

Chapter: Medical & Healthcare Services
Subject: Emergency Medical Plan & First Aid Supplies
Section: 10.1
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ODCY Rule: 5180: 2-9-09
COA Standard: RPM
Revised: 3/20/20; 4/29/21; 4/19/23; 10/4/25

NRTC has a written medical emergency plan that includes:

1. Current emergency telephone numbers for fire, emergency squad, police, poison control and security services:
 - Emergency phone numbers are posted in the administrative and supervisor offices, the staff control room and are located in the staff logbook on each unit.
 - Fire & Emergency: 911
 - Montgomery County Sheriff: 937-225-4357
 - Jefferson Township Fire Department: 937-262-3591
 - MCJC Intervention Center: 937-225-4141
 - MCJFS-Children's Services Division: 937-224-5437
 - Children's Medical Center: 937-641-3000
 - Suicide Prevention Hotline: 988 or 937-229-7777
 - Poison Control: 800-222-1222
 - Siemans (fire alarm) 513-742-5590 or 1-800-321-7400; Account #H9085
Password: County
2. Location of first aid supplies: There are first aid supplies in each residential living unit, in each area of the building used by youth, and in each vehicle used, owned, leased or rented by the residential facility to transport youth. All first aid supplies will be stored in closed containers and accessible to staff at all times.
 - First aid kits are located in the control room, on each living unit (Male/NRTC units, AOD unit, Female Unit), in the gym, as well as in all of NRTC's vehicles used to transport youth.
 - An Automated External Defibrillator (AED) is located in the control room.
3. General instructions for medical emergencies including supervision of youth during the emergency: In the event of a medical emergency, staff members on duty should:
 - Administer first aid and call 911 for an ambulance, if necessary.
 - Obtain the youth's Medical Consent form from his or her file located in the control room, and give it to emergency personnel.
 - Notify the director or supervisor on duty, or call the on-call manager if after normal business hours.
 - The supervisor, or designee, is responsible for accompanying the youth to the hospital and transporting the youth back to NRTC when appropriate.
 - The supervisor is also responsible for calling in additional staff, if necessary, to ensure the other residents are appropriately supervised.

- Notify the youth's parent/guardian and the youth's Probation Officer.
 - Document the incident and outcome in a Critical Incident Report.
 - If the medical or therapeutic concern is requiring further attention but is not an emergency, contact the on-call manager who will consult with our Residential Clinical Coordinator or contracted community mental health provider. Staff are accessible 24/7 to come on-site or face-to-face via interactive videoconferencing based on the youth's clinical and/ or medical needs.
 - All child care staff members at NRTC are to maintain current certification in First Aid, Adult & Pediatric CPR and AED use.
4. General instructions in case of illness of a youth:
- If the medical or therapeutic concern is not urgent, an appointment is scheduled with the youth's preferred provider or they are seen by the nurse and or clinical staff during normal scheduled hours.
 - Staff members should notify the youth's probation officer/case manager and contact the youth's parent/guardian. If necessary, the parent/guardian may transport the youth to their preferred physician. The probation officer/case manager may also schedule an appointment with a physician or have staff transport the youth to the preferred practitioner.
 - Any complaints regarding healthcare should be referred to the youth's probation officer/case manager, who will address and attempt to resolve the issue.
 - Youth who are ill are to remain in bed for the day, including during school hours. Staff shall make frequent, regular checks on the youth to monitor their condition.

NRTC shall document and keep in the employee training records that each employee is trained in implementation of the emergency medical plan.

1. The emergency medical plan is included in the initial orientation training of new staff members. This training is documented in each employee's training record.

A copy of the emergency medical plan is posted in each building used by youth.

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ODCY Rule: 5180: 2-9-14
COA Standard: PA-RPM
Revised: 5/12/20; 2/13/26

NRTC has written policies and procedures for administering medication to youth, for keeping medications in a safe place away from youth and for monitoring potential side effects of medication. All personnel directly involved in dispensing, administering or storing medication receive training and demonstrate competency in medication control and administration. NRTC staff do not prescribe medication. NRTC contracts with community health providers, and contracted agencies are responsible for the oversight of training and competency of their providers.

Prescription Medications

Upon admission to NRTC, staff shall document any currently prescribed medications for the youth being admitted.

1. This information is documented on the youth's face sheet and in a memo posted in the staff office. Staff will also document the name of the youth and the medication on the log sheet under the "Medical Alert" heading.

In consultation with the youth's physician, the probation officer or case manager will review each youth's current regimen of medication at least at each service plan review or as often as directed by the youth's physician and, as authorized by the physician, make adjustments to that regimen as appropriate. In no event shall staff begin, alter, or suspend a youth's medication without the documented approval of a physician.

Each staff person who is in any way responsible for administering medication to a youth will be provided with a written schedule of the youth's medication. This schedule will be maintained in each youth's case record. NRTC maintains a written cumulative record of all prescribed medication administered to a youth during placement in the facility. The current record will also be located with the medication.

1. Staff is responsible ensuring medication is dispensed as prescribed.
 - When administering medication to a youth, staff is responsible for identifying the individual who is prescribed the medication.
 - Staff will ensure that medication being administered is the correct medication ordered and that it has not been tampered with.
 - Staff will assess youth for side effects of medication and consult medical personnel as needed.
2. Upon receiving prescribed medication for a youth, staff will review the prescription for accuracy and fill out a Prescription Medication form for each medication.

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This form includes the following information:

- The name of the youth
 - The name of the medication to be administered
 - The proper dosage of each medication to be administered
 - The timetable for administration of the medication
 - Instructions regarding administration of medication
 - Information concerning possible side effects of each medication as indicated by the physician or pharmacist
 - Reasons for altered or missed dosages of medication
 - The date and time each dose is administered
 - Both the youth and the staff member administering the medication shall initial the form each time a dosage is given
3. The Prescription Medication form is placed in the Medication Logbook, which is located with the medications. All medications are stored in a locked medicine cabinet located in the locked staff control room. Additional medications may be stored in the locked office of the business manager. Medications that require refrigeration shall be stored in the refrigerator located in the locked kitchen.
 4. Staff members are responsible for ensuring that medications are dispensed as prescribed and for monitoring the youth for possible side effects. Due to the nature of the facility, all medications must be locked up and administered only by staff; therefore no youth at NRTC will self-administer medication.
 5. No youth will be given any prescription medication which has not been prescribed for the youth.
 6. When the prescribed medication is gone or the Prescription Medication form is full, the form shall be placed in the youth's file in order to maintain a written cumulative record of all prescribed medication administered to a youth during placement at NRTC.

Missed Medication

If a youth misses dosages of the medication for less than a forty-eight hour period, NRTC will follow the instructions of the physician or the pharmacy that filled the prescription before restarting the medication. If a youth misses dosages of the medication for longer than a forty-eight hour period, NRTC staff will contact the physician or the pharmacist that filled the prescription and obtain written instruction on how to restart the medication. This will be kept in the youth's file.

Non-Prescription Medications

Staff also may administer over-the-counter (OTC) medications for common conditions, such as colds, headaches, seasonal allergies, etc.

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These medications are kept in the locked closet in the locked staff control room.

1. Staff shall fill out a Non-Prescription Medication form for each youth who receives OTC medications. The form shall be located in the Medication Logbook, and completed forms will be placed in the youth's file. The form includes the following information:
 - The name of the youth
 - The date and time the medication was administered
 - The condition of the youth (cold, headache, etc.)
 - The name of the medication
 - Both the youth and the staff member administering the medication shall initial the form each time a dosage is given

Discarding Medications

If a youth's medication is discontinued or a dose is changed by the prescriber, that medication is destroyed within 30 days of the change. The medication(s) are removed from the medication cart, located in the medication room, and are brought to the business manager's office for destruction. The business manager and an additional staff member count the medications that are to be discarded and log them individually on the discarded medication log. The medication once counted and logged are placed into a "Deterra" drug deactivation system bag and destroyed. The Deterra bags are taken to the dumpster on the day of destruction.

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Subject: Health Care for Children in Placement
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ODCY Rule: 5180: 2-42-66.1(A)(C)(D)(1); 5180: 2-5-14;
5180:2-9-42
COA Standard: BSM; ASE; GLS
Revised: 9/21/20; 4/23/21; 3/24/23; 2/24/25; 1/30/26

NRTC will coordinate comprehensive health care for each youth in its care. In coordinating comprehensive health care, NRTC will attempt to arrange for health care from the youth's existing and previous medical providers as well as involve the parent, guardian or custodian in the planning and delivery of health care services. NRTC will inform the placing agency if a youth needs treatment or diagnostic services for non-routine mental health, medical, dental or vision care that is not included in the current case plan. Any treatment or diagnostic services provided will be documented in the youth's file.

NRTC contracts with a community mental health provider to provide licensed or registered nursing and clinical staff who deliver services within the scope of their practice. If NRTC does not directly employ or contract with a vendor for additional treatment or diagnostic services, NRTC will arrange with the custodial agency for the provision of these services.

1. NRTC's Case Manager is responsible for coordinating medical appointments and transportation, in conjunction with the youth's parent/guardian and probation officer. In the event the Case Manager is unavailable, a NRTC probation officer or direct care staff person will assume this responsibility. By Court order, the parent/guardian is responsible for any uninsured medical expenses incurred by the youth.

NRTC will secure a medical screening within 24 hours of the youth's placement to prevent possible transmission of common childhood communicable diseases and to identify any symptoms of illness, injury or maltreatment. They are also screened for potential risk of harm to self or others to determine the need for behavior support and management interventions. The medical screening shall be conducted by one of the following:

1. A licensed physician.
2. An advanced practice nurse.
3. A registered nurse.

NRTC will secure a physical examination no later than five days from the placement date. NRTC can obtain the physical results if an exam was performed within six month prior to admission.

1. Physical examination will be placed in the youth's file.

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2. Youth will have a yearly comprehensive examination at minimum. An annual exam is obtained when necessary, and documentation will be placed in the youth's file. NRTC will work with the parent/guardian to secure the annual exam.

All youth will receive a dental exam within one month of placement and a vision screening. A Medical/Dental Appointment form is taken to the appointment with the youth and is signed by the treatment provider.

Diagnostic services are available to youth entering the program.

1. All youth will receive a SAMSHA approved Adverse Childhood Experiences Questionnaire (ACE-Q) and the SOQIC trauma diagnostic assessment within two business days of the youth's admission to the program. Diagnostic assessments are then updated on an as needed basis and at least once every six months. Youth in the 45-day Substance Abuse Program will have their assessments updated prior to discharge.
2. NRTC works with Montgomery County Juvenile Court, the youth's Probation Officer, and/or the Public Children Service Agency to facilitate additional treatment or diagnostic services when necessary.

Youth may request medical or clinical care at any time. Medical and clinical concerns are discussed with the youth and the appropriate course of treatment is determined by NRTC staff and the parent/guardian. Any complaints regarding healthcare should be referred to the youth's case manager, who will address and attempt to resolve the issue and will serve as the liaison with the placing agency to keep them informed, as needed.

To attend to the medical and therapeutic needs of the youth served by NRTC, the facility contracts with a community mental health provider to have available, as needed, registered or licensed nursing and clinical staff who provide care within the scope of their practice. This care is available 24 hours a day and 7 days a week.

1. If the medical or therapeutic concern is requiring immediate care, youth are transported to Dayton Children's Hospital Emergency Room.
2. If the medical or therapeutic concern is requiring further attention but not an emergency, the Residential Clinical Coordinator or on-call mental health provider is accessible 24/7 to come on-site or face-to-face via interactive videoconferencing based on the youth's clinical and/or medical needs.
3. If the medical or therapeutic concern is not urgent, an appointment is scheduled with the youth's preferred provider, or they are seen by the nurse and/or clinical staff during normal scheduled hours.
 - a. A Medical/Dental Appointment form is taken to the appointment with the youth and is signed by the treatment provider.

Chapter: Medical & Healthcare Services
Subject: Suicide Awareness Policy
Section: 10.4
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COA Standard: RPM
Revised: 3/20/20; 4/20/26

NRTC has a written suicide prevention and intervention plan for dealing with youth that have been identified as potentially suicidal. The plan is reviewed and approved by a physician each year, and all staff members who work in direct contact with youth are trained in its implementation annually.

Staff members are trained to recognize symptoms that may indicate a youth is suicidal:

1. Always talking or thinking about death.
2. Clinical depression- deep sadness, loss of interest, trouble sleeping and eating- that gets worse.
3. Having a “death wish,” tempting fate by taking risks that could lead to death.
4. Putting affairs in order or tying up loose ends.
5. Statements like, “It would be better if I wasn’t here” or “I want out.”
6. Sudden, unexpected switch from being very sad to being very calm or appearing to be happy.
7. Talking about suicide or killing oneself.
8. Visiting or calling people to say goodbye.

The following procedure is implemented with a potentially suicidal youth:

1. A request can be made to the Residential Clinical Coordinator or on-site contracted community mental health clinician to complete a lethality assessment as soon as possible. NRTC is to comply with the clinical assessment and recommendations for the youth.
2. Immediately place the youth on one-on-one supervision by a staff member. It is the responsibility of that staff member to ensure the safety of the youth.
3. Potentially harmful items the youth may be in possession of, such as sheets, pens, pencils, glasses, and any sharp items shall be removed from the youth and the area in which the youth is placed.
4. The staff member is to immediately contact a supervisor to inform them of the situation.
5. If a supervisor is not present, the on-call supervisor or manager should be notified of the situation immediately.
6. The supervisor will then be responsible for determining the need for counseling, intervention, or medical attention for the youth. However, if immediate medical attention is required, staff members shall not hesitate to call 911. If a youth is found in need to be assessed at the hospital, the on-call manager or the director is to be notified.
7. If this behavior occurs during evening or bedtime hours, the youth is to sleep with his or her bedroom door open, and is to remain on one-on-one supervision with a staff member until otherwise notified by the responsible supervisor.
8. Staff members/supervisors involved are to document the situation on a Critical Incident Report.