examination: Communicable Diseases
Policy: 4C-12
Pages: 1 of 2
Standards: ACA 3-JCRF-4C-12
Issue Date: 12/2001
Reviewed: March 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. Policy:** Written policy, procedure and practice provide for medical examination of any employee or juvenile suspected of having a communicable disease.

The Business Manager, under supervision of the Director, will monitor compliance with this policy when referring to employees.

The Nurse, under supervision of the Director and the Medical Director, will monitor compliance with this policy when referring to youth.

II. Procedure

A. Employee Medical Exams

1. Upon hiring, all new employees are screened for Tuberculosis.
2. Employees with a communicable disease are required to report this to their immediate Supervisor.
 - a. The immediate Supervisor is required to report this to the Director or designee.
 - b. Failure to report communicable diseases may result in disciplinary action.
3. Any employee who has reason to believe that another employee has or displays symptoms or signs of a communicable disease is responsible for reporting that employee to the Director or designee.
 - a. The Director will consult with the Nurse and the Medical Director regarding precautions and measures that should be taken.
4. The Director or designee may require documentation from a licensed physician that an employee's health condition is not a danger to others and/or that it will not interfere with the employee's ability to properly carry out his/her job duties.
5. The Director or designee will follow appropriate precautionary measures in order to protect the safety and well being of youth and staff. Measures may include, but are not limited to, the following:
 - a. Modification of employee's work assignment;
 - b. Modification of employee's work environment;
 - c. Leave of absence.
 - d. If the Director or designee concludes that an employee must be placed on leave of absence, the employee must have a licensed physician indicate that the employee is clear to return to work.

B. Juvenile Medical Exams

1. All juveniles are screened for Tuberculosis upon admission.
2. At any other time during a youth's stay in the facility, it is the responsibility of staff to report to the Nurse anything that they observe that may be suggestive of a communicable disease.
3. In the event that further examination or treatment outside the facility is indicated, the Medical Director will write the order and the Nurse will be responsible for implementing that order.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: Dental Screenings and Examination
Policy: 4C-13
Pages: 1 of 1
Standards: ACA 3-JCRF-4C-13
Issue Date: 12/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. **Policy:** Dental care to each juvenile under the direction and supervision of a dentist licensed in the state.

The Nurse, under the supervision of the Director and the Medical Director, is responsible for arranging dental care for each youth.

II. **Procedure**

- A. The Nurse will arrange for an initial dental examination, by a dentist, within 60 days of admission.
1. The Nurse is responsible for communicating and documenting the results and recommendations received from the dentist at the time of each appointment.
 2. The Nurse will coordinate all follow-up appointments.
- B. Staff are responsible for notifying the program Nurse of any dental needs of which they are aware with the youth in the program.
- C. Youth may also report any dental needs through the Medical Request Box.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Medical and Health Care Services
Subject: Emergency Health Care
Policy: 4C-14
Page: 1 of 5
Standards: ACA 3-JCRF-4C-14
Issue Date: 8/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. Policy:** Written policy, procedure and practice provide for twenty-four (24) hour emergency medical, dental, and mental health care availability as outlined in a written plan that includes arrangements for the following services:
1. On-site emergency first aid and crisis intervention,
 2. Emergency evacuation of the juvenile from the facility,
 3. Use of an emergency medical vehicle,
 4. Use of one or more designated hospital emergency rooms or other health facilities,
 5. Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community,
 6. Security procedures providing for the immediate transfer of juveniles, when appropriate.

II. Definitions

- A. Emergency Care: Care for an acute illness or unexpected health care need that cannot be met by health care staff within the facility.
- B. Outside Hospital: Any hospital or clinic located outside the facility.
- C. Universal Precautions: Refers to the practice of avoiding contact with person(s) bodily fluids.
- D. Personal Protection Pouch (PPP):
1. Unit Staff PPP: Each pouch contains the following items:
 - a. Flashlight;
 - b. 4 x 4 Gauze;
 - c. Gauze Wrap;
 - d. Band Aids;
 - e. CPR Shield;
 - f. Gloves;
 - g. Rescue Tool;
 - h. Inventory Card;
 - i. Hanging Victim Card;
 - j. Laceration Victim Card
 2. Supervisor On-Duty PPP: Pouch contains the following items:
 - a. Flashlight;
 - b. 4 x 4 Gauze;
 - c. Gauze Wrap;
 - d. Band Aids;
 - e. CPR Shield;
 - f. Gloves;
 - g. Rescue Tool;
 - h. Medical Sheers;

- i. Inventory Card;
- j. Hanging Victim Card;
- k. Laceration Victim Card;
- l. Facility Master Key Set;
- m. Medical Cart Key Set

- E. Rescue Tool: Tool used to rapidly and safely cut all clothing including leather, ropes and tubing.
- F. Red Folder: Documents and evidence pertaining to the critical incidents of a laceration or attempted suicide by hanging.

III. Procedures

A. Personal Protection Pouch

- 1. The Supervisor on-duty and all Unit Counselors will have a PPP on person during shift(s).

B. Rescue Tool Locations

- 1. All personal protection pouches

C. Emergency First Aid and Crisis Intervention

1. Training

- a. All staff are trained in Standard First Aid, Adult/Child CPR/AED, and Emergency Response Training (ERT) practices.
- b. The goal is to provide each staff member with the knowledge and skills necessary to prevent, recognize, and provide basic care for injuries and sudden illness within a four (4) minute time frame, until advanced medical personnel arrive.

2. Emergency Response

a. Laceration

- i. Identify the youth with a laceration.
- ii. Use radio and Call Code Blue: Medical Emergency.
- iii. Indicate location of the Code Blue
- iv. All available personnel respond to Code Blue location

b. Staff Response to Laceration

- i. Use Universal Precautions.
- ii. Open the Personal Protection Pouch (PPP) and put on gloves.
- iii. Check the scene.
- iv. Determine what object the resident used to cut themselves and the location of the object.
- v. Secure the object used in the laceration.
 - 1. If the resident is conscious instruct the resident to place the item(s) by the door and to back away.
 - 2. If the resident is unconscious secure the object.
- vi. Provide CPR/First-Aid.
 - 1. Assess the location of the wound.
 - 2. Apply direct pressure to the wound using 4 x 4 gauze pads.
 - 3. If bleeding continues or the first dressings become soaked with blood, apply more pads, dressings and maintain direct pressure.
 - 4. Do not remove the first dressings.
 - 5. Secure additional first-aid supplies, as needed.

6. Continue treatment until medical staff or emergency personnel arrive.
- vii. Secure the scene.
 1. After incident the preservation of evidence will be maintained by sealing off the area with crime scene tape. This tape is located at the Control Desk.
 2. Do not remove any items until law enforcement notification and investigation is concluded.
- c. Suicide Attempt by Hanging
 - i. Identify the youth involved.
 - ii. Use radio and Call Code Blue: Medical Emergency.
 - iii. Indicate location of the Code Blue
 - iv. All available personnel respond to Code Blue location
- d. Staff Response to Suicide Attempt by Hanging
 - i. Use Universal Precautions.
 - ii. Open the Personal Protection Pouch (PPP) and put on gloves.
 - iii. Check the scene.
 1. Obtain Rescue Tool.
 2. Cut the youth down taking care to support the head and neck while guiding youth to the floor.
 - iv. Provide CPR/First-Aid.
 1. If youth is breathing, monitor the youth with constant visual supervision and as little movement as possible until Medical staff or emergency personnel arrive.
 - v. Secure the scene.
 1. After incident the preservation of evidence will be maintained by sealing off the area with crime scene tape. This tape is located at the Control Desk.
 2. Do not remove any items until law enforcement notification and investigation is concluded.

D. Area Sanitization

1. Blood and body fluids must be cleaned up as follows:
 - a. Gloves must be worn during clean-up of contaminated areas and/or objects.
 - b. All cleaning must involve the use of freshly made solution consisting of one (1) part bleach to nine (9) parts water.
 - c. The cleaning is done with disposable towels (Paper towels).
 - d. Towels and any contaminated clothing are placed in a labeled biohazard bag.
 - e. Hands are to be washed with soap and water after removing gloves.

E. Red Folder

1. The red folder will be stored and maintained on the resident's assigned unit.
2. Documents within the Red Folder include:
 - a. Permanent logs
 - b. Room Restriction Checklist(s)
 - c. Behavioral Report(s)
 - d. Youth Therapeutic Treatment Plan(s)
 - e. Special Incident Report(s)
 - f. Behavioral Infraction(s)

- g. Any subsequent documentation resulting from the investigation (i.e. law enforcement reports, etc.)

F. Debriefing

1. A debriefing will occur for staff and youth after a critical incident.
 - a. A review of staff and juvenile actions during the incident
 - b. A review of the incident's impact on staff and juveniles
 - c. A review of corrective plans of action taken and still needed.
 - d. Separate debriefing groups to share information and provide support will be facilitated for youth and staff.
 - e. Session(s) may be facilitated by Employee Assistance Program (EAP).

G. Emergency Evacuation of a Juvenile From the Facility

1. The Center for Adolescent Services is located in the Village of New Lebanon. As a result, the New Lebanon Fire Department has local jurisdiction.
2. When a resident is removed as a result of a medical emergency the following security is provided:
 - a. Staff member will accompany and/or remain with resident until relief is provided or the resident returns.
 - b. Alternative supervision (i.e. Merchant Security) will be provided in cases of extended medical leave.
 - c. The following supervision guidelines are for youth that are pregnant and/or at the hospital for labor and delivery:

H. Use of an Emergency Medical Vehicle

1. The Center for Adolescent Services has two (2) vehicles available for transporting youth.

I. Use of Designated Emergency Rooms

1. The Center has written agreements with the following hospitals:
 - a. Children's Medical Center
 - b. Miami Valley Hospital

J. Health Care Facilities: The following health care facilities are utilized to meet the health care needs of our residents:

1. Dental Care Facilities:
 - a. ABC Dental Inc.
 - b. Family Dentists
2. Health Clinics:
 - a. Adolescent Wellness Center
 - b. Montgomery County Health District
 - c. Family Physicians
3. Mental Health Facilities:
 - a. Good Samaritan Crisis Care
 - b. South Community Inc.
 - c. Private Counseling

K. Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community

1. The Center for Adolescent Services has an on-call Medical Director and Registered Nurse in emergency situations.

2. The Center for Adolescent Services has on-call emergency dental services with ABC Dental Inc.
 3. The Center for Adolescent Services has on-call emergency mental health services with Good Samaritan Crisis Care and South Community Inc.
- L. Security procedures providing for the immediate transfer of juveniles, when appropriate.
1. When a resident is removed as a result of a medical emergency the following security is provided:
 - a. Staff member will accompany and/or remain with resident until relief is provided or the resident returns.
 - b. Alternative security coverage (i.e. Merchant Security) will be provided in cases of extended medical leave.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: First Aid
Policy: 4C-15
Page: 1 of 1
Standards: 3-JCRF-4C-15
Revised: December 1999
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. **Policy:** Written policy, procedure and practice provide that care worker staff and other personnel are trained to respond to health related situations within a four (4) minute response time.

The training program is established by the responsible health authority in cooperation with the facility administrator that includes the following:

- A. Recognition of signs and symptoms and knowledge of action required to potential emergency situations.
- B. Administration of first aid and cardiopulmonary resuscitation (CPR)
- C. Knowledge of methods of obtaining assistance
- D. Recognizing signs and symptoms of mental illness, retardation, and chemical dependency;
- E. Knowing procedures for patient transfers to appropriate medical facilities or health care providers.

II. **Procedure**

A. Training

- 1. All staff are required to attend mandatory, annual trainings regarding the following:
 - a. First Aid and Emergency Response Training: Recognition of signs, symptoms, and knowledge of action required in responding to emergency situations within a four (4) minute period;
 - b. Cardiopulmonary Resuscitation (CPR)/ Automated External Defibrillator (AED) training;
 - c. Training Courses related to the recognition of signs, symptoms of mental illness, retardation, and chemical dependency;
 - d. **Methods of obtaining assistance:** All staff are trained in the Emergency Code System;
 - i. Code Blue-Medical Emergency: The process in which staff request emergency medical assistance.
 - e. Procedures for patient transfers to appropriate medical facilities or health care providers.
 - i. All staff are trained in the process of Juvenile Movement procedures.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: First Aid Kits and Infection Control Kits
Policy: 4C-16
Pages: 1 of 3
Standards: ACA 3-JCRF-4C-16
Revised: August 2002
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- 1. Policy:** The facility has available at all times, first aid equipment approved by a recognized health authority. An automatic external defibrillator is available for use at the facility.

The Medical Director will approve the contents, number, location and procedure for periodic inspection of the kits. The Medical Director will approve procedures outlining the use of first aid kits and automatic external defibrillator by nonmedical staff.

2. Definitions.

- Guard Tour System: Security system used to monitor condition of fire extinguishers.
- Guard Tour: Process of staff members, using a data recorder, to check on the safety of youth that are restricted to room(s).
- Data Recorder: The Guard Tour handheld unit that is used to perform safety checks on youth in rooms.
- Incident Code: A numeric code that is entered into the data recorder to indicate a fire extinguisher is fire safety approved.
- Staff ID (Staff Code): A confidential, numeric code assigned to a staff member that is input into the data recorder that identifies individuals completing safety checks on youth.
- Tour Report: A report generated by the data recorder that gives details of each Guard Tour performed.
- Medical Approved Incident Code (#13)- First Aid Kits reviewed and approved by fire safety medical department.

3. First Aid Kits

- Locations
 - Administration
 - Kitchen
 - Maintenance Office- Mechanical Room
 - Intake
 - Harbor Unit
 - North Mezzanine
 - Dock Unit
 - Control Center

9. Pier Unit
10. South Mezzanine
11. Bay Unit
12. Gym Office
13. East Mezzanine
14. Art Classroom
15. Agency Car
16. Agency Van(s)
17. Garage

B. Contents

1. CPR mouth shield
2. Ammonia inhalant
3. One (1) blunt handled scissors
4. One (1) roll surgical tape
5. 4 x 4 gauze pads
6. Alcohol prep pads
7. Ten (10) band-aids
8. Two (2) rolls of gauze
9. Two (2) oval eye pads
10. ABD (abdominal) pad
11. One (1) pair vinyl gloves
12. One (1) pair tweezers
13. Two (2) packets of burn cream
14. One (1) triangular sling
15. One (1) cold pack

4. Infectious Control Kits

A. Locations

1. Bay Unit
2. Dock Unit
3. Pier Unit
4. Harbor Unit
5. Gym Office
6. Kitchen
7. Administration

B. Contents

1. One (1) pair vinyl gloves
2. One (1) isolation gown
3. One (1) plastic shovel
4. Plastic goggles
5. One bio hazard bag
6. Salsord 90P
7. Disinfectant towel
8. Paper towel(s)
9. Surgical mask(s)
10. TranZport Hood

5. Automated External Defibrillator (AED)

A. Location

1. Control Desk

B. Contents

1. AED Device
2. AED Pads

6. Emergency Trauma Bag

A. Locations

1. Control Desk

B. Contents

1. Adult BVM
2. Adult Micro Mask
3. Oralpharyngeal (Sizes 1, 2, 3, 4, 5, 6)
4. Nasopharyngeal (Sizes 28, 30, 32, 34, 36)
5. Four (4) Lube Jelly packs
6. Ten (10) Ammonia inhalants
7. Ten (10) Alcohol prep pads
8. One (1) Insta-glucose
9. Four (4) Sterile tongue depressor
10. Medicaine string swabs
11. Medicaine topical antiseptic
12. Two (2) Disposable ice packs
13. One (1) 4oz. Burn gel
14. Ten (10) Band-aids
15. Three (3) Adhesive tape
16. One (1) 10" x 30" trauma dressing
17. Two (2) 2" Gauze
18. Two (2) 4" Gauze
19. Ten (10) 4" x 4" Gauze pads
20. Two (2) 5" x 9" ABD pads
21. Three (3) Triangular bandages
22. One (1) Blood pressure cuff and stethoscope
23. Nylon holster kit
24. Trauma shears
25. One (1) Pair of safety glasses
26. One (1) 5 ½" Kelly forceps
27. One (1) Penlight
28. One (1) Hook and Loop tourniquet
29. One (1) Splinter forceps
30. One (1) SAM splint
31. One (1) Bite stick
32. One (1) Hand Sanitizer
33. One (1) Disposable blanket
34. Two (2) Pair of gloves
35. Two (2) TranZport Hoods
36. One (1) Biohazard bag
37. One Roll of "Restricted Area" scene tape

1. Procedure

- A. First aid kits and infection control kits will be secured with a breakable seal on both sides of the container.

- B. The Medical Director annually reviews and approves the contents of all first aid related equipment.
- C. It will be the responsibility of the staff opening the first aid kit or infection control kit to complete and submit a Special Incident Report, indicating use of the kit, to the Medical Department prior to the end of the shift.
- D. After each use, Medical Services staff will restock and reseal the kit.
 - 1. Each unit has a first aid kit and infection control kit that is stored in the First Aid Cabinet.
 - 2. It will be the ultimate responsibility of the medical department to monitor the kits, restock, and order any medical supplies.
 - 3. The Medical Department will maintain a list of medical supplies that are included in the first aid and infection control kits.
 - 4. The Medical Department will check the medical supplies,(i.e., first aid kits, AED, and Emergency Trauma Bag), on a monthly basis using Guard Tour.
 - 1. Monthly Inspections
 - i. Conducting tours:
 - 1. Each monthly First Aid inspection using Guard Tour must begin at the following start station:
 - a. Harbor Unit
 - 2. All other stations can be inspected in any order thereafter.
 - ii. Data Recorder
 - 1. Recording a station instructions
 - a. Place the data recorder flush against the station to be recorded. Be sure the top of the data recorder is placed against the side of the station marked "TOP".
 - b. Hold the data recorder in this position for 2-3 seconds. The recorder will beep to acknowledge that the station has been recorded.
 - c. Remove the data recorder from the station.
 - d. If the data recorder does not beep at the station, remove it for approximately 3 seconds, then place it back on the station again. Do not rock the recorder on the station.
 - e. If the data recorder beeps 4 consecutive times in succession when placed against a station, the data recorder is full and needs to be downloaded. A download must occur before any more stations are recorded.
 - f. When the first station is recorded, the data programmer will beep to acknowledge that the station has been recorded.
 - 2. Entering a Staff Code and Incident Code
 - a. Staff Code
 - i. The staff member must enter his/her numeric, confidential Staff ID using the keypad, then press ENT. The staff recorder will beep twice to indicate that the Staff ID has been recorded. The Staff Code prompt

only begins when a new tour begins. Each time a start station is recorded, the data recorder will prompt for a Staff ID.

b. Incident Code

- i. Press and hold the 3 on the keypad. Now press the CLR key while continuing to hold down the 3 key. The data recorder will beep once, and the display will turn on, displaying ENTER INCIDENT CODE.
- ii. Enter INCIDENT CODE #14 Fire Safety Approved and press ENT. The data recorder will display the name of the incident that corresponds to that incident code.
- iii. Press ENT to accept the incident code entry or press CLR to clear it.
- iv. After pressing ENT to record the incident, the recorder will beep twice. The data recorder will beep three times if the INCIDENT CODE was not accepted. Verify that the data recorder is programmed properly, begin a new tour, and try entering the INCIDENT CODE again.
- v. Once the INCIDENT CODE is accepted, the data recorder will expect a SUPPLEMENTAL CODE. This is a secondary code. Skip this feature, press ENT only.

3. Completed Tours

1. All completed tours are stored within the data recorder.
2. The data recorder must be placed in cradle to complete the process of downloading completed tours.
3. Downloading Data Recorder
 - a. Once data recorder is placed in cradle, log into TourPro software using the following:
UserName: reports / Login: cas.
 - b. Select Data Recorder tab followed by download recorder button. The data recorder will download all completed tours.

4. Downloading Reports

- a. Select Reports Tab
- b. Select Station Report Tab
- c. Select corresponding day of the week
- d. Select corresponding duration of inspection
- e. Select corresponding date from/to
- f. Tour Search Options
 - i. Recorder Serial Number: All
 - ii. Report Type: All
- g. Select the following tour number
 - i. Tour #5- First Aid Stations
- h. Available Search Options
 - i. Incident Numbers: Selected

- ii. Supplemental Codes: Selected
- iii. Station Numbers: Selected
- iv. Staff Code to Report: Selected
- i. Select Run Report
 - i. Confirm the report is for the appropriate tour, date, time, and staff member.
 - ii. Select Save to Disk
 - iii. Title the tour report as follows:
 - i. FirstAid/month/day/year (i.e., FirstAid12232012).
 - j. Select “Change Default File Name” button
 - k. The report is automatically saved to the following location: C:\Program Files\TourPro\Result
- 1. Email Report
 - a. Select “My Computer”
 - b. Select Local Disk (C): Drive
 - c. Select Program Files folder
 - d. Select TourPro folder
 - e. Select previously saved and corresponding report (i.e., FirstAid12232012).
- 2. Email report to Director.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: Immediate Medical Examination
Policy: 4C-17
Pages: 1 of 2
Standards: ACA 3-JCRF-4C-17
Issue Date: 12/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. **Policy:** Written policy, procedure and practice provide that persons injured in an incident receive immediate medical examination and treatment.

- II. **Procedure**
 - A. Youth Injury
 1. The staff member witnessing or being advised of a youth injury must do the following
 - a. Immediately notify the Supervisor on-duty.
 - b. Supervisor on-duty contacts the Nurse and/or EMT-B.
 - c. Supervisor on-duty follows orders given by Nurse and/or EMT-B.
 - d. If the injury is beyond the scope of First Aid and the Nurse and/or EMT-B cannot be reached, call 911 and request medical assistance.
 - A. Medical Treatment provided by Nurse and/or EMT-B is documented within the youth's Medical Case Record on the Nurse's Notes.
 - e. Supervisor on-duty contacts Program Coordinator(s).
 - f. Program Coordinator(s) contacts Director.
 - g. Supervisor on-duty contacts the Family Specialist and/or Family Specialist Supervisor by end of scheduled shift.
 - h. Family Specialist and/or Family Specialist Supervisor will notify the youth's parent(s) or guardian(s) upon receipt of information.
 - i. All staff witness to or involved will complete a Special Incident Report.

 - B. Non-Youth Injury
 1. The staff member witnessing, involved in, or being advised of a non-youth injury must do the following:
 - a. Immediately notify the Supervisor on-duty.
 - b. Supervisor on-duty contacts the Nurse and/or EMT-B.
 - c. Supervisor on-duty follows orders given by Nurse and/or EMT-B.
 - d. If the injury is beyond the scope of First Aid and the Nurse and/or EMT-B cannot be reached, call 911 and request medical assistance.
 - e. Supervisor on-duty contacts Program Coordinator(s).
 - f. Program Coordinator(s) contacts Director.
 - g. Supervisor on-duty contacts the ill/injured person's emergency contact and/or immediate family member.
 - h. All staff witness to or involved will complete a Special Incident Report.

 2. Reference the Montgomery County Juvenile Court's Employee Handbook for the following:
 - a. Sick Leave Policy: 6.19

- b. Workers Compensation: 6.23
- 3. Concentra is the Montgomery County Juvenile Court's occupational health care provider for workplace injuries.
 - a. Concentra Address: 228 Troy Street, Dayton Ohio 45404
 - b. Concentra Contact Number: (937) 228-8135

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: Chronic and Convalescent
Policy: 4C-18
Pages: 1 of 1
Standards: ACA 3-JCRF-4C-18
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Authorized by: Mike Garrett, Director

- I. Policy:** Written policy, procedure, and practice provide chronic care, convalescent care, and medical preventive care are provided to juveniles of the facility when medically indicated.

The Nurse and EMT-B, under the direct supervision of the Medical Director, will monitor and oversee all youth in need of chronic, convalescent and medical preventive care.

II. Procedure

A. Chronic or Convalescent Care

1. The Medical Department will monitor and assure that youth in need of chronic or convalescent care. Services may include, but will not be limited to the following:
 - a. Medication as ordered by a licensed provider
 - b. Physical Therapy as ordered by a licensed provider
 - c. Medical referrals as ordered by a licensed provider
 - d. Dietary
 - e. Education
 - f. Proper equipment and supplies
 - g. Transportation to medical appointments as needed
2. Youth's Individual Treatment Plan will be adjusted and modified as appropriate to make accommodation for youth's medical needs, as ordered by the Nurse and Medical Director.
3. The Medical Department is responsible for maintaining proper documentation of all medical care administered.
 - a. The Nurse and/or EMT-B will document medical treatment within the Medical Case Record on the Nurse's Notes form.
 - b. Medical Restrictions are communicated to all facility staff.

B. Preventive Care

1. The Medical Department will ensure that preventive care is used whenever possible, including, but not limited to, the following:
 - a. Education
 - b. Monitoring and teaching good hygiene habits
 - c. Maintaining activity restrictions on current injuries
 - d. Maintaining a clean environment
 - e. Making medical supplies available for use

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: Protheses
Policy: 4C-19
Pages: 1 of 1
Standards: ACA 3-JCRF-4C-19
Issue Date: 12/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. **Policy:** Written policy, procedure and practice provide that medical and dental prosthesis are provided when the health of the juvenile would otherwise be adversely affected, as determined by a responsible physician or dentist.
- II. **Procedure**
 - A. The Medical Department will coordinate with the responsible physician or dentist to provide youth with ordered prosthesis and the care thereafter.
 - B. The parent(s)/guardian(s) are responsible for all uninsured medical costs in cases in which medical and/or dental prosthesis are recommended by a responsible physician and/or dentist.
 - C. In cases of an indigent resident and family, the matter shall be reviewed by the assigned Family Specialist and/or Family Specialist Supervisor to determine the best plan of recommendation for funding.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: Specialized Program (Health Education)
Policy: 4C-20
Pages: 1 of 2
Standards: ACA 3-JCRF-4C-20
Issue Date: 12/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy: Written policy, procedure, and practice provide instructions and assistance to youth in placement regarding personal hygiene, grooming and health care.

II. Definitions

- A. Health Education for Resident Form: Document detailing personal hygiene (dental care, showering, hair care, and shaving processes), Pregnancy, STD's & risks of unprotected sex, nutrition, smoking, and medications.
- B. Personal Hygiene Orientation Form: Document detailing unit showering & hygiene, laundry, and haircut procedures.

III. Approved Hygiene Items

- A. The following hygiene items are provided by the Facility:
 - 1. Bar soap (no body wash)
 - 2. Soap container
 - 3. Toothbrush & toothbrush container
 - 4. Toothpaste
 - 5. Shampoo
 - 6. Conditioner
 - 7. Deodorant solid
 - 8. Non-perfumed lotion
 - 9. Shower Cap (if applicable)
 - 10. Hair bands (no metal on bands)
 - 11. Sanitary napkins (if applicable)
- B. The following hygiene items are provided by the facility on an as needed basis:
 - 1. Shaving cream
 - 2. Safety razor

IV. Procedure:

- A. **Education: Medical Department**
 - 1. The Nurse meets with youth upon admission to formally educate youth regarding personal hygiene (dental care, showering, hair care, and shaving processes), STD's & risks of unprotected sex, pregnancy, nutrition, smoking, and medications.
 - 2. Youth acknowledges this education has been provided by signing the Health Education for Resident form.

3. The Health Education for Resident form is maintained within the Medical Department in the youth's medical file.
4. The Nurse is expected to encourage all youth to assume responsibility for his/her own health through self-care.

B. Education: Unit

1. Unit staff will review the following:
 - a. Clothing & Laundry Procedure(s)
 - b. Haircuts Procedure(s)
 - c. Shower Schedule
 - d. Unit Bedroom
 2. Youth acknowledges this education has been provided by signing the Personal Hygiene Orientation.
 3. The assigned Unit Supervisor provides the signed & dated Personal Hygiene Orientation to the Administrative Assistant.
 4. The Personal Hygiene Orientation form is maintained within the youth's permanent case file.
 5. Staff is expected to encourage youth to practice good personal hygiene and to provide assistance and instruction on a daily basis.
- C. All staff is responsible for reporting any unsanitary hygiene conditions to the Medical Department in order for youth to be examined and hygiene practices monitored more closely

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: Serious and Infectious Disease
Policy: 4C-21
Pages: 1 of 4
Standards: ACA 3-JCRF-4C-21
Issue Date: 12/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. Policy:** Written policy, procedure, and practice address the management of serious and infectious diseases. These policies are updated as new information becomes available.

Because of the serious nature, methods of transmission, and public sensitivity, infectious diseases, such as Tuberculosis, Hepatitis-B, and AIDS, require special attention.

It is the agency's responsibility to work with the Medical Department to establish policy and procedure that include the following:

- A. An ongoing education program for staff and youth
- B. Control, treatment, and prevention strategies, which may include screening and testing, special supervision, and/or special housing arrangements, as appropriate; protection of individual confidentiality; media relations.

It is the responsibility of the Nurse, under the direct supervision of the Medical Director and Director, to manage the agency's Serious and Infectious Diseases initiative.

II. Definitions

- A. AIDS (Acquired Immunodeficiency Syndrome) – A viral infection of the body caused by the Human Immunodeficiency Virus (HIV). It causes destruction of the body's natural defenses against a wide range of illnesses and may lead to death.
- B. Contaminated – To infect or corrupt through contact.
- C. Hepatitis A – A virus that is usually spread by the fecal-oral route when improper personal hygiene methods are used or by eating contaminated foods.
- D. Hepatitis B (HBV) – An infection of the liver caused by the Hepatitis B virus. Hepatitis B is considered to be the most serious virus and can be fatal.
- E. Hepatitis C (HCV) – An infection of the liver caused by the Hepatitis C virus.
- F. Infectious disease – Contagious disease (i.e. tuberculosis, hepatitis B, AIDS, etc.) derived from contaminated blood, products, and/or body secretions (i.e. saliva, semen, vaginal fluid, stomach fluids, etc.).

- G. Tuberculosis (TB) – An infection with the bacterium *Mycobacterium tuberculosis* which most commonly affects the lungs but can also affect the central nervous system, lymphatic system, bones, and joints.
- H. Universal Precautions – Protective procedures developed by the Center for Disease Control, which dictates that all workers should treat blood and/or other body fluid(s) as infectious.

III. Infectious Control Kits & Bio-Hazard Containers

A. Infectious Control Kit Locations

- i. Bay Unit
- ii. Dock Unit
- iii. Pier Unit
- iv. Harbor Unit
- v. Gym Office
- vi. Kitchen
- vii. Administration

B. Infectious Control Kit Contents

- i. One (1) pair vinyl gloves
- ii. One (1) isolation gown
- iii. One (1) plastic shovel
- iv. Plastic goggles
- v. One bio hazard bag
- vi. Salsord 90P
- vii. Disinfectant towel
- viii. Paper towel(s)
- ix. Surgical mask(s)

C. Bio-Hazard Container Locations

- i. Medical Department
- ii. Loading Dock

IV. Procedure

A. Education

1. Education regarding the control, treatment, and prevention of serious and infectious diseases (Hepatitis B, Hepatitis C, Tuberculosis, and AIDS) is the responsibility of the Medical Department.
 - a. Upon intake, Nurse will educate all youth on serious and infectious diseases during youth's health screening.
 - b. Education will be ongoing for all youth by way of other sources, such as, lifeskills programming, guest speakers, literature, etc.
2. The Nurse will educate all new employees on serious and infectious diseases during training orientation.
 - a. Orientation Training
 - i. New employee(s) are trained on the topic of serious and infectious disease during the orientation period of employment. This training is documented within the Orientation Training Checklist.

- b. Annual Training
 - i. Employee(s) receive annual training in serious and infectious diseases and communicable diseases in the following methods:
 - 1. Education and updated information from the program Nurse by way of staff meetings, memos, scheduled speakers, etc.
 - 2. Annual training course within Elevate, web-based training module.
 - c. Staff have an ethical obligation to know their own infectious disease status. All employees who believe that they are at risk for HIV, HVB, and HVC or other blood borne pathogens are encouraged to discuss their health status with their physician.

B. Prevention

- 1. The Nurse shall ensure that youth immunizations are up to date.
- 2. Bodily fluid exposure incidents shall be handled in accordance with Universal Precautions which includes the following details:
 - a. Cover all cuts and scratches on your skin before going to work.
 - b. Treat all blood and other body fluids as infectious.
 - c. Handle all used sharp objects that may have been in contact with blood as if they were infectious.
 - d. Use proper protective equipment (vinyl gloves, one way valves for resuscitation, etc.).
 - e. Hand washing is the best overall protection against communicable diseases.
 - f. Wash hands and other skin surfaces with soap and running water immediately after contact with blood or other body fluids.
 - g. Follow proper procedure for Infectious Control Kit clean-up:
 - i. Wear vinyl gloves and a fluid proof apron or gown.
 - ii. Wear a mask or shield to prevent being splashed in the eyes or mouth.
 - iii. Blood or body fluids are cleaned up immediately with a paper towel.
 - iv. Place towels and soiled material (i.e. apron, mask, etc.) in the bio-hazard bag.
 - v. Clean all contaminated surface(s) (i.e. desks, counters, tile floors, etc) with a freshly made solution of one (1) part bleach and nine (9) parts water.
 - vi. Wash mop in a washer with hot water and bleach.
 - vii. If contaminated clothes are not disposed of, they must be washed in hot water and bleach.
 - viii. Remove vinyl gloves by grasping the cuffs and pulling them inside out.
 - ix. Dispose of vinyl gloves in the bio-hazard bag.
 - x. Secure bio-hazard bag.
 - xi. Place bio-hazard bags in the bio-hazard box, located on the Loading Dock and within the Medical Department.
 - xii. Wash hands thoroughly following glove removal.

C. Supervision

1. A youth with an infectious disease shall remain in assigned unit unless his/her medical condition requires more intensive care, if the individual is expressing threatening behaviors that might infect others, or the individual is threatened with violence and/or intimidation.
 - a. If a youth is expressing threatening behaviors that might infect others or the individual is threatened with violence and/intimidation, youth will be quarantined to his single occupancy room. A staff member will be assigned to perform program activities with youth.
 - b. If youth's medical condition requires more intensive care, youth will be placed in the local hospital. A staff member or contracted provider will be assigned to stay with youth.

D. Testing

1. Each new employee and youth are required to have a tuberculosis screening.
2. All employees will receive annual TB testing.
 - a. Yearly follow-ups for employees who have tested positive must be done by their family physician, who will examine the employee for signs and symptoms of tuberculosis.
 - b. Proof of follow-up exams must be returned to the Medical Department for review and placement in employee's confidential medical file.
3. AIDS testing is available through the Montgomery County Public Health Department.

E. Confidentiality

1. Results from infectious disease testing shall be maintained as confidential in the youth medical file.
 - a. Those persons with a medical need to know are the Director, Medical Director, Nurse and Family Specialist and/or Family Specialist Supervisor.
2. Results from infectious disease testing on staff shall be maintained as confidential and filed in employee's confidential medical file.
 - a. Those persons with a medical need to know are the Director and Program Coordinator(s).

F. Treatment

1. Anyone coming in contact with a serious and infectious disease should be tested.
2. Get required follow-up tests.
3. Follow the instructions of your physician.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: Serious and Infectious Diseases-Youth HIV Testing
Policy: 4C-22
Pages: 1 of 2
Standards: ACA 3-JCRF-4C-22
Issue Date: 12/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. Policy:** Written policy, procedure, and practice specify approved actions to be taken by employees concerning juveniles who have been diagnosed with HIV. This policy shall be reviewed annually and shall include, at a minimum, the following:
- A. When and where juveniles are to be tested
 - B. Who shall conduct the tests
 - C. When and under what conditions juveniles are to be separated from the general population
 - D. Appropriate safeguards for staff and juveniles
 - E. Staff and juvenile training procedures
 - F. Issues of confidentiality

II. Definitions

- A. Human Immunodeficiency Virus (HIV): Causes destruction of the body's natural defenses against a wide range of illnesses and may lead to death.

III. Procedure

- A. Requesting HIV Testing
- 1. Based upon the information gathered in the Intake Screening and Comprehensive Medical Assessment conducted in the first five (5) days of a youth's admission, the Nurse may conclude that testing for HIV is indicated.
 - 2. If a youth is complaining of symptoms associated with HIV, the Nurse may conclude that testing for HIV is indicated.
 - 3. A youth may request testing for HIV.
- B. Conducting HIV Test
- 1. When HIV testing is indicated or when a youth requests testing, the Nurse will schedule an appointment at the Montgomery County Combined Health District.
 - a. When testing results are negative, the Combined Health District counselor will reiterate safe sexual practices to youth.
 - b. When testing results are positive, the Nurse will inform the Medical Director and Director. The Combined Health District counselor will communicate positive results to the youth.
 - 4. HIV test results are maintained as confidential in the youth's medical file.
 - 5. Those persons with a medical need to know are the Medical Director, Nurse, assigned Family Specialist, Family Specialist Supervisor, and Administration.

C. Separation from General Population

1. A youth who has been diagnosed as having HIV will remain in his/her assigned unit unless his/her medical condition requires more intensive care, the youth is expressing threatening behaviors that might infect others, or the individual is threatened with violence and/or intimidation.
 - a. When a youth is expressing threatening behaviors that might infect others, or the youth has been threatened with violence or intimidation, he or she will be quarantined to his single occupancy room. A staff member will be assigned to perform program activities with him or her.
 - b. When a youth's medical condition requires more intensive and/or long-term care:
 - i. Youth will be placed in a local hospital. A staff member or contracted provider will be assigned to stay with youth on a 24 hour a day basis.
 - ii. The youth may be considered for release for medical reasons.

D. Safeguards and Education

1. Safeguards for youth and staff include education, heightened awareness, and training in preventive measures.
2. All youth in the program participate in regular groups designed to educate and encourage discussion of STDs, including HIV. These groups are developed and coordinated by the medical department and/or CAS Academy.
3. The Nurse provides information and education to youth on serious and infectious diseases during the initial health screening.
4. Staff receives annual training on serious and infectious diseases.
5. Youth with positive test results will be offered special counseling and support through staff and mental health providers.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: Management of Chemical Dependency
Policy: 4C-23
Pages: 1 of 3
Standards: ACA 3-JCRF-4C-23
Issue Date: 1/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy: Written policy, procedure, and practice specify methods for monitoring alcohol and drug abuse among juveniles that are approved by the health care authority and are consistent with program needs.

The Nurse, under the supervision of the Medical Director and Director, is responsible for ensuring that practice is consistent with program needs.

II. Definitions

- A. Leave Pass: A youth's supervised and/or unsupervised approved leave from the facility (i.e., Medical Appointment(s), Home Visit(s), etc.).
- B. Urinalysis: A process designed to identify youth that are abusing drugs so they receive the necessary support, education, service, and/or treatment to combat such use.

III. Procedure

- A. **Purpose of Urinalysis**
 - 1. Urinalysis, followed by effective interventions, help prevent further illicit drug use and delinquency. Urinalysis can be a constructive process of helping youth overcome denial of their substance abuse. As a part of intervention, drug testing can be used to help youth achieve and maintain recovery and curtail delinquency/unruly behavior.
- B. **Urinalysis Testing**
 - 1. Tests for the Following: Marijuana, Cocaine, Methamphetamine, Benzodiazepines, Opiates, Amphetamines, Alcohol, and Barbiturates. The following illustrates the *approximate* periods in which these drugs can be detected after use. These ranges depend on amount and frequency of use, metabolic rate, body mass, age, overall health, drug tolerance, and urine pH.

Substance	Urine
Amphetamines	3-5 days after use
Benzodiazepines	3-21 days after use
Cocaine	2-4 days after use
Marijuana (single use).....	2-3 days after use
Marijuana (habitual use)	Up to 12 weeks
Methamphetamines	3-5 days after use
Opiate: Codeine/Morphine.....	4-7 days after use
Opiate: Heroin.....	8 hours after use
Barbiturates	Up to 3 days

C. Urinalysis Collection: for all youth returning from unsupervised leave pass(es)

1. Vinyl gloves must be worn on each hand at all times when handling urine samples.
2. Staff must be same sex as youth submitting urinalysis.
3. Chain of custody of urine sample must be maintained at all times.
4. Staff obtains urinalysis cup and label from Intake.
5. Staff completes urinalysis label with the following information:
 - a. Youth's name
 - b. Date of collection
 - c. JCS ID#
 - d. DOB
 - e. Race
 - f. Sex
 - g. Referral source (i.e., CAS)
 - h. Collecting Officer's name.
6. Urinalysis label is affixed to urinalysis cup making sure not to cover the testing results label.
7. Youth and staff proceed to restroom located in Intake. Staff carries urinalysis cup to the restroom.
8. Youth washes hands prior to submitting urine sample.
9. Staff provides urinalysis cup to youth and youth is observed in providing urine sample. Ensure adequate amount of urine for testing purposes (see testing material for appropriate levels). Youth will secure lid to the urinalysis cup.
10. Youth washes hands after he/she provides urine sample.
11. Urinalysis cup must remain visible to staff at all times.
12. Youth carries urine sample to refrigerator in Intake. Prior to placing sample in refrigerator the youth signs evidence tape and places it across the lid and cup.
13. Staff conducting urinalysis and youth participating in urinalysis must complete the chain of custody logbook.
14. The urine sample that is sealed with evidence tape is stored in refrigerator. Urine samples without evidence tape or with broken evidence tape will not be tested.
15. Staff must transport urine samples collected in cooler to Probation Urinalysis Lab within 24-48 hours.
16. Youth should return urinalysis cup if he or she is unable to provide urine sample. Youth unable to submit urine drug screen is escorted back to the unit and individual room. The urinalysis cup remains on unit. The youth should handle the urinalysis cup when making another attempt to provide urine sample. Youth returns to intake upon being able to provide urine sample. Please follow steps seven (7) through fourteen (14) at this time.
17. Contagious diseases will not prevent or preclude us from submitting youth to urinalysis. Staff with knowledge of this information will alert designated medical staff regarding the nature of the particular disease so that universal precautions are followed in handling these types of urine samples.
18. When a youth refuses to submit to urinalysis after sufficient time or tampers with urine sample the action will be considered as a violation of a court order/probation and, as a result, a violation of court order/probation may be filed.

D. Urinalysis Results

1. Urine drug screens are tested by Probation Services and entered into JCS as a permanent record.
 2. Paper results will be forwarded to CAS on a weekly basis; however, all results can be accessed via JCS upon being tested.
- E.** Youth returning from unsupervised leave are required to undergo urinalysis testing.
- F.** Youth who have not participated in an unsupervised leave from the facility may be tested if there is a suspicion on the part of staff that the youth has used drugs or alcohol.
- G.** Staff members who are processing youths upon their return from leaves will follow the procedure outlined in the “Resident Mandatory Search Procedure” (attached).
- H.** When this process is completed, staff will escort youths to their living unit.
- I.** CAS staff will transport the samples to the testing lab within seven (7) days of collection.
1. Montgomery County Juvenile Court (MCJC) maintains a testing lab in the Department of Probation.
 2. All samples are analyzed by the MCJC lab.
 3. Results of analyses are forwarded to CAS within 3 days following analysis.
 4. Positive samples are refrigerated and maintained in the lab for further testing, if needed.

**Montgomery County Juvenile Court
Center for Adolescent Services**

Chapter: Health Care
Subject: Management of Chemical Dependency
Policy: 4C-23-01
Pages: 1 of 1
Standards: ACA 3-JCRF-4C-23-01
Revised: August 2003
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy:

Where a drug program exists, written policy, procedure, and practice provide that the alcohol and drug abuse treatment program has a written treatment philosophy within the context of the total correctional system, as well as goals and measurable objectives. These documents are reviewed at least annually and updated as needed.

II. Interpretation:

A. *Where a Drug Program Exists* is interpreted as a therapeutic community.

III. Procedure:

A. This standard is not applicable to the Center for Adolescent Services.

B. The Center for Adolescent Services is not a drug and alcohol treatment facility.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: Management of Chemical Dependency
Policy: 4C-23-02
Pages: 1 of 1
Standards: ACA 3-JCRF-4C-23-02
Revised: August 2003
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy: Where a drug program exists, written policy, procedure, and practice provide for an appropriate range of primary treatment services for alcohol and other drug-abusing juveniles that include, at a minimum, the following:

- A. Juvenile diagnosis
- B. Identified problem areas
- C. Individual treatment objectives
- D. Treatment goals
- E. Counseling needs
- F. Drug education plan
- G. Relapse prevention and management
- H. Culturally sensitive treatment objectives, as appropriate
- I. The provision of self-help groups as an adjunct to treatment
- J. Prerelease and transitional service needs
- K. Coordination efforts with community supervision and treatment staff during the prerelease phase to ensure a continuum of supervision and treatment.

II. Interpretation:

- A. *Where a Drug Program Exists* is interpreted as a therapeutic community.

III. Procedure:

- A. This standard is not applicable to the Center for Adolescent Services.
- B. The Center for Adolescent Services is not an alcohol and drug treatment program.

Center for Adolescent Services

Chapter: Health Care
Subject: Management of Chemical Dependency
Policy: 4C-23-03
Pages: 1 of 1
Standards: ACA 3-JCRF-4C-23-03
Issue Date: 2/21/2007
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy: Where a drug program exists, written policy, procedure, and practice provide that the facility uses a coordinated staff approach to deliver treatment services. This approach to service delivery shall be documented in treatment planning conferences and in individual treatment files.

II. Interpretation:

A. *Where a Drug Program Exists* is interpreted as a therapeutic community.

III. Procedure

A. This standard is not applicable to the Center for Adolescent Services.

B. The Center for Adolescent Services is not an alcohol and drug treatment program.

Center for Adolescent Services

Chapter: Health Care
Subject: Management of Chemical Dependency
Policy: 4C-23-04
Pages: 1 of 1
Standards: ACA 3-JCRF-4C-23-04
Revised: August 2003
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. Policy:** Where a drug program exists, written policy, procedure, and practice provide incentives for targeted treatment programs to increase and maintain the juvenile's motivation for treatment.
- II. Interpretation:**
 - A. *Where a Drug Program Exists* is interpreted as a therapeutic community.
- III. Procedure**
 - A. This standard is not applicable to the Center for Adolescent Services.
 - B. The Center for Adolescent Services is not an alcohol and drug treatment program.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: Management of Chemical Dependency
Policy: 4C-24
Pages: 1 of 4
Standards: ACA 3-JCRF-4C-24
Issue Date: 1/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy: Written policy, procedure, and practice provide that is a urine surveillance program is in effect, then instructions for the collection and processing of samples and interpretation of results.

The Nurse, under the supervision of the Medical Director and Director, is responsible for ensuring that practice is consistent with program needs.

II. Definitions

- A. Leave Pass: A youth's supervised and/or unsupervised approved leave from the facility (i.e., Medical Appointment(s), Home Visit(s), etc.).
- B. Urinalysis: A process designed to identify youth that are abusing drugs so they receive the necessary support, education, service, and/or treatment to combat such use.
- C. Universal Precautions – Protective procedures developed by the Center for Disease Control, which dictates that all workers should treat blood and/or other body fluid(s) as infectious.
- D. Chain of Custody- refers to the document or paper trail showing the seizure, custody, control, transfer, analysis, and disposition of physical and electronic evidence.

III. Procedure

- A. Purpose of Urinalysis:
 - 1. Urinalysis, followed by effective interventions, help prevent further illicit drug use and delinquency. Urinalysis can be a constructive process of helping youth overcome denial of their substance abuse. As a part of intervention, drug testing can be used to help youth achieve and maintain recovery and curtail delinquency/unruly behavior.
- B. Urinalysis Testing
 - 1. Tests for the following: Marijuana, Cocaine, Methamphetamine, Benzodiazepines, Opiates, Amphetamines, and Barbiturates. The following illustrates the *approximate* periods in which these drugs can be detected after use. These ranges depend on amount and frequency of use, metabolic rate, body mass, age, overall health, drug tolerance, and urine pH.

<u>Substance</u>	<u>Urine Detection Time Frames</u>
Amphetamines	3-5 days after use
Benzodiazepines	3-21 days after use
Cocaine	2-4 days after use
Marijuana (single use).....	2-3 days after use
Marijuana (habitual use)	Up to 12 weeks
Methamphetamines	3-5 days after use

<u>Substance</u>	<u>Urine Detection Time Frames</u>
Opiate: Codeine/Morphine.....	4-7 days after use
Opiate: Heroin.....	8 hours after use
Barbiturates	Up to 3 days

C. Urinalysis Collection:

1. Urine drug screens are treated as evidence
2. All youth returning from an unsupervised leave pass must be subjected to a urine drug screen immediately upon return.
3. Youth who have not participated in an unsupervised leave from the facility may be tested if there is a suspicion to believe that a youth has used drugs and/or alcohol.
4. Staff must practice universal precautions by wearing vinyl gloves on each hand at all times when handling urine samples.
5. Staff must be same sex as youth submitting urinalysis.
6. Chain of custody of urine sample must be maintained at all times.
7. Staff obtains urinalysis cup and label from Intake.
8. Staff completes urinalysis label with the following information:
 - a. Youth's name
 - b. Date of collection
 - c. JCS ID#
 - d. DOB
 - e. Race
 - f. Sex
 - g. Referral source (i.e., CAS)
 - h. Collecting Officer's name.
9. Urinalysis label is affixed to urinalysis cup making sure not to cover the testing results label.
10. Youth and staff proceed to restroom located in Intake. Staff carries urinalysis cup to the restroom.
11. Youth washes hands prior to submitting urine sample.
12. Staff provides urinalysis cup to youth and youth is observed in providing urine sample. Ensure adequate amount of urine for testing purposes (see testing material for appropriate levels). Youth will secure lid to the urinalysis cup.
13. Youth washes hands after he/she provides urine sample.
14. Urinalysis cup must remain visible to staff at all times.
15. Youth carries urine sample to refrigerator in Intake. Prior to placing sample in refrigerator the youth signs evidence tape and places it across the lid and cup.
16. Staff conducting urinalysis and youth participating in urinalysis must complete the chain of custody logbook.
17. The urine sample that is sealed with evidence tape is stored in refrigerator. Urine samples without evidence tape or with broken evidence tape will not be tested.
18. Youth should return urinalysis cup if he or she is unable to provide urine sample. Youth unable to submit urine drug screen is escorted back to the unit and individual room. The urinalysis cup remains on unit. The youth should handle the urinalysis cup when making another attempt to provide urine sample. Youth returns to intake upon being able to provide urine sample. Please follow steps seven (7) through fourteen (16) at this time.
19. When this process is completed, staff will escort youth to their living unit.
20. Contagious diseases will not prevent or preclude us from submitting youth to urinalysis. Staff with knowledge of this information will alert designated medical staff regarding

the nature of the particular disease so that universal precautions are followed in handling these types of urine samples.

21. When a youth refuses to submit to urinalysis after sufficient time or tampers with urine sample the action will be considered as a violation of a court order/probation and, as a result, a violation of court order/probation may be filed.

D. Urinalysis Cup: Testing Procedure:

1. Donor provides specimen and secures cap on cup. Note: Secure cap by pressing down on the Pull Tab until an audible click is heard.
2. Check cap for tight seal. Court staff dates and initials the security seal and places security seal over cap. Do not put sticker over any identification on the cup label.
3. Remove or insert the key by twisting it from or into the center of cup cap. Some cups have a pull tab that will need to be removed before inserting key. This should be done on a flat surface.
4. Peel off the label to view the results.
5. Read the adulteration part of the test within 3-5 minutes. Compare colors of the adulteration indicators to the color chart. If abnormal test is invalid. Make a note specific to what is Invalid. i.e. Creatine level was abnormal resulting in an Invalid test.
6. Read drug test results at 5 minutes. (The drug test results remain stable for up to 60 minutes.)
7. If needed, a photocopy of the drug test results can be made by placing the entire cup with card face down on the copier.

E. Interpretation of Results:

1. Negative: A colored line appears in the Control region (C) and a colored line appears in the Test Region (Drug/T) next to a specific drug tested. This negative result means that the drug concentrations in the urine sample are below cut-off levels for a particular drug tested.
 - a. NOTE: The shade of the colored line(s) in the Test region may vary. The result should be considered negative whenever there is even a faint line.
2. Positive: A colored line appears in the Control region (C) and No line appears in the Test region (Drug/T) next to the name of the specific drug tested. The positive result means that the drug concentration in the urine is greater than the designated cut-off for a specific drug.
3. Invalid: No line appears in the Control region (C). Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for the control line failure. Read the directions again and repeat the test with a new cup. This type of Invalid needs to be noted in the U/A System an Invalid test but in the notes please state "Sample Cup Defective". This type of Invalid result is different than an Invalid result due to an adulteration to the sample such as herbs taken, Sure-Jell, Bleach, Hand Sanitizer or the over consumption of liquids.

F. Urinalysis Results

1. Urinalysis and entered into JCS as a permanent record.
2. Use your JCS user id and password. Press Enter after entering your password.
3. The main menu contains two options. To enter results click "Urinalysis Results".
4. Search for the juvenile, search by ID or name.

5. Enter the search criteria and click on “Search”. Any matching records will be displayed in the area to the right. Verify all three identifying factors:
 - a. Full name
 - b. ID Number
 - c. DOB.
 - d. If any of this information is missing it could cause the test to not be tested and entered as a chain of custody reason. Be sure all information matches before going to the next step.
6. Highlight the juvenile whose results you need to enter. When you do this you will notice the “Enter 5 Panel” and “Enter 8 Panel” buttons will activate. Click the appropriate button for your test results.
7. The juvenile’s name and ID will be completed (you will not be able to change these). The Date Added and Date Administered will default to today’s date. Enter the Date Administered to reflect the date on the sample. The computer will not save the result without entering the date the sample was collected. Tab through the results fields and enter the results of the test.
 - a. There is no need to capitalize – the program will do that for you. The program will only accept values listed in the key (P, N, U, I, X, C, S). Use the notes field to describe any abnormalities (invalid, chain of custody, etc.)
 - b. After completing the screen, click “Save”.
8. After saving you’ll be back at a blank search screen so that you can search for the next juvenile. If you are done entering results, click “Close”.
 - a. Be sure that all information is written in the Juvenile Log.
9. After closing the search screen you will be back to the main menu. Click “Exit” to close the program.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: **Informed Medical Consent**
Policy: 4C-25
Pages: 1 of 2
Standards: **ACA 3-JCRF-4C-25**
Issue Date: 12/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

I. Policy: Written policy, procedure, and practice require that the program seeks medical consent authorization from each juvenile's parent, guardian or committing authority as part of the admissions process; the basis for medical consent is noted in the juvenile's program record.

II. Definitions

- A. Medical Consent and Release Form: Document completed by resident's parent(s)/guardian(s) providing proper and/or necessary medical consent including but not limited to the following:
1. Medical
 2. Surgical
 3. Psychiatric
 4. Psychological
 5. Dental care

III. Procedure

- A. Obtaining Medical Consent
1. All consent standards are observed and documented for medical care.
 - a. The informed consent of parent(s)/guardian(s) or legal custodian(s) applies when required by law.
 - b. When health care is rendered against a youth's will, it will be in accordance with state or federal laws and regulations.
 2. Furthermore, it is the policy of CAS to recognize the rights of youth to refuse specific health evaluations and treatments. Refusal of treatment that places a youth at risk for harm will be responded to according to the procedure below.
- B. Informed Consent
1. Intake staff review and discuss the Medical Consent and Release Form with resident's parent(s)/guardian(s) or legal custodian(s) prior to and/or upon admission.
 - a. The parent(s)/guardian(s) or legal custodian(s) complete all required areas of the Medical Consent and Release Form, sign and date acknowledging consent.
 2. Intake staff provide a copy of the signed Medical Consent and Release form to the following departments:
 - a. Control Desk: REIB Binder
 - b. Medical Department: Resident's secure medical file
 3. Intake staff provide original signed Medical Consent and Release form to Administration.
 4. The original signed Medical Consent and Release form is maintained within the resident's permanent case file.

5. In the event the parent(s)/guardian(s) or legal custodian(s) refuses to give consent, the facility Director will be informed and will sign the document.
6. If the health care is required and refused by the resident, the assigned Family Specialist will contact the parent/guardian and apprise them of the situation. If at all possible an agreement will be reached between the Family Specialist, parent/guardian and the resident to that health care can be rendered without delay.

C. When agreement cannot be achieved

1. The facility Director will be contacted and informed of the situation.
2. The Director, in consultation with the Medical Director and/or qualified and responsible physician, may make the decision to treat in the event of life threatening situations.
3. The facility Director, in non-life threatening situations, will request that the CAS assigned Probation Officer arrange for a court hearing specifically for health care consent approval with the Montgomery County Juvenile Court Judge.
4. At the time of the hearing medical documentation will be presented stating the reasons health care is necessary; or, the prescribing physician will be present at the hearing to present the need for appropriate health care.
5. In this situation, the Montgomery County Juvenile Court Judge will make the final determination according to law.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: Juvenile Participation in Research
Policy: 4C-26
Pages: 1 of 1
Standards: ACA 3-JCRF-4C-26
Issue Date: 12/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. **Policy:** Written policy, procedure, and practice prohibits the use of juveniles for medical, pharmaceutical, or cosmetic experiments. This policy does not preclude individual treatment of a juvenile based on his or her need for a specific medical procedure that is not generally available.
- II. **Procedure**
 - A. All youth are prohibited from being involved in any medical, pharmaceutical, or cosmetic experiments.

Montgomery County Juvenile Court

Center for Adolescent Services

Chapter: Health Care
Subject: Notification of Designated Individuals
Policy: 4C-27
Pages: 1 of 2
Standards: ACA 3-JCRF-4C-27
Issue Date: 1/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. Policy:** Written policy, procedure, and practice provide for the prompt notification of juveniles' parent(s)/guardian(s) in case of serious illness, surgery, injury or death. Any death in the program is reported immediately to the proper officials.
- II. Definition**
- A. Juvenile Court System, JCS: Software system accessible to all Montgomery County Juvenile Court employees from any Court site. JCS is secure and requires individualized user information to gain access. JCS contains information including but not limited to supervision, placement, contact, etc.
- III. Procedure**
- A. Treatment and Documentation**
- Whenever a youth experiences incidents including but not limited to illness, surgery or injury, requiring medical care outside the facility, staff will contact and inform the youth's parent(s)/guardian(s) immediately upon securing safety and appropriate medical care for the youth.
 - Medical treatment provided is documented within the confidential medical case record on the Nurse's Notes and/or Physician's Orders.
 - Documentation of incident(s) resulting in illness, surgery, injury or death will be documented with JCS' Chronological Notes pertaining specifically to the youth.
- B. Notification**
- The name and number of the person we are calling is located on the face sheet of the youth's case file.
 - If the parent(s)/guardian(s) do not have a phone or cannot be reached, the Director or designee will contact the local office of the Sheriff and request that they go to the residence to inform the parent(s)/guardian(s) to contact CAS immediately.
 - The parent(s)/guardian(s) will be given the following information, at minimum:
 - The nature of the illness/injury, to the extent that we are able to say;
 - The hospital or provider of care to which youth is being transported;
 - The address and/or phone number for the hospital or provider of care.
 - Additional notifications will be made to the Montgomery County Juvenile Court (MCJC) and to the Ohio Department of Youth Services (ODYS).

C. Death

1. In the event that a youth has been declared dead by medical personnel, CAS will notify the Montgomery County Sheriff.
2. In the event that a youth has been declared dead by medical personnel, the facility Director will be responsible for immediately notifying the youth's parent(s)/guardian(s) and MCJC.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: Health Record Files
Policy: 4C-28
Pages: 1 of 1
Standards: ACA 3-JCRF-4C-28
Issue Date: 1/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. Policy:** Written policy, procedure, and practice provide that the health record file contains the following:
- A. The completed receiving screening form
 - B. Health appraisal data forms
 - C. All findings, diagnoses, treatments, dispositions
 - D. Prescribed medications and their administration
 - E. Signature and title of documenter
 - F. Consent and refusal forms
 - G. Place, date, and time of health encounters
 - H. Health service reports, e.g., dental, mental health, and consultations

The method of recording entries in the records, the form and format of the records, and the procedures for their maintenance and safekeeping are approved by the health authority.

II. Procedure

- A. Upon the admission of a youth, the program Nurse will establish a health care file for the youth that will contain, at minimum, the following documentation:
 - 1. The completed Intake Screening assessment;
 - 2. A completed Health Related History form;
 - 3. Health appraisal data forms, including a physical examination;
 - 4. All findings, diagnoses, treatments and dispositions;
 - 5. Prescribed medications and their administration;
 - 6. Signature and title of the documents;
 - 7. Consent and refusal forms;
 - 8. Place, date and time of health encounters;
 - 9. All health service reports for dental, mental health, and other evaluations and/or treatments.
- B. The methods for recording information, the form and format of the records, and the procedures followed for safekeeping and maintenance will be reviewed and approved by the Medical Director.
- C. The medical file may contain additional information related to the health and general well-being of the juvenile with the approval and authorization of the Medical Director.

Montgomery County Juvenile Court Center for Adolescent Services

Chapter: Health Care
Subject: Transfer of Records
Policy: 4C-29
Pages: 1 of 1
Standards: ACA 3-JCRF-4C-29
Issue Date: 1/2001
Reviewed: October 2014, December 2015, April 2016
Authorized by: Mike Garrett, Director

- I. Policy:** Written policy, procedure, and practice provide for juveniles being transferred to other facilities, summaries or copies of the medical history record are forwarded to the receiving facility prior to or at arrival.
- II. Procedure**
 - A. This standard is not applicable to the Center for Adolescent Services.
 - B. The Center for Adolescent Services does not directly transfer youth to other facilities.