

## CHAPTER 4. Health and Safety Services

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**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:**

**CHAPTER: Health and Safety Services**

**AUTHORITY: KRS 15A.065**

**SUBJECT: Health Services Definitions**

**POLICY NUMBER: DJJ 400**

**TOTAL PAGES: 8**

**EFFECTIVE DATE: 4/4/2014**

**APPROVAL: A. Hasan Davis**

**, COMMISSIONER**

**I. POLICY**

The following definitions shall apply in the Department of Juvenile Justice (DJJ) Policy and Procedures Manual Chapters 400.1 through 430.

**II. APPLICABILITY**

This policy shall apply to all DJJ staff.

**III. DEFINITIONS**

- A. "Assessment Protocols" means written orders that specify the steps to be taken in appraising a youth's physical and mental health status.
- B. "Bloodborne Pathogens" means pathogenic microorganisms present in human blood which may cause disease in humans, including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). Other pathogenic microorganisms may be identified or present during acute phases of other infectious diseases.
- C. "Caustic" means any material, either alkali or acid, that can burn, eat away or destroy tissue by chemical reaction and which could cause death if taken internally.
- D. "Central Chemical Control" means a system that limits the number of bulk storage sites to only designated areas. Chemicals are then issued from the bulk area in controlled amounts only in a one-day or one shift usage amount (weekends and holidays excluded). Access to the bulk areas is limited and inventories are kept only in the bulk areas. Issue amounts are minimal and shall be accompanied with a list indicating what has been issued.

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- E. “Chemical Agent” means an active substance, such as tear gas, used to deter activities that might cause personal injury or property damage.”
- F. “Chemically dependent” means the state of physiological or psychological dependence on alcohol or other drugs.
- G. “Chemical Restraint” means the use of pharmaceuticals to deter activities that might cause personal injury or property damage. This will also include the use of pepper spray or mace.
- H. “Chronic Care” means a medical service rendered to a youth over a long period of time, for such conditions as diabetes, hypertension, asthma, and epilepsy.
- I. “Class A Tools” means tools that can be used by youth either in effecting an escape or cause death or serious injury.
- J. “Class B Tools” means less restricted tools (non-hazardous) than “Class A” tools.
- K. “Clinical Supervisor” means the qualified health care professional appointed by the Medical Director to provide direct oversight of all nursing activities related to the delivery of health care to youths in DJJ facilities. Administrative supervision of the DJJ nursing staff remains with the respective superintendents and is not the responsibility of the Clinical Supervisor.
- L. “Combustible” means a substance with a flash point at or above 100° Fahrenheit.
- M. “Comprehensive family planning” includes education regarding sexuality, pregnancy prevention, and options for those who are pregnant.
- N. “Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- O. “Convalescent Care” means medical service rendered to a youth to assist in the recovery from illness or injury.
- R. “Incident” means unusual event or occurrence in which youth behaviors compromise the health, safety, or security of youth or staff including:
  1. Use of Isolation;
  2. AWOL or escape;
  3. Assault by youth on youth;

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4. Assault by youth on staff;
5. Major property destruction;
6. Possession of contraband;
7. Death of resident;
8. Major injury;
9. Suicide Attempt;
10. Use of restraint;
11. The taking of hostages;
12. Medication error; or,
13. Other.

- S. “Detoxification” means the process by which an individual is gradually withdrawn from a drug by the administration of decreasing doses of the drug upon which the person is physiologically dependent, one that is cross-tolerant (antagonistic) to it, or one that has demonstrated to be effective on the basis of medical research.
- T. “Dispensing” is defined by KRS 315.010(8).
- U. “Disposal” means the returning of unused portions of medications to a pharmacy.
- V. “Drop procedure” means an activity by which each student and staff member takes cover under a table or desk, dropping to his or her knees, with the head protected by the arms, and the back to the windows.
- W. “Emergency Medical Treatment” means medical situations which require immediate care.
- X. “Employee Exposure Control Kit” means an informational packet on procedures to follow after an occupational exposure to a possible infectious disease.
- Y. “Flammable” means a substance with a flash point below 100° Fahrenheit.
- Z. “Flammables Storage Room” means a room of fire resistant construction designed to store flammable liquids.
- AA. “Flash Point” means the minimum temperature required for a substance to ignite.
- BB. “Fire Safety Officer” means the facility staff person who has received training in the application of fire, safety and sanitation requirements/standards from a qualified source such as representatives from the state or local fire authority, state and local college or university.

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- CC. “Fixed Restraint” means the restraining of an individual to a bed or any stationary object. This technique is commonly referred to as “four/five-point restraint”.
- DD. “Formulary” means a written list of prescription and non-prescription medications available to authorized prescribers. This shall not restrict prescriptions of medication generated by health care providers;
- EE. “Forensic Purposes” means issues relating to courts of law. Examples of forensic purposes are body cavity searches, drug screening, DNA testing, and psychological evaluations for use in adversarial proceedings.
- FF. “Health Authority” means a registered nurse with local responsibility for health care services pursuant to a written agreement, contract, or job description.
- GG. “Health Care Provider” is defined by KRS 304.17A-700.
- HH. “Health Care Coordinator” means, in DJJ programs without a full-time registered nurse, a health-trained staff identified to coordinate the provision of health care.
- II. “Health Trained Staff” means staff members who have completed CPR and First Aid certification and the Health Services Protocol training. These staff shall provide emergency care as needed and other health services within the guidelines of their training that need not be carried out by nurses and/or physicians, however, at the direction of a physician or nurse. Reference DJJPP Chapter 5.
- JJ. “High Risk Behavior” means behavior which creates the possibility of transmitting a serious infectious disease, including tattooing, sexual contact, needle use, fighting or assaultive behavior, self-mutilation and body piercing.
- KK. “Informed Consent” means the agreement by the youth or guardian to a medical examination or procedure after the youth receives the material facts regarding the nature, consequences, risks, and alternatives concerning the proposed treatment, examination, or procedure.
- LL. “Intra-System Transfer” means a youth entering a DJJ operated youth development center, group home, or detention center directly from another DJJ operated youth development center, group home or detention center.
- MM. “Licensed Practical Nurse (LPN)” is defined by KRS 314.011(9).

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- NN. “Material Safety Data Sheet” (MSDS) means a document required by government regulation for all hazardous chemical substances produced or sold in the United States.
- OO. “Medical Director” means a licensed physician who plans and oversees all aspects of medical policy, procedure and services provided for youth in the Department of Juvenile Justice.
- PP. “Medical Treatment Plan” means a series of written statements that specify the particular course of therapy and the roles of medical and non-medical personnel in carrying it out. It is individualized and based on an assessment of the youth’s needs, and it includes a statement of goals as well as the methods to reach these goals. When clinically indicated, the treatment plan provides youth with access to a range of supportive and rehabilitative services as the physician deems appropriate.
- QQ. “Mental Health Evaluation” means procedures designed for the identification of mental health issues conducted by a licensed mental health professional.
- RR. “Mental Health Referral” means the process by which any staff member alerts the designated Qualified Mental Health Professional (QMHP) that a mental health need has been identified or suspected in a youth.
- SS. “Mental Health Screening” means the administration of a mental health screening tool approved by the Chief of Mental Health Services for the identification of potential mental health issues.
- TT. “Nurse Shift Program Supervisor (NSPS)” means the registered nurse responsible for supervising the delivery of health care, the carrying out of medical orders and nursing directives, and for arranging for all levels of health services for youth in youth development facilities. The NSPS supervises the work of a all nursing staff and provides clinical supervision of the care provided by youth workers and health trained staff.
- UU. “Occupational Exposure” means a specific eye, mouth, or other mucous membrane, non-intact skin or wound which comes in contact with blood or other potentially infectious material that may occur in the performance of an employee’s duties.
- VV. “One-to-One Supervision” means when an individual staff member is assigned to directly supervise no more than one (1) youth. The staff shall stay within very close proximity to ensure constant supervision and immediate intervention if needed for safety reasons.

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- WW. “Orientation Training” means mandatory department and departmental practices familiarization training for newly hired staff.
- XX. “Ortheses” means specialized mechanical devices used to support or supplement weakened or abnormal joints or limbs, such as braces, foot inserts, or hand splints.
- YY. “Personal Protective Equipment” (PPE) means specialized clothing or equipment which does not permit blood or other potential infectious material to pass through or reach the employee’s clothes or body and may include, protective gloves, masks, protective shields, eye protection, mouthpiece or gown.
- ZZ. “Primary Health Care Provider” means licensed individual who evaluates the youth’s total health needs and provides medical care.
- AAA. “Prostheses” means artificial devices to replace body parts or compensate for defective body functions. They include such items as artificial limbs, eyeglasses, and full and partial dental plates.
- BBB. “Psychologist” is defined by KRS 319.010.
- CCC. “Psychotropic Medications” means any medication that is used to treat disorders of mood, thinking, or behavior.
- DDD. “Qualified Health Personnel” means physicians, physicians assistants, dentists, nurses, nurse practitioners, psychologists, and other professionals and technical workers who by state law engage in activities that support, compliment, or supplement the functions of physicians or dentists who are licensed, registered or certified as appropriate to their qualifications to practice; further, they practice within the parameters of their license, certification, or registration.
- EEE. “Qualified Independent Inspector” means the qualified contracted specialist who provides inspections of various fire and safety systems.
- FFF. “Qualified Mental Health Professional” is defined by KRS 202A.011.
- GGG. “Registered Nurse” is defined by KRS 314.011(5)
- HHH. “Safe area” means a designated space used to protect individuals during an emergency or hostile situation.

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- III. “Secondary Container” means a portable container into which chemicals are transferred for use.
- JJJ. “Serious Infectious Disease” means Tuberculosis, HIV or AIDS, Hepatitis(A,B,C), Methicillin-Resistant Staphylococcus Aureus(MRSA), or other communicable disease that may pose a significant health risk.
- KKK. “Sharps” means any object that can penetrate the skin including culinary equipment, scissors, medical/dental instruments, arts and craft implements and other instruments with a sharp edge or point capable of inflicting serious injury or death.
- LLL. “Skilled Nursing Or Infirmary Care” means in-patient bed care by or under the supervision of a Registered Nurse for an illness or diagnosis that requires limited therapy, assistance, observation and management and does not require admission to a licensed hospital.
- MMM. “Special Medical Program” means a program that serves a broad range of health conditions and problems, including seizure disorder, diabetes, potential suicide, pregnancy, chemical dependency, and psychosis.
- NNN. “Specialized HIV/AIDS Counseling” means counseling provided by a qualified person who has received training in the subject matter.
- OOO. “Standing Orders” means written orders that specify the same course of treatment for each youth suspected of having a given condition.
- PPP. “Storage Cabinet” means a properly constructed and securely locked cabinet specifically designed to hold flammable materials. .
- QQQ. “TB Disease” means recent infection or reactivated growth of tubercle bacilli from a dormant lesion, which produce tissue necrosis accompanied by fibrosis in any body location it attacks.
- RRR. “TB Infection” means a condition in which living tubercle bacilli are present in the body, but the disease is not clinically active.
- SSS. “Therapeutic Restraints” means fleece-lined leather, canvas or soft leather cuff or anklets, foam helmet, suicide prevention smock or blanket or restraint chair. All equipment purchased shall have prior approval of either the Medical or Mental Health Director.

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- TTT. “Toxic Material” means a substance that may cause illness or death when ingested or absorbed even in relatively small quantities.
- UUU. “Tuberculosis Skin Test” means an intradermal injection in the surface of the forearm of a purified protein derivative (PPD).
- VVV. “Universal Precautions” means an approach to infection control in which all body fluids are treated as if known to be infectious..
- WWW. “Urgent Care Kit” means a portable supply of emergency equipment suitable for a medical disaster (varies depending upon geographic area and facility-based activities).



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**REFERENCES:**  
**505 KAR 1:120**  
**3-JTS-4C-01— 03, 05, 06, 10, 12,  
15—17**  
**3-JDF-4C-01—03, 05, 06, 14—16**  
**3-JCRF-4C-01, 04, 05, 07**  
**1-JDTP-3B-18**  
**1-JBC-4C-01—06, 12, 13, 15, 16,  
23**  
**NCCHC Y-A-02, Y-A-05, Y-D-03**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Health Services</b>	
<b>POLICY NUMBER: DJJ 400.1</b>	
<b>TOTAL PAGES: 4</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis , COMMISSIONER</b>	

**I. POLICY**

Each Department of Juvenile Justice (DJJ) operated or contracted residential program shall provide comprehensive health care by qualified personnel to protect the health and wellbeing of the youth. Adequate staff, space, equipment, supplies, materials, and publications shall be provided for the performance of health care delivery as determined by the health authority.

**II. APPLICABILITY**

This policy shall apply to DJJ operated or contracted youth development centers and group homes.

*LIMITED APPLICABILITY*

*Routine medical coverage of youth in day treatment is the responsibility of the parent or legal guardian. However, day treatment programs shall provide access to emergency medical and dental care in compliance with this policy during the time youth are at the facility.*

*Each Juvenile Detention Center shall provide medical, dental and mental health screening, assessment and services. Comprehensive medical, dental and mental health services shall be provided when the health of a youth may otherwise be adversely affected. Emergency services by qualified personnel shall be provided to protect the health and wellbeing of the youth. Reference DJJPP 723 and 724 for Health and Mental Health Services requirements in detention facilities.*

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### **III. DEFINITIONS**

Refer to Chapter 400

### **IV. PROCEDURES**

- A. The Department's Medical Director shall administer the management of medical services. The Department's Chief of Mental Health Services shall administer the management of mental health services.
- B. Medical, including physical, psychiatric, and dental health services shall be an integral part of the overall treatment program. Matters of medical, psychiatric and dental judgment shall be the sole authority of the responsible primary health care provider.
- C. DJJ facilities shall follow the DJJ Medical Standard Operation Procedure. Each DJJ youth development center, group home and day treatment program shall have a facility standard operating manual of written health care procedures appropriate to the scope of health care services provided. Health care procedures shall be approved by the DJJ Medical Director or designee. Each Procedures Manual shall be reviewed annually.
- D. Medical, dental, and psychiatry services shall be provided by DJJ or contracted staff pursuant to a written agreement, contract, or job description approved by the health authority. Verification of current job descriptions are on file in the facility. Day treatment programs shall enter into written agreement with one or more hospitals, clinics or other providers for the provision of emergency medical services. The DJJ Medical Director or designee shall approve contracts for health care services.
- E. Treatment by health-trained staff or nursing personnel shall be performed pursuant to direct orders written and signed by personnel authorized by law to give such orders. DJJ programs shall not use "standing orders". Nursing protocols shall be developed and signed by the responsible physician and Nurse Shift Program Supervisor (NSPS). This policy shall not preclude protocols for emergencies when immediate action is required.
- F. DJJ facilities shall not provide skilled nursing or infirmary care.
- G. Health concerns shall be communicated to staff through quarterly staff meetings, daily oral and written shift reports, and through written and oral communication.
- H. The type of space and equipment for the examination and treatment area shall depend upon the level of health care provided in the facility and the capabilities and desires of health care providers. Facilities of more than twenty-five (25) youth shall have a central medical room with medical examination facilities. In all facilities, space shall be provided where the youth may be examined and treated in private.
  - 1. Basic equipment generally includes the following: thermometers; blood pressure cuff; stethoscope; ophthalmoscope; otoscope; percussion hammer; scale; examining table; gooseneck light; sink with hot and cold water; transportation

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equipment[]; bathroom; sharps containers; refrigerator for supplies; current medical reference textbooks and drug information.

2. If females receive medical services at the facility, equipment appropriate for pelvic examinations and gynecological reference books shall be available. If psychiatric services are provided in the facility, a private interviewing space shall be available.
- I. Security regulations that are applicable to the facility personnel shall also apply to health personnel.
  - J. In DJJ programs without a full-time registered nurse, a health-trained staff shall be identified to coordinate the provision of health care. The facility primary health care provider, Superintendent, and the DJJ Nurse Administrator or designee shall supervise the health-related aspects of this employee's job duties.
  - K. Program health service staff shall meet quarterly to review procedural issues. Minutes shall include the date, who attended and an outline of the topics discussed.
  - L. DJJ youth development center administrative and health staff shall meet quarterly to discuss health care issues including: mental health; continuous quality improvement (CQI); infection control; youth grievances; and environmental inspection reports. The responsible health care professional, QMHP, superintendent, and the NSPS shall attend these meetings. Minutes shall be recorded and shall be maintained by the NSPS in the medical department.
  - M. A quarterly and annual statistical report shall be completed by the NSPS or designee and a copy forwarded to the Medical Director or designee and the facility superintendent. These reports shall be used to monitor trends in the delivery of health care, including service volume, types of services and incidence of certain illnesses, referral to specialists, medication usage, laboratory and x-ray test results, convalescent admissions, hospital admissions, suicide attempts, deaths, off-site transports, and diseases and injuries targeted for risk management. These reports shall also assist in administrative planning for staffing, space and equipment needs. [] Any condition that poses a danger to staff or juvenile health and safety is reported immediately to the facility superintendent.
  - N. Each DJJ operated program, except day treatment, shall have a comprehensive quality improvement program.
    1. The Nurse Administrator shall conduct a nursing audit at each DJJ program annually. The medical audit shall be documented and forwarded to the facility NSPS or designee and superintendent.
    2. Primary Health Care Providers[] at youth development centers shall audit five (5) percent of records quarterly.
    3. Incident reports involving health and safety issues shall be monitored by the NSPS to identify patterns of recurring medical problems, high risk and high volume areas.

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4. Continuous Quality Improvement issues shall be discussed in the quarterly medical/administrative meeting and may include: hospitalizations, medical emergencies and conditions requiring off-grounds medical services.
- O. DJJ youth are prohibited from providing any type of health care services.

**V. MONITORING MECHANISM**

The Department Medical Director or designee, and the Quality Assurance Branch shall review policies, procedures and practices of health administration, health maintenance delivery, health prevention training and education safety policies, relevant facility procedures and recommend any needed changes to the Commissioner annually.



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**REFERENCES:**  
505 KAR 1:120  
3-JTS-4C-01, 02, 11, 13, 17, 28  
3-JDF-4C-01, 02, 10, 12, 17, 27  
3-JCRF-4C-01, 03, 07, 15  
1-JDTP- 3B-03, 04  
1-JBC-4C-01, 11, 13, 20, 28  
NCCHC Y-A-03, Y-C-01 thru Y-  
C-06, Y-C-09, Y-C-10

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Health Services Administration &amp; Personnel</b>	
<b>POLICY NUMBER: DJJ 401</b>	
<b>TOTAL PAGES: 5</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

The Department of Juvenile Justice (DJJ) shall employ a Medical Director to oversee the provision of appropriate, comprehensive health care for committed youth. Appropriately licensed and credentialed personnel shall provide medical and dental services.

**II. APPLICABILITY**

This policy shall apply to all DJJ operated group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Health Services).

LIMITED APPLICABILITY

*Day treatment programs shall provide access to emergency medical and dental care during the time the youth are at the facility.*

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

A. The Commissioner shall appoint a Medical Director who shall report directly to the Commissioner or the designee. The Medical Director shall:

1. Ensure adequate administrative structures for the provision of health care services are defined, mandated and provided.
  - a. The Medical Director or designee shall be afforded the opportunity to interview prospective health service personnel and provide information to the superintendent or designee.

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- b. Written job descriptions defining the specific duties and responsibilities of personnel who provide health care services in DJJ facilities shall be approved and updated at minimum every two years by the Medical Director or designee.
  2. Ensure health maintenance services, health prevention training and education services, and safety services are articulated, mandated and provided.
  3. Review and recommend for approval all departmental policies and procedures regarding health care and safety services annually.
  4. Approve DJJ health related forms.
  5. Approve contracts and Memoranda of Agreement (MOA) for health care services. Review contracts, MOA, and medical care provided by local medical doctors, dentists and emergency health care providers as necessary.
  6. Approve all non-emergency hospitalizations and outpatient surgical procedures, including all elective procedures, for youth.
  7. Approve all directives from consulting physicians or other health care providers. This duty may be delegated to the facility health care professional; however, the Medical Director shall maintain ultimate responsibility and authority.
  8. Per directive of the Commissioner, represent the Department on various Commissions, Boards, or workgroups to address statewide planning and implementation of health services.
  9. Provide direct supervision to the Clinical Supervisor of Nursing.
  10. Determine the essential health-care positions (primary health care provider, dentist, psychiatrist, health-care practitioner, nurse) needed to perform the scope of health-care services. There shall be an annual review of the staffing plan by the Medical Director to determine if the number and type of staff is adequate.
- B. The Clinical Supervisor of Nursing shall:
1. Be afforded the opportunity to interview prospective nursing personnel and provide information to the superintendent or designee.
  2. Approve and maintain job descriptions of nursing personnel in DJJ facilities, ensuring that appropriate licensure, certifications and registration requirements are met.
  3. Approve standard operating procedures for the provision of medical and safety services.
  4. Approve training content of health care topics.
  5. Provide clinical supervision to nursing staff, and health-trained staff in DJJ programs without a full-time registered nurse, either directly or through qualified designee. Clinical supervision shall encompass all matters relating to the health care of youth including sick call, referrals to outside providers, medication administration, and documentation of care as well as issues related to acceptable

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nursing practices and compliance with departmental policies and national standards.

6. Participate and provide input into the quarterly and year-end performance evaluation of Registered Nursing staff.
7. In collaboration with the Division of Professional Development, provide orientation and training to nursing staff, including compliance with security regulations by health care personnel.

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C. The Registered Nurse shall:

1. Act as the facility's Health Authority; however, final medical judgment is the responsibility of a physician licensed with the state who is employed, under contract, or written agreement with DJJ or one of its facilities.
2. Arrange for all levels of health care and ensure quality and accessibility for all health services provided to youth.
3. Meet with the Superintendent at least quarterly to coordinate specific health needs.
4. Prepare a health services monthly report and forward it to the Superintendent.
5. Delegate and supervise selected health care tasks to health trained staff.
6. Insure that staff have completed the required health related training and that documentation of this training is maintained.
7. Administer Hepatitis B vaccine and TB skin tests to staff.
8. In group homes and facilities without a Nurse Shift Program Supervisor (NSPS), the Registered Nurse shall be responsible for carrying out medical orders and for arranging for all levels of health services.
9. Develop the facility's operational-health policies and procedures.
10. Develop mechanisms, including written agreements to assure that the scope of services is provided and properly monitored.

D. The LPN shall assist in insuring availability of materials and supplies and in the provision of a clean and safe environment for youth and staff. The LPN shall perform nursing duties as delegated by the registered nurse. In the absence of the NSPS, the LPN assumes responsibility for the successful operation of the Medical Department. The LPN shall consult with the NSPS, Nurse Administrator, Primary Health Care Provider or Medical Director as indicated.

E. The Superintendent or designee of each DJJ program shall provide administrative supervision to health care staff. Concerns about incompetence and professional misconduct shall be managed in accordance with state law, agency policy, and relevant professional ethical codes. The superintendent shall maintain on file:

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1. A current copy of professional licenses, certifications, and restrictions of primary health care providers and nurses who provide services to youth in their program.
  2. Copies of written contracts and Memorandum of Agreements (MOA) with health providers.
- F. Health-trained staff shall perform health services in the facility under the joint supervision of a Registered Nurse and the Superintendent or designee. The health trained staff member shall:
1. Successfully complete the health services protocol training under the supervision of a registered nurse.
  2. Collect and document information and report to the nurse or primary health care provider or dentist.
  3. Follow the medical portion of the ITP as written by the physician and/or registered nurse.
  4. Assist with carrying out the primary health care provider's orders as directed by the nurse.
  5. In DJJ programs without a full-time registered nurse, a health-trained staff shall be identified to coordinate the provision of health care. This health-trained staff shall ensure that initial screening forms are completed properly and completely and shall review this form for follow-up health care if needed. The health-trained staff shall schedule clinic appointments if necessary and shall follow up to ensure that appointments have been kept and the primary health care provider's orders are being followed. The facility primary health care provider, Superintendent and Registered Nurse shall supervise the health-related aspects of this employee's job duties.

**G. TRAINING**

1. All DJJ health care professionals who have resident contact shall have current training in cardiopulmonary resuscitation (CPR), suicide prevention, signs and symptoms of mental health, violent behavior, acute chemical intoxication and withdrawal, bloodborne pathogens including HIV-related issues, universal precautions, Hepatitis B, and exposure control.
  2. Continuing Education for Health-Care Professionals shall be in accordance with KRS licensing requirements. Verification of annual continuing education shall be documented for each qualified health care professional.
- H. Youth in DJJ facilities shall not be utilized as health care workers in any capacity. Youth may be involved in peer education for the purpose of health education.

**V. MONITORING MECHANISM**

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Monitoring shall be accomplished by the NSPS, the Clinical Supervisor, the facility Superintendent or designee, the Medical Director or designee, and the Quality Assurance Branch.



**JUSTICE CABINET  
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**REFERENCES:**  
**505 KAR 1:120**  
**3-JTS-4C-07, 44, 47—50**  
**3-JDF-4C-07, 42**  
**3-JCRF-4C-02, 25, 27—29**  
**1-JDTP-3B-09, 19**  
**1-JBC-4C-07, 39**  
**NCCHC Y-A-01, Y-A-08, Y-A-12,**  
**Y-E-01, Y-E-12, Y-H-003, Y-I-**  
**04, Y-I-05**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Access to Medical, Dental, and Mental Health</b>	
<b>POLICY NUMBER: DJJ 402</b>	
<b>TOTAL PAGES: 5</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

## **I. POLICY**

All Department of Juvenile Justice (DJJ) programs shall promote delivery of medical, dental and mental health services when the health of a youth may otherwise be adversely affected as determined by the responsible medical personnel. Medical and mental health screens shall be completed and shall not be considered treatment services. Emergency medical treatment shall be provided.

No youth shall be denied the right to medical care or be disciplined for requesting medical care. Youth shall receive informed consent prior to invasive procedures or examinations. Youth shall have the right to refuse medical, dental and mental health examinations and/or procedures. Youth shall have the right to file a formal grievance under provisions of DJJPP Chapter 3 (Grievance Procedure) if it is felt that inadequate care was received.

## **II. APPLICABILITY**

- A. This policy shall apply to DJJ operated and contracted group homes and youth development centers.
- B. This policy shall apply to detention centers with the following exceptions:
  1. Parental consent shall not be required as the authority of the detention center to provide medical, dental and mental health screening and emergency treatment is vested through KRS 605.110.
  2. Medical Discharge of a youth from detention is at the sole discretion of the court.

### **LIMITED APPLICABILITY**

*Applicability to day treatment programs shall be limited to relevancy in the access to emergency medical and dental care during the time youth are at the facility.*

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### **III. DEFINITIONS**

Refer to Chapter 400.

### **IV. PROCEDURES**

#### **A. Access to Medical Treatment**

1. All youth shall be informed, both verbally and in writing in a language that is easily understood, within 24 hours of admission about how to gain access to medical, dental, and mental health services and the right to file a formal grievance if it is felt that inadequate care has been received. Documentation that the youth has received this information shall be kept in the Medical Record. No staff member shall impede the juvenile's requests for access to health care services.
2. If Non-English speaking or hearing impaired youth are admitted, the necessary interpreter shall be utilized to explain the procedure.
3. Any medical service rendered shall be performed with consideration for the youth's dignity and feelings. Clinical encounters with youth shall be conducted in private, with a chaperone present when indicated, and in a manner to encourage subsequent use of health services. Rectal or pelvic examinations, when indicated, shall be completed with the verbal consent of the youth. When risk to the safety of self or others is a potential, facility staff shall chaperone during the health encounter and every effort shall be made to provide auditory and visual privacy. The health authority shall share information with the superintendent concerning a juveniles' medical management within the guidelines of confidentiality.
4. The names and addresses of all emergency care services to include dentist, doctors, and Emergency Medical Services (EMS), shall be posted conspicuously in each program.
5. DJJ facilities shall provide safe transportation and adequate supervision for youth to medical, dental, mental health and other health-related providers. All outside medical appointments for youth with chronic medical conditions shall receive top priority. Outside medical appointments for youth shall not be cancelled unless it is approved by the facility's medical staff. The Nurse Shift Program Supervisor (NSPS) or designee shall record missed appointments on the health services Monthly Report and include a brief explanation as to why the appointment was missed.
6. Documentation of care as ordered by qualified personnel shall be included in the Medical Record.

#### **B. Consent for Medical Treatment**

1. As part of the admission process, each DJJ program shall seek the consent of each youth's parent or legal guardian for medical, dental and mental health treatment on the DJJ Parental Consent Authorization Form. The parent, guardian, or legal

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custodian shall be informed about medical care in a language that is easily understood.

2. In the event the parent or guardian fails to return the Consent Authorization Form, a second copy of the form shall be forwarded to the parent. The NSPS or designee shall maintain documentation that the second request was forwarded. In the event the parent or legal guardian fails to return the consent form, the NSPS or designee shall maintain documentation of notification efforts.
3. The Emergency Medical Consent Authorization Form shall also be completed for each youth and signed by the superintendent or designee. This form shall be filed in the Medical Record and a copy placed in a designated area for accompaniment to an emergency medical center if such medical, dental or mental health treatment should become necessary.
4. Copy of the above noted forms shall be placed in the youth's Individual Client Record and the originals filed in the youth's Medical Record.
5. In the event that major surgery or psychiatric hospitalization is indicated, the parent or guardian and Juvenile Service Worker shall be notified. The parent or guardian shall be informed of the need for the procedure, the benefits and risks of the procedure, and any existing alternatives to the procedure. A specific consent for invasive procedures shall be obtained from the parent or guardian and the Superintendent. The Consent Authorization Form signed by the parent or guardian shall also accompany the youth to the hospital. If the parent or guardian cannot be reached, notification efforts shall be documented in the Medical Record. Consent is implied in life-threatening situations.

#### C. Informed Consent and Refusal of Medical Treatment

1. Prior to any medical, dental or mental health examination, treatment or procedure, the attending primary health care provider, mental health provider or nurse shall explain to the youth in detail the nature of the examination, treatment, or procedure, including risks and side effects and alternatives to the procedure. The youth shall also be made aware of the risk of not having the examination or procedure. Verbal permission shall be obtained before any procedure is performed on the youth.
2. In the event that a youth refuses any medical, dental or mental health protocol and this refusal may adversely affect the health of the youth as determined by a responsible medical professional, the parents and/or guardians shall be advised and, if possible, enlisted to assist; education and counseling related to medical issues shall be expanded; and the consequences of refusing early intervention shall be clearly communicated to the youth. The medical staff shall also continue to educate and counsel the youth regarding the consequences of failing to follow proper medical or nursing protocol.

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3. Any refusal of medical, dental or mental health examination, treatment or procedure shall be documented. A facility staff member shall witness and sign a declination form if the youth declines to sign the form.
4. Documentation of refusals shall be maintained in the youth's Medical Record.
5. The Treatment Team, or the Superintendent of the detention center, shall be informed of the youth's refusal when the refusal may seriously impact his physical or mental health.

**D. Consultations/Decision Making Regarding Special Medical Problems**

1. Consultation shall occur between the Superintendent, the nurse and the primary health care provider or psychologist prior to actions being taken regarding youth being diagnosed as having significant medical or psychiatric illnesses.
  - a. The nurse, psychologist or primary health care provider shall initiate the consultation with the superintendent regarding significant medical or psychiatric conditions.
  - b. The following areas shall be considered for residents with significant health conditions:
    - (1) Suitability for travel;
    - (2) Preparation of a transfer or discharge summary and pertinent health records;
    - (3) Instructions to transporting personnel regarding medication or treatment required in route;
    - (4) Availability of resources;
    - (5) Intellectual or developmental capabilities and limitations;
    - (6) Ability to participate in work projects, sports, exercise programs, or outings.
  - c. If the consultation does not produce agreement between the nurse, psychologist and the Superintendent, the Medical Director, Regional Psychologist, or Chief of Mental Health Services shall be consulted to facilitate an acceptable solution to the situation.
2. If medical treatment is recommended by someone other than the primary health care provider, a copy of the recommendation shall be placed in the youth's Medical Record. The decision to implement recommendations shall be made by the primary health care provider. The final decision to implement recommendations shall be made by the Medical Director when there is a question of the overall therapeutic outcome to the youth.
3. The nurse shall maintain documentation of such consultations.

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**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Superintendent or designee, the qualified health professionals, the Medical Director, Chief of Mental Health Services, or designees, the Regional Director or designee, Quality Assurance Branch, and, as warranted, the Deputy Commissioner of Operations.



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**REFERENCES:**  
505 KAR 1:120  
3-JTS-4C-07, 44, 47—50  
3-JDF-4C-07, 42  
3-JCRF-4C-02, 25, 27—29  
1-JDTP-3B-09, 19  
1-JBC-4C-07, 39  
NCCHC Y-A-01, Y-A-08, Y-A-12,  
Y-E-01, Y-E-12, Y-H-03, Y-I-  
04, Y-I-05

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Continuity of Care and Medical Discharge</b>	
<b>POLICY NUMBER: DJJ 402.1</b>	
<b>TOTAL PAGES: 3</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

All Department of Juvenile Justice (DJJ) programs shall provide for continuity of care from admission to discharge, including referral to community care when indicated.

**II. APPLICABILITY**

- A. This policy shall apply to DJJ operated group homes and youth development centers.
- B. This policy shall apply to detention centers with the following exceptions:
  - 1. Parental consent shall not be required as the authority of the detention center to provide medical, dental and mental health screening and emergency treatment is vested through KRS 605.110.
  - 2. Medical Discharge of a youth from detention is at the sole discretion of the court.

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

- A. Continuity of Care
  - 1. DJJ staff shall make every attempt to obtain previous medical and psychiatric histories on youth entering DJJ programs.
  - 2. While in DJJ youth development centers, the Treatment Director and nurse shall ensure that youth are provided with continuity of care from admission to discharge, including referral to community care when indicated. In group homes and detention centers, the Superintendent and a registered nurse shall ensure that youth are provided with continuity of care from admission to discharge, including referral to community care when indicated.

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3. Youth identified with having long-term or potentially serious physical or mental conditions shall be referred to appropriate community health providers upon release, accompanied by relevant health information.
4. A discharge summary shall be completed for all youth released from a facility. Group homes and youth development centers shall forward a copy to the community worker and provide a copy to the parent or guardian. In case a youth is eighteen (18) years old, the copy shall be given to the youth. A final copy shall be maintained in the Medical Record.
5. Youth transferred or released from a facility, or stepped down from a group home or YDC, shall be provided a minimum of 3 business days supply of prescription medication(s).

**B. Medical Discharge**

1. Youth with special medical or psychiatric conditions may be furloughed or discharged from the treatment program at any time when the Superintendent, Regional Facilities Administrator or Regional Manager, Regional Director, and Deputy Commissioner consult with the DJJ Medical Director or Chief of Mental Health Services and the youth's primary health care provider or psychologist and determine that the youth's needs cannot be safely and adequately met by the treatment facility or that continued placement is deteriorating the youth's medical or mental condition or is counterproductive to the medical or mental health treatment.
2. Youth may be scheduled for readmission to treatment when the medical or psychiatric condition is no longer a predominant factor. Request for readmission shall be forwarded for approval from the Juvenile Services Worker through supervisory channels to the Classification Branch.
3. NOTE: Medical furlough is a special circumstance and is not intended to comply with the guidelines for normal furlough outlined in DJJPP 310.

**C. Sharing Health Information**

1. The qualified health professionals shall have access to information contained in the youth's Individual Client Record when this information is relevant to the youth's physical or mental health or course of treatment.
2. The health authority shall share with the facility superintendent information concerning a juvenile's medical management within the guidelines of confidentiality.
3. Program staff shall be informed of certain medical and mental health conditions of youth in order that the staff can respond appropriately to situations that may arise, but shall not have access to the Medical Record.
4. In youth development and detention centers, the Nurse Shift Program Supervisor(NSPS) or psychologist shall determine, in accordance with Cabinet

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and Departmental policies relating to confidentiality and a need to know, when or what information concerning a youth's physical or mental illness or condition may be relevant to preserve the health and safety of DJJ youth and staff. In group homes, the superintendent, in cooperation with the health authority, shall perform this task. In day treatment programs the program director shall perform this function. The sharing of this information shall occur in Treatment Team meetings or through shift meetings and reports, depending on the nature of the condition or illness. The nurse and superintendent shall determine the most appropriate way to convey this information.

5. Questions or difficulty in determining "need to know" shall be directed to the Medical Director, the Chief of Mental Health Services or the General Counsel.
6. Qualified health professionals from outside agencies providing direct or consultative physical or mental health services for youth shall be required to sign confidentiality statements in accordance with Cabinet and Departmental policies in order to have access to needed information in a youth's Individual Client Record.

#### **V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Superintendent or designee, the qualified health professionals, the Medical Director or designee, Chief of Mental Health Services, or designee, the Regional Director or designee, Quality Assurance Branch, and, as warranted, the Deputy Commissioner of Operations.



**JUSTICE CABINET  
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**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-48—50  
3-JDF-46—48  
3-JCRF-4C-28, 29  
1-JBC-4C-44—46  
NCCHC Y-H-01, Y-H-02, Y-H-04  
thru Y-H-06**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Medical Records</b>	
<b>POLICY NUMBER: DJJ 403</b>	
<b>TOTAL PAGES: 3</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

A confidential Medical Record shall be maintained for each youth and shall be available to, and used for documentation by, all facility health care practitioners in each clinical encounter with youth.

**II. APPLICABILITY**

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with DJJPP Chapter 7 (Medical Records).

*LIMITED APPLICABILITY*

*In day treatment centers, medical attention administered to youth (e.g. first aid, referrals for health care) shall be documented in the Progress Notes in accordance with DJJPP 329 for inclusion in the youth's Individual Client Record. Security and confidentiality of information shall be maintained in accordance with DJJPP Chapter 1 and Chapter 3 (Employee Code of Ethics and Individual Records).*

**III. DEFINITIONS**

Refer to Chapter 400.\

**IV. PROCEDURES**

- A. Group homes and youth development centers shall maintain a health record for each youth in accordance with protocol approved by the Medical Director.
- B. The Medical Record shall be maintained separately from the youth's Individual Client Record while at the program. The Registered Nurse or, in programs without a full-time Registered Nurse, a health-trained designee shall be responsible for the maintenance of the Medical Record.

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- C. The Medical Record shall be marked as confidential, and secured unless in use. Confidentiality shall be maintained in accordance with DJJPP 102. Information in the Medical Record shall not be released to any person unless a release signed by the youth and guardian states specifically that medical information may be released. Mental health information shall not be released to any person unless a release signed by the youth and guardian specifically states that mental health information may be released.
- D. Access to Medical Records shall be available only to the facility Nurse Shift Program Supervisor (NSPS); RN, L.P.N.; qualified health professional; qualified mental health professional; psychiatrist; Regional Psychologist; Superintendent; Medical Director; Nurse Administrator; Chief of Mental Health Services; designated staff of the Quality Assurance Branch; and NCCHC and ACA standards compliance auditors. Specifically requested data shall be made available to the Department of Public Advocacy personnel.
- E. DJJ programs shall develop procedures which insure availability of Medical Records for review and for documentation to its health care providers, including the psychologist and the psychiatrist.
- F. A medical summary shall accompany youth to off-site health care providers or when released from the facility.
- G. Mental health notes shall be maintained with the Medical Record. A copy of the note may be made and placed in the Individual Client Record with appropriate blocking out of medical information.
- H. Transfer of Medical Records and information to agencies outside DJJ shall require written authorization by the youth, and parent or guardian.
- I. If a youth is transferred or stepped down from a DJJ program to another DJJ program, the youth's original Medical Record shall be transferred with the youth. A transfer summary, including documentation, and a minimum of three (3) business days supply of any required medication(s) shall accompany the youth to the receiving facility. When a juvenile is transferred, the following is required:
  1. Confidentiality of health record shall be maintained;
  2. Medically sensitive conditions and specific precautions to be taken by transportation officers shall be addressed and documented prior to transport; and,
  3. Written instructions regarding medication and health interventions required in route shall be provided to transporting officers and shall be separate from medical records.
- J. If the transfer or step down is to a non-state operated program, that program shall receive a copy of health data, if requested, and only after appropriate Release of Medical Information authorization has been received.
- K. Medical Records shall be transferred in a sealed envelope.

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- L. Upon discharge, a discharge summary shall be forwarded to the Juvenile Service Worker and a copy forwarded to the parent. If the youth is eighteen (18) years of age or older, the youth shall be provided a copy of a discharge summary. A copy shall be maintained in the Medical Record.
- M. Upon discharge from any DJJ program, any youth requiring medication or continuation of medical treatment shall have this information conveyed to his aftercare provider via a discharge summary. The provision of at least three (3) business days supply of any required medication(s) shall be documented in the discharge summary.
- N. Upon discharge of a youth from a DJJ program, the Registered Nurse shall review the Medical Record for completion of documentation and signatures. Any incomplete documentation shall be completed if possible and a late entry shall be included and identified when applicable.
- O. Original Medical Records shall be maintained at the program and disposed of according to the Kentucky Department for Libraries and Archives Record Retention Schedule or any revisions thereafter. Retained Medical Records shall be identified as confidential.
- P. If a youth returns to a DJJ program, the Medical Record shall be re-activated.

## **V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Superintendent or designee, the Registered Nurse, Quality Assurance Branch, the Medical Director or designee, and the Chief of Mental Health Services or designee.



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**REFERENCES:**  
**505 KAR 1:120**  
**3-JTS-4C- 22—24, 41**  
**3-JDF-4C-21—23, 39**  
**3-JCRF-4C-09**  
**1-JDTP-3B-02**  
**1-JBC-4C-21, 22, 24; 5C-10, 11,**  
**14**  
**NCCHC Y-E-02**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Admission Screening for Physical and Mental Challenges</b>	
<b>POLICY NUMBER: DJJ 404.1</b>	
<b>TOTAL PAGES: 3</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

All youth, including intra-system transfers, shall have an initial screening, which includes substance abuse screening, upon admission to identify any physical and mental impairment. All youth shall receive referral for care of acute psychiatric and other serious illness or injuries. Those who require health care beyond the resources available in the facility, or whose adaptation to the facility environment is significantly impaired shall be transferred to a facility where such care is available.

**II. APPLICABILITY**

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Intake, Reception, and Orientation; Health Services; Suicide Prevention and Intervention).

**LIMITED APPLICABILITY**

*In day treatment programs, youth shall be screened for any health care needs on the day of admission by staff. On suspicion of a problem, the parent or guardian shall be contacted and assisted, if appropriate, in finding the proper community resources.*

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### III. DEFINITION

Refer to Chapter 400.

### IV. PROCEDURES

- A. The Initial Health Screening Form shall be completed by the facility Registered Nurse, L.P.N., or health trained staff member immediately upon arrival of a youth. If the form is completed by an L.P.N. or health trained staff member, it shall be reviewed and signed by the Registered Nurse. It shall also be made available to the primary health care provider who is performing the admission physical examination. The initial screening shall be conducted in accordance to assessment protocol approved by the Medical Director. The responsible health care practitioner in cooperation with the health authority and superintendent establishes written procedures and health-screening protocols. All findings are recorded on a health-screening form approved by the health authority. The health screening shall include at least the following:
1. Inquiry into:
    - a. History of chronic illnesses and serious infectious or communicable diseases, including symptoms and treatment;
    - b. Obstetrical/gynecological history and current pregnancy status;
    - c. Use of alcohol and other drugs including type(s) of drugs used, mode of use, amount used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions);
    - d. Current illness and health problems, including infectious or communicable diseases;
    - e. Current medications;
    - f. Current dental problems;
    - g. Recording of height and weight;
    - h. Other health problems designated by the responsible primary health care provider;
    - i. History of self-injurious and/or suicidal behavior;
    - j. History of inpatient/outpatient psychiatric treatment;
    - k. History of treatment for alcohol and other drug use;
    - l. Current suicidal ideation;
    - m. Current mental health complaint; and,
    - n. Current treatment for mental health problems.
  2. Observations of the following:
    - a. Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating;
    - b. Body deformities and ease of movement;
    - c. Conditions of the skin including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos and needle marks or other indications of drug use; and,
    - d. Current symptoms of psychosis, depression, anxiety and/or aggression.

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3. Medical disposition of the juvenile:
  - a. Cleared for general population;
  - b. Cleared for general population with a referral to appropriate health care service; and,
  - c. Referral to appropriate health care service for emergency treatment. When juveniles are referred for emergency treatment, their admission or return to the facility shall be predicated on written medical clearance.
- B. Juveniles identified with disabilities who can be safely maintained in the facility, shall be provided the following services:
  1. Housing that provides for their safety and security;
  2. Rooms or housing units designed for their use that provide for integration with other juveniles;
  3. Programs and services that are modified and/or specifically accessible to them; and,
  4. Education, equipment, facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment.
- C. When a youth is identified as having an acute medical condition first aid shall be administered as indicated. The resident shall be placed on one-to-one supervision if indicated. The Superintendent and Registered Nurse or designees shall be consulted for further directives. If treatment is to be provided in the facility, the Superintendent, or designee shall assure the availability of adequate staffing, including health-trained staff, to provide care and close observation.
- D. After the initial health screening is completed, the facility psychologist or a staff member trained in the use of the screening instrument shall complete the initial mental health screening. In Youth Development Centers, it shall be reviewed and signed by the facility psychologist; in group homes and detention centers it shall be reviewed and signed by the superintendent or designee.
- E. An instrument approved by the Chief of Mental Health Services shall be administered to each youth to provide further screening for mental health issues.
  1. This screening tool shall be completed by trained staff within twenty-four (24) hours of admission. In Youth Development Centers, the completed mental health screening shall be reviewed and signed by the Treatment Director. In Group Homes and Detention Centers the completed mental health screening shall be reviewed and signed by the trained counselor or Superintendent.
  2. Further assessment shall screen for the following items:
    - a. Potential vulnerabilities or tendencies of acting out with sexually aggressive behavior;
    - b. High risk with a history of assaultive behavior; or
    - c. At risk for sexual victimization.
  3. Follow-up on any of these identified conditions shall include monitoring, counseling, and appropriate treatment. The assessment tools shall be reviewed and approved by the Chief of Mental Health Services.

<b>POLICY NUMBER</b> <b>DJJ 404.1</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>4 of 4</b>
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- F. If the youth is identified as needing further mental health evaluations, this shall occur in accordance with DJJ Chapter 4 (Referral for Mental Health Services).
- G. Upon identification of an acute psychiatric condition, appropriate personnel shall be informed. The Superintendent and the Regional Psychologist or their designees shall be notified of all suicidal attempts and be consulted as needed on threats. In case of a suicide attempt in which an injury might have occurred, the Superintendent and the Registered Nurse or designees shall be informed and consulted regarding emergency care. If hospitalization is indicated the Regional Psychologist or designee shall coordinate admissions to psychiatric facilities.
- H. Each Registered Nurse and Facility Psychologist shall maintain a list of other major sub-specialty medical and mental health providers that can be accessed as needed to manage youth with acute and chronic medical and mental illnesses. The list of resources shall be reviewed and updated annually.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the facility primary health care provider, the facility Registered Nurse, the Medical Director or designee, the Chief of Mental Health Services or designee, and the Quality Assurance Branch.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
NCCHC Y-B-04**

**CHAPTER: Health and Safety Services**

**AUTHORITY: KRS 15A.065**

**SUBJECT: Ectoparasite Control**

**POLICY NUMBER: DJJ 404.2**

**TOTAL PAGES: 2**

**EFFECTIVE DATE: 4/4/2014**

**APPROVAL: A. Hasan Davis**

**, COMMISSIONER**

## **I. POLICY**

Youth shall be screened for ectoparasitic infestation at the time of admission. Youth may be treated with a delousing product at the discretion of the Registered Nurse and primary health care provider.

## **II. APPLICABILITY**

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with DJJPP Chapter 7 (Intake, Reception and Orientation).

### LIMITED APPLICABILITY

*In day treatment programs, infected youth shall be released to the parent for appropriate medical treatment. A medical release from an attending physician may be required for readmission into the program. Environmental treatment may be administered in accordance with protocol approved by the Medical Director.*

## **III. DEFINITIONS**

Refer to Chapter 400.

## **IV. PROCEDURES**

- A. Upon admission the youth shall be screened by staff for ectoparasite infestation according to protocol approved by the Medical Director.
- B. The facility nurse or primary health care provider shall be consulted if results of screening are questionable.
- C. Youth shall be questioned concerning allergies to delousing ingredients or previous delousing treatments prior to the application of any delousing product.
- D. Females shall be screened for pregnancy using a urine test prior to the application of any delousing product.

<b>POLICY NUMBER</b> <b>DJJ 404.2</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>2 of 2</b>
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- E. If de-lousing is done, a primary health care provider's order shall designate the product to be used. Package instructions shall be followed.
- F. If environmental treatment is needed, all clothing and linen shall be carefully removed and laundered in hot, soapy water, and dried in the dryer.
- G. Upholstered furniture and rugs may be sprayed with a product designed for that use.
- H. Youth exposed shall be treated with a pediculicide according to primary health care provider's orders.
- I. A youth shall be exempt from this treatment if any of the following conditions are present;
  - 1. Documented allergy to previous delousing ingredients or precautions as listed by manufacturer;
  - 2. Skin rash over a significant portion of the body;
  - 3. Open lesions (a small open lesion may be covered with an occlusive/waterproof bandage.); or
  - 4. Pregnancy (a urine test shall be given prior to treatment).
- J. A careful inspection of the youth's hair and body for lice shall be done for any youth not treated due to any of the previously stated conditions.
- K. Treatment procedures for ectoparasite control beyond those stated above shall require advance approval by the Medical Director or designee.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Registered Nurse, Superintendent, and Medical Director or designee.



**JUSTICE CABINET  
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POLICY AND PROCEDURES**

**REFERENCES:**  
505 KAR 1:120  
3-JTS-4C-25, 26  
3-JDF-4C-24, 25  
3-JCRF-4C-11  
1-JBC-4C-25, 26  
NCCHC Y-E-05, Y-E-05, Y-E-06

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Health Assessment &amp; Physical Examination</b>	
<b>POLICY NUMBER: DJJ 404.3</b>	
<b>TOTAL PAGES: 4</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

A health assessment and physical examination shall be performed on each youth in accordance with a protocol approved by the Medical Director.

**II. APPLICABILITY**

This policy shall apply to group home and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Health Services).

**LIMITED APPLICABILITY**

*In day treatment programs, the Superintendent or health-trained designee shall be responsible for obtaining medical information on youth to include immunization records and all other health and mental health records deemed necessary by the Medical Director.*

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

A. In facilities with a full-time Registered Nurse, it shall be the Registered Nurse's responsibility to obtain immunization records and all other health and mental health records deemed necessary by the primary health care provider or Qualified Mental Health Professional, including records of previous medical treatment, previous screening forms, psychological or psychiatric evaluations, and discharge summaries on in-patient hospitalizations. In a program without

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a full-time Registered Nurse, it shall be the responsibility of the Superintendent or health-trained designee to obtain this information.

- B. The health assessment and physical examination shall be completed within the first seven days after admission.
1. Youth entering a DJJ facility directly from the community shall receive a complete health assessment and physical examination.
  2. Youth entering a DJJ facility from a residential program or detention facility outside the DJJ system for whom documentation of a physical examination completed within the previous ninety (90) days is presented shall not be required to repeat the physical examination. The prior results shall be reviewed by the Registered Nurse and the primary care provider and examinations updated as needed. The physical examination shall be required to be repeated if the previous physical examination is over ninety (90) days old or if written documentation of the previous examination is not provided.
  3. Youth entering a DJJ youth development center or group home as an intra-system transfer or “step-down” from another DJJ residential program or detention center within one year of the last health assessment and physical examination shall not be required to repeat the process. The prior assessment shall be reviewed by the facility Registered Nurse and the primary care provider and the protocol for annual health assessment shall be followed.
- C. The Health Assessment shall include:
1. A review of the initial health screening completed upon admission;
  2. Collection of additional data to complete the medical, dental, psychiatric, and immunization histories;
  3. Necessary laboratory or diagnostic tests to detect communicable diseases including sexually transmitted diseases and tuberculosis. (Minimum testing shall include urinalysis, gonorrhea culture, chlamydia, RPR, and TB skin tests. Additional tests shall be determined by the primary care provider or the Medical Director);
  4. Recording of weight, height, pulse, blood pressure, respiration, and temperature;
  5. Medical examination (including gynecological assessment when needed) with comments about mental and dental status. A nutritional and developmental assessment shall be completed with any restrictions discussed at this time;
  6. The initiation of therapy, when required; and,

<b>POLICY NUMBER</b> <b>DJJ 404.3</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>3 of 3</b>
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7. The development and implementation of a treatment plan, including recommendations concerning housing and program participation.
- D. Results of the examination and tests shall be discussed by the facility qualified health professional with the Registered Nurse (RN) facility charge nurse and documented on the History and Physical Examination Form in the youth's Medical Record.
- E. The youth shall be afforded the opportunity to discuss privately with the primary care provider any health concerns he may have. This shall be communicated to the youth by the facility Registered Nurse.
- F. Appropriate security measures shall be taken during this process by facility staff.
- G. A protocol defining the extent of the periodic health assessment shall be developed by the primary health care provider with consideration given to age, sex and health needs of youth.
- H. If the health assessment is completed by a RN, a primary health care provider's co-signature is required.
- I. Additional investigation shall be carried out regarding:
  1. The use of alcohol/drugs, including the type(s) of substance used, mode(s) of use, amounts used, frequency of use and date or time of last use;
  2. Current or previous treatment for alcohol or drug use, including, when and where treatment was provided;
  3. Whether the youth is taking any medication for an alcohol or drug use problem;
  4. Any history of violence, including child and domestic abuse, sexual abuse, and any personal victimization;
  5. Current or past illnesses and health problems related to substance abuse; and
  6. Whether the youth is taking medication for a psychiatric disorder and indications for use.

## **V. MONITORING MECHANISM**

Monitoring shall be accomplished by the facility primary health care provider, Registered Nurse, Quality Assurance Branch, and the Medical Director or designee.



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POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-08, 09, 30  
3-JDF-4C-08, 09, 29  
1-JBC-4C-08—10  
4-JCF-4C-06  
NCCHC Y-E-07**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Sick Call</b>	
<b>POLICY NUMBER: DJJ 404.4</b>	
<b>TOTAL PAGES: 2</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Youth shall have an unimpeded method of communicating their medical, dental and mental health complaints and shall be afforded opportunity to have their requests evaluated by a health care professional in a clinical setting.

**II. APPLICABILITY**

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with DJJPP Chapter 7 (Health Services).

*LIMITED APPLICABILITY*

*In day treatment programs, staff shall monitor youth for health concerns and notify the parent or legal guardian with those concerns as soon as possible. The staff member may make referrals to health care providers as needed in cooperation with the youth's parent or legal guardian.*

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

- A. The facility Registered Nurse, L.P.N. or health-trained designee shall conduct sick call daily, for non-emergency illnesses or injury in accordance with protocol approved by the Medical Director. Health care requests are triaged by a qualified health care professional or health trained personnel. A priority system shall be used to schedule health care services and shall address routine, urgent, and emergent juvenile health care requests and conditions.
- B. When a nurse conducts sick call, vital signs shall be taken and recorded in the Medical Record. A primary health care provider shall be available to respond to youth

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- complaints (at least once per week) in accordance with protocol approved by the Medical Director.
- C. The nurse, or health trained staff under the direction and review of the nurse, shall document each sick call request and subsequent action taken on the youth's Medical Progress Form in accordance with protocol approved by the Medical Director or designee.
  - D. In facilities without a full-time Registered Nurse or at any time when the Registered Nurse or L.P.N. are not available, health trained staff shall respond to medical complaints and if necessary contact the Registered Nurse or designee.
  - E. Space shall be provided for the conduct of sick call where the youth may be examined and treated in private. When a youth poses a threat of danger to self or others, arrangements shall be made to provide health care in a safe area.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Medical Director, the Nursing Clinical Supervisor or designee, the facility qualified health professional, and the facility Registered Nurse.



**JUSTICE CABINET  
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POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
NCCHC Y-D-04**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Access to Diagnostic Services</b>	
<b>POLICY NUMBER: DJJ 404.5</b>	
<b>TOTAL PAGES: 2</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Access to laboratory and diagnostic services shall be adequate to support the level of medical care provided to youth in the facility.

**II. APPLICABILITY**

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Health Services).

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

- A. Each DJJ facility shall have access to laboratory and diagnostic services to support the level of care provided to youth. The DJJ Medical Director shall approve all providers in advance unless there is an emergency. If there is an emergency, the facility Registered Nurse shall approve the health-care provider.
- B. Procedures shall be outlined by the Medical Director or designee for laboratory testing and accessing diagnostic services. A list of common diagnostic services used by facility health care providers shall state where specified services may be obtained.
- C. In youth development and detention centers, the facility Registered Nurse or L.P.N. shall coordinate the delivery of laboratory and diagnostic services from approved providers. In group homes, the program director shall work cooperatively with the Registered Nurse and primary health care provider to ensure that these services are available when necessary.
- D. Records of all tests and diagnoses shall be maintained in the youth's Medical Record. The Registered Nurse or designee shall ensure that results be

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promptly communicated back to the facility for review by the primary health care provider and placement in the youth's Medical Record. Abnormal results shall be communicated in a timely manner.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Medical Director or designee and the facility Registered Nurse.



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POLICY AND PROCEDURES**

**REFERENCES:**  
505 KAR 1:120  
3-JTS-4C-27, 28, 34  
3-JDF-4C-26, 27  
3-JCRF-4C-14, 15  
1-JDTP-2C-11; 3B-01, 05  
1-JBC-4C-27, 28  
NCCHC Y-E-08

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A. 065</b>
<b>SUBJECT: Emergency Medical Services</b>	
<b>POLICY NUMBER: DJJ 404.6</b>	
<b>TOTAL PAGES: 3</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Youth Workers and other personnel shall be trained to respond to a health-related situation within a four-minute response time. Access shall be provided to emergency medical and dental care 24 hours a day

**II. APPLICABILITY**

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Health Services). Reference DJJPP Chapter 5 (Mental Health Emergencies) for related data regarding psychiatric emergency services.

*LIMITED APPLICABILITY*

*Day treatment programs shall provide access during the time youth are at the facility. Day treatment programs shall have within their Standard Operating Procedures Manual written emergency medical backup plans in the event that usual medical services are not available. These plans shall be communicated to all employees and youth and shall include an alternative hospital emergency service or a primary health care provider "on call" service.*

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

A. Each DJJ program shall make arrangements in advance for providing in-patient and emergency care for medical conditions. A memorandum of understanding shall exist between the program and one or more local

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hospitals, emergency and urgent care centers providing medical or dental care which cannot be provided at the program. A copy of each memorandum of understanding shall be forwarded to the Medical Director.

- B. Each program shall prepare a plan to provide emergency medical and dental care by outlining the necessary actions to be taken by staff in the following situations:
  1. Emergency evacuation of the youth from the facility;
  2. Use of an emergency medical vehicle;
  3. Use of one or more designated hospital emergency department(s) or other appropriate health facility;
  4. Emergency on-call primary health care provider, dentist, and mental health services when the emergency health facility is not located nearby;
  5. On-site emergency first aid and crisis intervention; and
  6. Security procedures that provide for the emergency transfer of youth when appropriate.
- C. Youth Workers, and other personnel as designated, shall complete Life Safety Training including annual skills review.
- D. The Registered Nurse or designee shall prepare, update, and ensure availability of emergency care telephone numbers and procedures for obtaining emergency medical and dental care.
- E. First aid kits shall be available in state vehicles and in youth living and working areas. An urgent care kit shall be available in a central location in each DJJ program.
- F. In all circumstances, with the exception of a life-threatening emergency, the facility Registered Nurse or designee shall be contacted and initiate the call for medical assistance. If unavailable, a facility supervisor shall initiate the call. Transportation shall be coordinated with the Superintendent or designee.
- G. When a life-threatening emergency exists, staff shall call Emergency Medical Services (EMS) by the most direct access.
- H. At least one state vehicle shall be kept on grounds at all times at 24-hour facilities located in areas where ambulance service is not readily available for the transfer of a youth for medical care.
- I. The Superintendent and any other appropriate personnel shall be contacted as soon as possible for notification of the youth's parent or legal guardian.
- J. The facility Registered Nurse or designee shall be contacted upon return of the youth from the emergency or urgent care provider and shall provide direction for follow-up care. If treatment is to be provided in the facility, the

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Superintendent or designee shall assure the availability of adequate staffing, including health-trained staff, to provide continuity of care.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Medical Director or designee, the facility primary health care provide, the facility Registered Nurse, the Quality Assurance Branch, and the Superintendent.



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**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-28, 29  
3-JDF-4C-27, 28  
3-JCRF-4C-15, 16  
1-JDTP-3B-07, 08  
1-JBC-4C-28, 29, 30**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A. 065</b>
<b>SUBJECT: First Aid, AED, and First Aid Kits</b>	
<b>POLICY NUMBER: DJJ 404.7</b>	
<b>TOTAL PAGES: 2</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Each Department of Juvenile Justice (DJJ) facility shall have qualified staff for the administration of first aid and adequate first aid kits available.

**II. APPLICABILITY**

This policy shall apply to day treatment programs, group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Health Services and Suicide Prevention and Intervention).

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

- A. Youth Workers, and other personnel as designated, shall complete Life Safety Training including annual skills review. Reference DJJ Chapter 5 (Training Requirements, Special Staff Groups and Specialized Task Training).
- B. All Youth Workers shall be trained in the facility emergency preparedness plans and certified in first aid , cardiopulmonary resuscitation (CPR),and Automatic External Defibrillator(AED).
- C. Each DJJ program shall have available adequate first aid kits and one AED machine at designated areas of the facility as determined by the health authority in conjunction with the superintendent. The health authority shall establish procedures for the first aid kit and AED use by non-medical staff. The contents, number, and procedures for monthly inspections of first aid kits and the AED shall be in accordance with protocol approved by the primary health care provider or designee.

<b>POLICY NUMBER</b> <b>DJJ 404.7</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>2 of 2</b>
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- D. First aid kits shall be placed in living, education, recreation, work, and support areas of DJJ programs. A first aid kit shall accompany youth or youth groups during outdoor trips or programs.
- E. The Registered Nurse or designee shall inspect first aid kits and AED monthly, replace missing or expired supplies, and maintain an inspection log. In programs without a full-time Registered Nurse, this activity may be conducted by a health-trained staff.
- F. Certain basic principals shall be applicable to the emergency treatment of injuries or sudden illness of any youth. All staff members shall be informed and prepared to administer first aid while waiting for medical personnel to arrive.
  - 1. The first aid action may include:
    - a. Maintaining an airway;
    - b. Stopping severe bleeding;
    - c. Preventing and treating shock;
    - d. Protecting a wound with sterile or as clean a dressing as possible;
    - e. Keeping the injured youth laying down and covered;
    - f. Observing and re-evaluation of the youth until professional medical help is available.;
    - g. The use of an Auxilary External Defibrillator (AED); and,
    - h. Administering CPR.
  - 2. If chemicals are suspected of being abused, the youth shall be checked by staff every 15 minutes during sleep time for breathing, color and temperature. Any observed abnormalities shall be reported for further instructions. These 15-minute checks shall be documented.

## **V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Registered Nurse or designated health-trained staff, the Superintendent, the Quality Assurance Branch, and the Medical Director or designee.



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**REFERENCES:  
3-JTS-4C-04, 34  
3-JDF-4C-04, 33  
1-JBC-4C-32  
NCCHC Y-32**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Hospital Care</b>	
<b>POLICY NUMBER: DJJ 404.8</b>	
<b>TOTAL PAGES: 2</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Each DJJ facility shall make arrangements in advance for providing both in-patient and out-patient hospital care for medical conditions.

**II. APPLICABILITY**

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Health Services and Suicide Prevention and Intervention).

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

- A. DJJ programs shall develop an agreement with each hospital or urgent care center it utilizes for in-patient and out-patient medical/surgical services. The agreement shall state the medical facility shall accept facility youth. A copy of the agreement letter shall be maintained by the superintendent or designee. The superintendent shall ensure that all staff are aware of these agreements and how to access them if necessary. These agreements shall be reviewed every 12 months by the responsible parties, including the hospital administrator or designee, to ensure its continuation unless the agreement is written to include a clause that the agreement is ongoing unless canceled by one or both parties with 30 days notice.
- B. DJJ facilities shall develop procedures for the transfer of DJJ youth to a hospital or urgent care facility. The procedures shall include:
  1. A transfer of a summary of the Medical Record;
  2. Procedures for transporting youth;
  3. The required personnel to accompany youth to the medical facility; and,
  4. The discharge of youth with a summary of treatment received.
- C. The Medical Director shall approve non-emergency hospital care or outpatient surgery.

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- D. Staff shall accompany youth to the hospital and stay with them through admission. Medically sensitive conditions and specific precautions shall be taken by the transporting staff and documented prior to transport. A summary of the medical record shall be transferred with the youth. Youth from secure facilities shall require around-the-clock supervision during their stay at the hospital. When warranted, a medical escort will accompany transporting staff.
- E. An incident report shall be completed any time a youth is taken to a hospital or emergency medical care facility for acute medical care. The Superintendent or designee shall notify the DJJ Fiscal Branch Manager via email whenever a youth is admitted to a hospital for any reason. Notification shall occur within one business day of admission and shall include:
  - 1. The youth's name;
  - 2. The name of the hospital;
  - 3. A general description of the youth's condition; and,
  - 4. An expected discharge date (if available).
- F. The facility Superintendent or designee shall maintain contact with the Fiscal Branch Manager if a youth is hospitalized, and shall notify the Fiscal Branch of any anticipated major expenses as a result of treatment. The Fiscal Branch Manager shall be notified of any post-discharge medical treatment or follow-up care that could result in significant cost to DJJ which would not be covered by Medicaid.
- G. Parents or legal guardians shall be notified if acute care hospitalization is needed for a youth.
- H. When a youth is admitted or returned to a DJJ facility from a medical/surgical facility, written clearance from the discharging facility shall be received by the DJJ facility staff person in charge of the youth's health care or the facility Superintendent. The written clearance shall be placed in the youth's medical record.
- I. The facility Registered Nurse or designee shall be contacted upon return of the youth from the hospital and shall provide direction for follow-up care. If treatment is to be provided in the facility, the Superintendent or designee shall assure the availability of adequate staffing, including health-trained staff, to provide continuity of care.

## **V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Medical Director or designee, the facility Superintendent or designee, the Quality Assurance Branch, and the Registered Nurse.



**JUSTICE CABINET  
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POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-31, 32  
3-JDF-4C-30, 31  
3-JCRF-4C-18  
1-JBC-5C-11, 14  
NCCHC Y-G-01**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A. 065</b>
<b>SUBJECT: Special Needs Treatment Plans</b>	
<b>POLICY NUMBER: DJJ 404.10</b>	
<b>TOTAL PAGES: 3</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

A written, individualized treatment plan, developed by a primary health care provider, shall exist for youth requiring close medical supervision, including chronic and convalescent care, and shall include directions to health care and other personnel regarding their roles in the care and supervision of youth.

**II. APPLICABILITY**

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Health Services).

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

- A. Initial screening, health assessment and physical examination shall be completed in accordance with DJJPP 404.1, 404.3 and 405.1, to identify health conditions that require a special medical program for chronic or convalescent care.
- B. If necessary, the Superintendent shall request a transfer through the Division of Placement Services if the program is unable to meet the needs of the youth.
- C. The Registered Nurse shall assess the level of knowledge the youth has of the condition.
- D. The primary health care provider shall develop a written medical treatment plan, including short- and long-term goals, which the facility nurses, staff, and the youth shall follow while at the facility for the following conditions:
  1. Diabetes;

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2. Seizure disorders;
  3. Pregnancy;
  4. Chemical dependency;
  5. Serious communicable disease;
  6. HIV;
  7. Tuberculosis, disease, or infection;
  8. Physical disabilities/challenges;
  9. Developmental disabilities;
  10. Major mental illness;
  11. Terminal illness;
  12. ADHD;
  13. Depression;
  14. Asthma; or
  15. Any other medical disorder that the primary health care provider determines to be of a chronic or convalescent nature.
- E. The medical treatment plan shall also be available to facility staff and the youth and shall include instructions about diet, exercise, adaptation to the correctional environment, medication, the type and frequency of diagnostic testing and follow-up frequency. The plan shall include responsibilities of nurses and other designated staff, consultation with specialists as needed, and review and examination by the health care practitioner as indicated.
- F. The medical treatment plan shall include all known drug allergies.
- G. The medical treatment plan shall be maintained by the Registered Nurse. The original plan shall be placed in the youth's Medical Record.

#### **V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Medical Director or designee, the Director of Mental Health Services or designee, the Registered Nurse, the primary health care provider, the Quality Assurance Branch, and the facility Superintendent.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JDF-5B-07  
1-JBC-4C-34; 5C-09  
NCCHC Y-G-07**

**CHAPTER: Health and Safety Services**

**AUTHORITY: KRS 15A. 065**

**SUBJECT: Perinatal Care**

**POLICY NUMBER: DJJ 404.11**

**TOTAL PAGES: 2**

**EFFECTIVE DATE: 4/4/2014**

**APPROVAL: A. Hasan Davis**

**, COMMISSIONER**

**I. POLICY**

Perinatal medical care shall be provided for pregnant youth.

**II. APPLICABILITY**

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Health Services).

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

- A. As a part of the physical assessment and examination process, all females entering a DJJ residential treatment or detention facility shall have a pregnancy test within seven (7) days of admission.
- B. If the youth has tested positive, the continued placement of that youth in a DJJ group home or youth development center shall be upon on the advice and counsel of the primary health care provider and according to the Division of Placement Services policy. Upon completion of the second trimester, continuation in the residential treatment program shall be determined by the DJJ Medical Director.
- C. In recognition of the high-risk nature of adolescent pregnancy, youth remaining in the program after pregnancy has been determined, shall receive regular pre-natal and post-natal care, to include care and management of chemically addicted juveniles, excluding detoxification. This includes routine medical examinations, advice on appropriate activity levels, safety precautions, nutrition, guidance and counseling as ordered and directed by qualified health care professionals, including physicians having obstetrical privileges at the hospital where the delivery is likely to take place.

<b>POLICY NUMBER</b> <b>DJJ 404.11</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>2 of 2</b>
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D. Pregnant females shall receive education regarding possible adverse effects on the fetus associated with tobacco, alcohol and other drug use.

E. Pregnant females shall receive parenting education, unless the youth has opted for adoption.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Medical Director or designee and the Quality Assurance Branch.



**JUSTICE CABINET  
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POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-26  
3-JDF-4C-25  
3-JCRF-4C-13  
1-JBC-4C-26  
NCCHC Y-E-06**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A. 065</b>
<b>SUBJECT: Oral Screening and Oral Care</b>	
<b>POLICY NUMBER: DJJ 404.12</b>	
<b>TOTAL PAGES: 2</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Each 24 hour residential program shall provide dental care services for each youth.

**II. APPLICABILITY**

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Health Services).

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

- A. Routine and emergency dental care shall be provided under the direction and supervision of a licensed dentist. A copy of the dentist license shall be obtained each year and kept on file by the facility health authority.
- B. A dental screening for each youth shall occur upon admission by a qualified health care professional or health trained personnel.
- C. The dentist, Registered Nurse or designee shall provide oral hygiene instruction and dental health education within 14 days of admission.
- D. The Registered Nurse or designee shall arrange a dental examination by a dentist licensed in Kentucky within 14 days of admission, at youth development centers only, unless documentation exists of a dental examination within the previous six months or the screening reveals an emergency situation and immediate care is needed. Diagnostic x-rays shall be provided as necessary.

<b>POLICY NUMBER</b> <b>DJJ 404.12</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>2 of 2</b>
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- E. The Registered Nurse or designee shall arrange a dental examination by a dentist licensed in Kentucky within 60 days of admission, at group homes only, unless documentation exists of a dental examination within the previous six months or the screening reveals an emergency situation and immediate care is needed. Diagnostic x-rays shall be provided as necessary.
- F. Dental treatment as determined by the dentist shall be provided when the health of a youth may otherwise be adversely affected, to include an individualized dental treatment plan, consultation, and referral to dental specialists. The Medical Director or designee shall approve all orthodontic and non-emergency oral surgical procedures for youth
- G. The Registered Nurse or designee shall maintain documentation of all dental procedures in the youth's Medical Record.
- H. All staff shall be responsible for reporting suspected dental problems for appropriate action, including emergency services.
- I. Fluoride toothpaste shall be provided to all youth in DJJ facilities.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the facility dentist, the facility Registered Nurse, the DJJ Dentist, the Quality Assurance Branch, and the Medical Director or designee.



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POLICY AND PROCEDURES**

**REFERENCES:**  
505 KAR 1:120  
3-JTS-4B-13—15; 4C-14, 36  
3-JDF-4B-13—15 ; 4C-13, 34  
3-JCRF-4B-09; 4C- 20, 21  
1-JDTP-3B-06, 15  
1-JBC-4B-11—13; 4C-14, 36  
NCCHC Y-F-01, Y-F-04

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Preventive Health Care</b>	
<b>POLICY NUMBER: DJJ 404.13</b>	
<b>TOTAL PAGES: 3</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Department of Juvenile Justice (DJJ) shall provide preventive health care services including immunizations, testing for communicable disease, general health monitoring, hygiene, and health education.

**II. APPLICABILITY**

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Intake, Reception, and Orientation and Health Services).

*LIMITED APPLICABILITY*

*In day treatment programs, proof of immunization shall be required within 30 program days of admission. Youth shall be released to the parent for appropriate medical attention if proof is not provided within the stated timeframe. An immunization certificate from an attending physician or health care provider shall be required for readmission into the program. Exceptions require the approval of the Medical Director.*

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

**A. Immunizations**

1. Youth shall be immunized according to Kentucky Revised Statutes within 30 days of admission to a DJJ program. When a youth enters a DJJ

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residential program the Registered Nurse or designee shall obtain the youth's immunization record. Original certificates shall be transferred to the school office. A copy shall be maintained in the medical record.

2. If it is determined that a youth's immunization series is not complete, the Registered Nurse or designee shall ensure that all necessary vaccines are received by the youth.
3. When immunization records are not available, and all efforts to obtain these records have failed, the youth shall begin a new immunization series.
4. Dates of previous immunizations shall be included on the immunization certificate.
5. A pregnancy test shall be completed on all females before any immunization is given.

#### B. Communicable Diseases

1. When a youth enters a DJJ facility, the Registered Nurse or designee shall administer a tuberculosis skin test unless the youth is a known reactor or indicates that there has been an abnormal reaction to the skin test in the past. In this case, the Registered Nurse or designee shall research the skin test history.
2. A scheduled series of three Hepatitis B vaccines shall be initiated or completed on all youth in DJJ residential treatment programs.

#### C. General Health Monitoring

1. The Registered Nurse or designee shall weigh each youth at least monthly.
2. The Registered Nurse or designee shall perform vision and hearing screening on each youth within thirty (30) days of admission.
3. The Registered Nurse or designee shall schedule each youth for an annual dental checkup.

#### D. Personal Hygiene

1. The Registered Nurse or designee shall provide personal hygiene instruction upon admission. The information shall be included in the resident handbook and reinforced as needed by facility staff.
2. Youth shall be afforded daily opportunity for personal hygiene. Personal hygiene products shall be provided or available to the youth upon admission and as necessary thereafter to include soap; comb; soft, round-bristled toothbrush; toothpaste; deodorant; toilet tissue; and sanitary napkins and tampons, when necessary. Shaving equipment shall be available when needed; dispensing, use and supervision of shaving equipment shall be conducted in accordance with facility standard

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operating procedures for security. A tub or shower with hot and cold running water shall be available. Each facility shall provide an approved shower schedule that allows daily showers and showers after strenuous exercise.

3. Staff shall document personal hygiene items given to youth.
4. Laundry services shall be available at least weekly.
5. Hair care services that are culturally appropriate shall be provided by a licensed provider and available for all youth as needed. Level V Youth Development Centers as well as secure detention facilities shall make arrangements for on-site services. Equipment used to provide hair care services shall be inventoried, sanitized and stored securely when not in use.

#### E. Health Education

1. The Registered Nurse in residential treatment facilities shall teach or coordinate health education.
2. Subjects for health education shall include oral and personal hygiene including skin, nail and foot care; nutrition; sexually transmitted diseases (STDs) including HIV/AIDs; tuberculosis and other communicable diseases; the use and danger of self-medication; family planning including, as appropriate, both services and referrals; physical fitness; and chronic diseases and disabilities as may relate to individual youth.
3. Written documentation shall be maintained relating to the health education and personal hygiene instruction given to youth.

## V. MONITORING MECHANISM

Monitoring shall be accomplished by the Registered Nurse, the Superintendent, the Quality Assurance Branch, and the Medical Director or designee.



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POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-15  
1-JBC-4C0-15  
NCCHC Y-G-10**

**CHAPTER: Health and Safety Services**

**AUTHORITY: KRS 15A. 065**

**SUBJECT: Family Planning Services**

**POLICY NUMBER: DJJ 404.14**

**TOTAL PAGES: 1**

**EFFECTIVE DATE: 4/4/2014**

**APPROVAL: A. Hasan Davis**

**, COMMISSIONER**

**I. POLICY**

Comprehensive family planning information and counseling shall be incorporated into the overall treatment and education program.

**II. APPLICABILITY**

This policy shall apply to Department of Juvenile Justice operated and contracted day treatment centers, group homes and youth development centers.

**III. DEFINITIONS**

Refer to Chapter 400

**IV. PROCEDURES**

- A. Education and counseling regarding aspects of sexuality shall be available in the facility or by referral to appropriate community providers. Upon discharge all youth shall be advised to contact their local health department or other family planning clinic regarding pregnancy prevention and options.
- B. All education programs or counseling provided shall be documented.
- C. Each facility shall keep family planning publications and pamphlets for youth.
- D. Audio-visual and printed publications shall be age-appropriate.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Registered Nurse, the Quality Assurance Branch, and the Medical Director or designee.



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POLICY AND PROCEDURES**

**REFERENCES:**  
**505 KAR 1:120**  
**3-JTS-4C-01, 11, 13, 16, 28;**  
**5C-03**  
**3-JDF-4C-01, 10, 12, 16, 27**  
**3-JCRF-4C-01, 03, 05, 15**  
**1-JDTP-3B-03**  
**1-JBC-4C-01, 11, 13, 17, 28;**  
**5C-04**  
**NCCHC Y-A-03, Y-C-01, Y-**  
**C-21, Y-C-09, Y-C-10**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Mental Health Services Administration &amp; Personnel</b>	
<b>POLICY NUMBER: DJJ 405</b>	
<b>TOTAL PAGES: 5</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

The Department of Juvenile Justice (DJJ) shall employ a Chief of Mental Health Services to oversee the provision of appropriate, comprehensive mental health care for youth in DJJ operated or contracted programs in compliance with local, state, and federal law. Appropriately licensed and credentialed psychiatrists and mental health providers shall provide mental health services.

**II. APPLICABILITY**

This policy shall apply to all DJJ community service offices, day treatment programs, detention centers, group homes, and youth development centers.

**III. DEFINITIONS**

Refer to Chapter 400

**IV. PROCEDURES**

A. The Chief of Mental Health Services shall:

1. Be afforded the opportunity to interview prospective mental health service personnel and provide information to the Division Director or designee.
2. Approve written job descriptions defining the specific duties and responsibilities of personnel who provide mental health care services within DJJ. These job descriptions shall be reviewed and updated as necessary at minimum every two years by the Chief of Mental Health Services or designee.

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3. Review and recommend for approval all departmental mental health and treatment policies and procedures annually;
  4. Approve mental health and treatment related forms;
  5. Approve the training content of mental health care topics;
  6. Approve contracts and Memoranda of Understanding (MOU) for mental health services;
  7. Review statistical reports of mental health services provided; and
  8. Per directive of the Commissioner, represent the Department on various Commissions, Boards, or workgroups to address statewide planning and implementation of mental health services.
- B. DJJ shall employ a Doctoral Psychologist to oversee mental health care for youth within each of the designated regions of the state. The Regional Psychologists shall:
1. Monitor mental health and treatment services in day treatment, detention, residential treatment and community based programs;
  2. Provide administrative and clinical supervision to the regional Mental Health Branch;
  3. Provide professional oversight to facility based Psychologists and Qualified Mental Health Professionals if the latter have a Master's Degree;
  4. Conduct and review Mental Health evaluations of youth as appropriate;
  5. Provide treatment as deemed appropriate by the Regional Director and the Chief of Mental Health Services;
  6. Develop working relationships with local mental health care providers and facilitate access to needed services;
  7. Review and approve policies and procedures about Mental Health care of youth; and
  8. In collaboration with the Division of Staff Development, provide or facilitate staff training on mental health care topics.
- C. Under the supervision of the Doctoral Psychologist, employees within the Mental Health Branch shall:
1. Provide therapeutic counseling services to high-risk youth with mental health needs in DJJ day treatment, detention, residential treatment and community based programs; and
  2. Provide consultation, training and technical assistance to day treatment, detention, residential and community based DJJ staff in regards to the mental health needs of youth.

<b>POLICY NUMBER</b> <b>DJJ 405</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>3 of 4</b>
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- D. DJJ youth development and detention centers shall have access to an appropriately credentialed psychiatrist either by direct employment or by contract for services. Psychiatrists shall:
1. Provide services as needed in person or by teleconference; and,
  2. Provide services including differential diagnoses, psychiatric evaluation, and prescribing and renewing medications.
- E. DJJ Youth Development Centers shall be staffed with a minimum of one psychologist per facility. If a facility's population exceeds 45, then two psychologists shall be assigned. A psychologist shall have a master's degree. Other professionals who fall within the parameters of QMHP may be employed given substantial proof that recruitment of a psychologist has been unsuccessful. The Facility Psychologist, or QMHP, shall:
1. Serve as the Treatment Director overseeing the provision of mental health services and coordinating and supervising the treatment program in accordance with DJJPP 303.
  2. Review, complete and sign medical and mental health screening forms.
  3. Perform a mental health evaluation in accordance with DJJPP 405.1, Section IV.F.1 & 2.
  4. Maintain a list of mental health providers that can be referral sources.
  5. Refer a juvenile to a Doctoral Psychologist or Psychiatrist when unclear about diagnosis, treatment, or management.
  6. Inform treatment team of any mental health management issues;
  7. Provide training on mental health issues to include suicide prevention and intervention.
- F. Mental health services to youth in day treatment, group homes and detention centers may be provided by community agencies under the oversight of the Regional Psychologist. Mental health providers shall:
1. Be available on call 24 hours a day and 7 days a week for crisis intervention.
  2. Assist in making arrangements for psychiatric hospitalization when indicated.
  3. Provide mental health evaluation, testing and ongoing services per required need.
- G. The Superintendent or designee of each youth development center, detention center or group home shall maintain on file:
1. A current copy of professional licenses, certifications, and restrictions of mental health providers who provide services to youth in their program.

<b>POLICY NUMBER</b> <b>DJJ 405</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>4 of 4</b>
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2. Copies of written contracts and Memoranda of Understanding (MOU) with mental health providers.

#### **H. TRAINING**

1. All medical and mental health staff shall reference DJJ Policy and Procedure Chapter 5 for training requirements.
2. Continuing Education for mental health professionals shall be in accordance with KRS licensing requirements. Verification of continuing education shall be documented for each qualified health care professional.

#### **V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Superintendent, the Facility Psychologist or QMHP, the Regional Psychologist, the Chief of Mental Health Services or designee, and the Quality Assurance Branch.



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POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-22, 24, 41  
3-JDF-4C-21, 23  
3-JCRF-4C-09  
1-JDTP-3B-02  
1-JBC-4C-22, 24  
NCCHC Y-E-05  
KRS Chapter 319**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Mental Health Assessment/Evaluation</b>	<b>KRS Chapter 311</b>
<b>POLICY NUMBER: DJJ 405.1</b>	
<b>TOTAL PAGES: 3</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis , COMMISSIONER</b>	

**I. POLICY**

Adequate and appropriate mental health screening and evaluation shall be provided to youth.

**II. APPLICABILITY**

This policy shall be applicable to group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Intake, Reception, and Orientation and Suicide Prevention and Intervention).

**LIMITED APPLICABILITY**

*In day treatment programs, mental health needs shall be assessed on the day of admission in accordance with protocol approved by the Chief of Mental Health Services. On suspicion of a problem, referral may be made to the Mental Health Branch or the parent or guardian may be contacted and assisted, if appropriate, in finding the proper community resources.*

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

A. Mental health screening, to include screening for drug and alcohol abuse, shall be completed at the time of admission in accordance with procedures approved by the Chief of Mental Health Services.

<b>POLICY NUMBER</b> <b>DJJ 405.1</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>2 of 2</b>
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1. In youth development centers the screening shall be completed by the facility Qualified Mental Health Professional (QMHP) or trained designee. After the initial screening is completed, the facility QMHP shall review and sign both the medical and mental health screening forms.
  2. In group homes and detention centers, staff trained in use of the screening instrument shall complete mental health screening. The screening form shall be reviewed and signed by a counselor.
- B. Based on this screening it shall be determined if the youth may join the general population, be referred for immediate evaluation by a mental health professional or be referred for immediate medical evaluation.
  - C. Upon identification of an acute psychiatric condition, appropriate personnel shall be informed. The facility psychologist and the Registered Nurse or designee shall be notified of all suicidal threats or attempts. In group homes and detention centers, the Regional Psychologist shall be notified of all suicide attempts and be consulted as needed on threats. Residents with acute conditions shall be maintained on one to one supervision until directed otherwise by the QMHP or until the resident is hospitalized. If the QMHP recommends that a youth is in need of further mental health treatment or review, the Superintendent or designee shall promptly transport the youth to obtain such treatment. If hospital admission is indicated, the facility psychologist, or in group homes the Superintendent or designee, shall coordinate admissions to psychiatric facilities.
  - D. The Registered Nurse and Regional Psychologist or designee shall maintain a list of other major sub-specialty medical and mental health providers that can be accessed as needed to manage youth with acute and chronic medical and mental illnesses.
  - E. Youth in youth development centers, who require mental health services, shall have an evaluation within 14 days of admission and annually thereafter.
  - F. Mental health issues of youth in youth development centers and group homes shall be addressed in the treatment planning process described in DJJPP Chapter 3 (Individualized Treatment Aftercare Planning). Each youth's Individual Treatment Plan shall reflect the capabilities of the youth to work within the scope of the treatment/work/school program.

## **V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Registered Nurse, Regional and facility-based psychologists, the Quality Assurance Branch, and the Chief of Mental Health Services or Designee.



**JUSTICE CABINET  
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POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-43  
3-JDF-4C-42  
1-JCRF-4C-25  
1-JDTP\_3B-09  
1-JBC-4C-39  
NCCHC Y-I-02, Y-I-04, Y-I-05**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Forced Psychotropic Medications</b>	<b>KRS 202A, KRS 645</b>
<b>POLICY NUMBER: DJJ 405.2</b>	
<b>TOTAL PAGES: 2</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Youth shall have the right to refuse psychotropic medication unless ordered by a court as a result of the youth being a danger to self or others. Reference DJJPP Chapter 4 (Access to Treatment).

**II. APPLICABILITY**

This policy shall apply to all Department of Juvenile Justice (DJJ) operated or contract programs providing services to youth probated, sentenced or committed to, or placed in the care and custody of, the DJJ.

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

- A. If a youth with a mental illness who refuses psychotropic medication cannot be safely maintained in a facility or the community, the procedures outlined in DJJPP Chapter 4 (Psychiatric Hospitalization) or Chapter 6 (Electronic Monitoring) shall be implemented for hospitalization of the youth.
- B. If the hospitalizing physician holds that medication is necessary, the hospital shall initiate the process of obtaining a court order to allow forced medication in accordance with KRS 202A.196 or KRS 645.170.
- C. Once the order is obtained and the youth is returned to DJJ, the forced order shall be continued at the discretion of the Chief of Mental Health Services or designee and shall comply with following:
  1. Administration shall be authorized by a physician for a specified duration;

<b>POLICY NUMBER</b> <b>DJJ 405.2</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>2 of 2</b>
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2. Less restrictive intervention options shall have been exercised without success, as determined by the physician or psychiatrist;
3. There shall be specific details about why, when, where, and how the medication is to be administered;
4. This shall be monitoring for adverse reactions and side effects; and,
5. Less restrictive treatment plan alternatives shall be prepared as soon as possible.

**V. MONITORING MECHANISM**

The Regional Psychologist, the Quality Assurance Branch, and Chief of Mental Health Services shall monitor the use of forced medications quarterly.



**JUSTICE CABINET  
DEPARTMENT OF  
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POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-41; 5C-06  
3-JDF-4C-39; 5B-05  
3-JCRF-5C-05  
1-JDTP-3B-02  
1-JBC-5C-07  
NCCHC Y-E-05**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Referral for Mental Health Services</b>	
<b>POLICY NUMBER: DJJ 405.3</b>	
<b>TOTAL PAGES: 2</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Referral shall be made to a Qualified Mental Health Professional (QMHP) whenever a youth's mental health status is in question.

**II. APPLICABILITY**

This policy shall apply to all group homes and youth development centers. This policy shall govern the actions of community service offices in complying with applicable sections of DJJPP Chapter 6 (Electronic Monitoring) and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Suicide Prevention and Intervention).

**LIMITED APPLICABILITY**

*In day treatment programs, the parent or guardian shall be contacted. Referral may be made to the Mental Health Branch or the parent or guardian may be assisted, if appropriate, in finding the proper community resources. The youth's assigned counselor shall be copied on all mental health referrals. Each referral shall be reviewed in the youth's next scheduled Treatment Team meeting.*

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

- A. Referral to the QMHP shall be made in writing or electronically, complete with date and time.
- B. The QMHP shall respond to the referral in a timely manner. If the QMHP is a DJJ staff member, response shall be within three (3) business days.

<b>POLICY NUMBER</b> <b>DJJ 405.3</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>2 of 2</b>
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- C. The QMHP shall conduct an evaluation sufficient in scope to reasonably assess the needs of the youth. The evaluation shall be in person or teleconference.
- D. Youth shall be referred to the nearest community mental health center or other outpatient psychiatric services if the services cannot be provided by DJJ staff. Community mental health services shall be used as early as possible.
- E. All documentation related to the referral, evaluation, and intervention for youth in a group home or youth development center shall be placed in the youth's Medical Record. At the discretion of the QMHP, limited information may be placed in the Individual Client Record in order to facilitate continuing care for the youth.
- F. The youth's assigned counselor shall be notified of all mental health referrals for youth in a group home or youth development center. In youth development centers, the treatment director shall also be notified of all referrals for psychiatric services. Each referral shall be reviewed in the youth's next scheduled Treatment Team meeting.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Chief of Mental Health Services, Regional and facility-based psychologists, and the Quality Assurance Branch.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-22, 24, 37  
3-JDF-4C-21, 22, 35, 39  
3-JCRF-4C-06, 09  
1-JBC-4C-22, 24, 35  
NCCHC Y-G-05**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Suicide Prevention/Intervention</b>	
<b>POLICY NUMBER: DJJ 405.4</b>	
<b>TOTAL PAGES: 3</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Youth shall be screened upon admission and continually monitored thereafter in order to assess the risk for self-harm or suicide and maintain physical safety.

**II. APPLICABILITY**

This policy shall apply to all youth development centers and group homes and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Intake, Reception and Orientation) and (Suicide Prevention and Intervention).

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

- A. Youth shall be screened upon admission by a Qualified Mental Health Professional (QMHP) or trained designee for suicide risk factors.
- B. Staff shall be trained regarding recognition of verbal and behavioral cues and to observe for signs of vulnerability that indicate potential suicidal behavior. Staff shall be trained to recognize high-risk behaviors and high-risk periods of potential suicidal behavior.
- C. The designated QMHP shall be informed if a youth is noted to have risk factors, has expressed any intent to harm themselves or has actually made an attempt at self-harm. The youth shall be kept safe on one-to-one supervision until evaluated by a QMHP. The facility nursing staff shall be contacted in the event of a suicide attempt.
- D. The QMHP shall assign one of the following levels of precaution:

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## 1. HIGH-LEVEL OBSERVATION

In most circumstances, this level shall pertain to youth who have actually recently attempted suicide or who are deemed at high risk of self-harm. The youth shall be assigned one-to-one supervision and placed in an area designated as safe. A youth may also be within arm's length of a staff member at all times. One-to-one supervision shall be required until determined by a QMHP and a mental health evaluation. In facilities with a control center the youth may be watched through the room's video camera after a mental health evaluation and the approval of a QMHP. Interactive contact shall be made at staggered intervals of no more than 15 minutes. Staff shall remain ready to intervene rapidly in the event of an emergency. The youth shall be searched for possession of any potentially harmful objects such as glass, pins, pencils, pens, and matches. Plastic bags shall be removed. In cases where a youth has used his own clothing to make a suicide attempt, the youth's clothing may be removed and the youth placed in a paper gown. A same sex staff member shall visually supervise toileting and bathing. Transfer to an acute psychiatric setting shall be considered.

## 2. MODERATE-LEVEL OBSERVATION

This level shall pertain to youth that the mental health professional feels are at moderate risk for suicide. Searches as described under High-Level Observation shall be conducted. The youth shall be observed at staggered intervals of no more than 15 minutes while awake and asleep. Toileting and bathing may or may not be visually supervised depending on staff discretion; if visually supervised, it shall be performed by a same sex staff member; if visually unsupervised, staff shall be standing close by with the door slightly ajar. The youth may have bedding; however, if the youth verbalizes intent to harm himself bedding shall be removed and the QMHP consulted.

- E. Documentation of the placement on suicide precaution shall be made into the youth's progress notes on the date of the incident by the attending Youth Worker staff in accordance with DJJPP Chapter 3 (Progress Notation). The observation shall be documented at staggered intervals of no more than 15 minutes, High-Level or Moderate-Level Observation of a youth. Information recorded shall include:
1. Checks of the youth conducted; including notation of bruises or other trauma markings. High-Level Observation requires the direct and continuous supervision of staff; however, the documentation shall be made at intervals at staggered intervals of no more than 15 minutes and shall involve personal contact with the youth.

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2. Behavioral observation and problems with youth shall be noted in the observation log and the supervisor shall be notified of any existing problems. The observations may include comments regarding the youth's attitude and outlook. Significant data, as defined by the psychologist or QMHP, shall immediately be relayed by the supervisor to the superintendent or designee.
- F. Suicide precautions may be discontinued or lowered by the QMHP with notification to the superintendent and/or Administrative Duty Officer (ADO).
  - G. A youth who is suicidal may only be placed in isolation if they present an immediate assault risk to staff or other youth as evidenced by physical actions and other less restrictive interventions have failed or are not appropriate. One-to-one supervision shall be required until determined by a QMHP and a mental health evaluation. In facilities with a control center the youth may be watched through the room's video camera after a mental health evaluation and the approval of a QMHP. Staff shall follow protocol for dealing with mental health emergencies and suicide prevention/intervention for youth, who have been placed in Isolation and expresses suicidal ideation.
  - H. In the event of staffing shortages or facility emergencies, youth on suicide precaution shall take priority. The Superintendent shall be notified immediately of the need for additional staffing. Youth whose behavior presents serious danger to self or others and requires constant protective supervision beyond the capabilities of the program shall be immediately referred for inpatient psychiatric care or other protective care in accordance with DJJPP Chapter 4 (Psychiatric Hospitalization).
  - I. Suicide and suicide attempts shall be documented on an incident report in accordance with DJJPP Chapter 3 (Incident Reporting) or Chapter 7(Critical Incident Reports). In the event of a completed suicide, reference DJJPP Chapter 1 (Death of a Youth) for procedural instructions.

## **V. MONITORING MECHANISM**

The Chief of Mental Health Services or designee, Regional and facility-based psychologists, the Quality Assurance Branch, and the Division of Program Services shall monitor this activity.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-27, 28, 41; 5C-06  
3-JDF-4C-26, 27, 39; 5B-05  
3-JCRF-4C-14, 15; 5C-03  
1-JBC-4C-27, 28; 5C-07  
NCCHC Y-E-08**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Mental Health Emergencies</b>	
<b>POLICY NUMBER: DJJ 405.5</b>	
<b>TOTAL PAGES: 2</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Mental health emergency care shall be available 24 hours a day, seven days per week by direct employment or by contract for services.

**II. APPLICABILITY**

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Suicide Prevention and Intervention).

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

**A. PROTOCOL FOR DEALING WITH MENTAL HEALTH EMERGENCIES**

1. In the event of a mental health emergency, the facility worker shall first ensure the safety of the youth. If medical issues predominate, emergency medical services shall be provided and the youth determined to be medically stable prior to proceeding with mental health issues.
2. An incident may be considered an emergency if the youth demonstrates danger to self or others, has evidence of an injury or is agitated to the point of not having self-control. At times a situation may arise in which urgent action is necessary. Staff shall monitor the youth in order to maintain safety as the notification process proceeds.
3. In youth development centers the Qualified Mental Health Professional (QMHP) shall assess the situation, either by phone or after a visit to the facility, and determine a course of action. The QMHP may elect to notify the psychiatrist or Regional Psychologist for consultation in determining the course of action. The QMHP shall inform the Superintendent of the planned interventions.

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4. In detention centers and group homes, the Superintendent or designee shall assess the situation and may elect to notify the Regional Psychologist or contract mental health provider for consultation in determining a course of action. See DJJPP Chapter 4 (Suicide Prevention/Intervention) for levels of precaution.
- B. Each program shall prepare a plan to provide emergency mental health care by outlining the necessary actions to be taken by staff in the following situations:
  1. Use of an emergency medical vehicle;
  2. Use of one or more designated hospital emergency department(s) or appropriate mental health facilities;
  3. Emergency on-call medical and mental health services;
  4. On-site emergency first aid and crisis intervention; and
  5. Security procedures that provide for the emergency transfer of youth when appropriate.
  6. Procedures for notification of a transfer to the court the next business day.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Chief of Mental Health Services or designee(s), the Quality Assurance Branch, and the Division of Program Services.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:**  
**505 KAR 1:120**  
**3-JTS-4C-04, 34, 41, 47**  
**3-JDF-4C-04, 33, 39, 45**  
**3-JCRF-4C-14, 27**  
**1-JBC-4C-27, 32, 42**  
**NCCHC Y-A-12, Y-E-08, Y-E-10**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Psychiatric Hospitalization</b>	
<b>POLICY NUMBER: DJJ 405.6</b>	
<b>TOTAL PAGES: 3</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Arrangements shall be made in advance for providing in-patient and emergency care for psychiatric conditions.

**II. APPLICABILITY**

This policy shall apply to all group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Suicide Prevention and Intervention). Reference DJJPP Chapter 6 (Mental Health Services, Referrals, and Psychiatric Hospitalization) for related Community Services policy. Reference DJJPP Chapter 4 (Emergency Medical Services ) for related data regarding medical/surgical hospitalization.

**III. DEFINITIONS**

Refer to Chapter 400.

**IV. PROCEDURES**

- A. Youth whose behavior presents serious danger to self or others and requires constant protective supervision beyond the capabilities of the program, shall be immediately referred for inpatient psychiatric care or other protective care.
- B. Superintendents or the Fiscal Branch shall develop and have approved by The Chief of Mental Health Services or designee a Memorandum of Understanding with each hospital or urgent care center DJJ utilizes for in-patient and emergency psychiatric services.
  - 1. The hospital shall be required to contact the Superintendent for pre-approval for any and all furloughs, day leaves and off-grounds activities passes.

<b>POLICY NUMBER</b> <b>DJJ 405.6</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>2 of 3</b>
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2. In the event of an escape, assault, serious injury or any other event of a critical nature, the hospital shall be required to provide direct notification to the Superintendent within 12 hours of the occurrence. A written account of the incident shall be provided to the appropriate DJJ Regional Division Director within 24 hours of the occurrence of the incident. Effort to contact any listed parent or guardian shall also be required of the hospital.
  3. The hospital shall be required to provide immediate and direct notice to the Superintendent of a Medicaid de-certification decision. A written letter shall not substitute for this notification.
  4. The hospital shall be required, upon request from Treatment Director or counselor, to provide all records at the return of the youth to DJJ. For hospitalizations that exceed one month, upon request from Treatment Director or counselor, a progress report shall be submitted to the Superintendent or designee on a monthly basis.
- C. The Treatment Director or Counselor shall consult with a Regional Psychologist or Chief of Mental Health Services to discuss a possible hospitalization.
  - D. A DJJ Regional Psychologist, the Director for the Division of Community and Mental Health Services, or the Chief of Mental Health Services may approve and accept financial responsibility for an emergency hospitalization on the behalf of the Department. This approval may be made by phone or faxed signature on the appropriate forms for each hospital.
  - E. No other DJJ staff shall sign any financial responsibility forms for an emergency psychiatric hospitalization for a DJJ youth.
  - F. Staff shall accompany youth to hospital and stay with him at least through admission.
  - G. Parents or legal guardians and the Juvenile Service Worker (JSW) shall be notified as soon as possible if hospitalization is needed for a youth.
  - H. The Treatment Director or counselor shall notify the Regional Psychologist and the superintendent or designee of an admission or discharge.
  - I. The Treatment Director shall notify the JSW who will then contact the benefits worker concerning medical/MEDICAID coverage.
  - J. The youth shall generally be returned to the pre-hospitalization placement unless there are extenuating circumstances to cause consideration for placement adjustment. It shall be the responsibility of the Superintendent and the Regional Manager or Residential Facilities Administrator to work with the Classification Branch Manager if a placement adjustment is required.
  - K. It shall be the intent of the Department to have youth discharged from the hospital no later than 24 hours following Medicaid de-certification. Exceptions to extensions beyond 24 hours may only be made by the Regional Division Director.

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L. When a youth is returned to a DJJ facility from a psychiatric facility the youth shall be rescreened incorporating information from the hospital and the treatment plan will be modified accordingly.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Chief of Mental Health Services or designee(s) and the Division of Program Services.

	<b>JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</b>	<b>REFERENCES: 505 KAR 1:120 NCCHC Y-I-01</b>
<b>CHAPTER: Health &amp; Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>	
<b>SUBJECT: Therapeutic Restraints</b>		
<b>POLICY NUMBER: 406</b>		
<b>TOTAL PAGES: 4</b>		
<b>EFFECTIVE DATE: 4/4/2014</b>		
<b>APPROVAL: A. Hasan Davis , COMMISSIONER</b>		

**I. POLICY**

Therapeutic restraint equipment shall be used in accordance with established medical protocol as a temporary control measure for youth when the issue necessitating the use of therapeutic restraints is of a medical or psychiatric nature and all other actions appropriate to the situation have been ruled out. Therapeutic restraints are not intended for, and shall be prohibited for use as, a means of discipline and punishment. The use of chemical restraints, chemical agents, and fixed restraints shall be prohibited.

**II. APPLICABILITY**

This policy shall apply to designated Youth Development Centers and Detention facilities providing services to youth sentenced or committed to the Department of Juvenile Justice (DJJ).

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

- A. Therapeutic Restraints shall only be utilized after an order from the Treatment Director, Regional Psychologist, Director of Medical Services, or Chief of Mental Health Services.
- B. The order shall indicate the reason for restraint, date and time of the order, type of therapeutic restraint used, maximum duration of the order, and criteria for release.
- C. The facility superintendent and Facilities Regional Administrator shall be notified within fifteen (15) minutes of any use of therapeutic restraints.
- D. DJJ staff that are trained by the Division of Professional Development may apply the restraints.
- E. Youth shall be placed in therapeutic restraints only after other physical management techniques or other restraints have failed to control the youth's movement or behavior.

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- F. Minimum force shall be used in the application of therapeutic restraints to reduce the possibility of injury to the youth and to the staff.
- G. The youth shall be searched before restraints are applied, except when circumstances prevent a search. In this case the search should take place as soon as possible after the restraints are applied.
- H. Therapeutic restraints shall not be affixed to a stationary object in any manner so as to constitute a fixed restraint. It is also prohibited to restrain a youth in an unusual position. Any violation of this policy shall result in discipline from written reprimand up to and including dismissal.
- I. Any youth placed in therapeutic restraints shall be removed from the general population and public view to prevent embarrassment or ridicule.
- J. Facility nurses or health-trained staff shall conduct an assessment of each youth every 15 minutes during the therapeutic restraint episode to check vital signs, circulation, nerve damage, airway obstruction, and psychological trauma. Documentation shall be made on the observation logs.
- K. Hydration should be offered to the youth at a minimum of every 30 minutes or upon reasonable request and documented on the observation log.
- L. Bathroom privileges shall be permitted at a minimum every hour or upon reasonable request and documented on the observation log.
- M. Proper nutrition shall be offered at each designated meal or snack time and documented on the observation log. The nutrition shall be offered in a manner easily consumed by the youth to reduce the risk of choking or other medical problems.
- N. When no change in the youth's behavior occurs within the first 30 minutes, the QMHP or Regional Psychologist shall begin the evaluation of the youth for possible referral to appropriate resources.
- O. Approval for continued use of the therapeutic restraints beyond one (1) hour shall be obtained from the DJJ Director Division of Medical Services or Chief of Mental Health Services.
- P. Re-evaluation of the need for therapeutic restraints shall occur in person at least every hour by the QMHP, Regional Psychologist, Director of Medical Services, or Chief of Mental Health Services.
- Q. Maximum duration for the use of therapeutic restraints shall be no more than two (2) hours.
- R. At the discretion of the ordering clinician, the youth shall be released from the therapeutic restraints if they remain calm.
- S. Youth shall be evaluated by a QMHP for continuing care after the removal of the therapeutic restraints.

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- T. The event shall be documented in an incident report. The incident report shall include the reason for the use of therapeutic restraint; all interventions attempted prior to the authorization of the therapeutic restraints, the specific therapeutic restraint equipment used; the duration of the therapeutic restraint; the person authorizing the therapeutic restraint; and the time the approval was received. The incident report shall be completed within the timeframes specified in DJJPP Chapter 3 (Critical Incident Reports) and filed in the youth's Individual Client Record. The report shall be reviewed through the program channels to the Superintendent for compliance with policy and procedure.
- U. The Division Director shall also review the documentation for compliance with policy and procedure with a copy of the results sent to the Deputy Commissioner of Operations.
- V. If an injury occurs in the course of use of therapeutic restraints, it shall be fully documented. Prompt medical attention shall be required when injuries are serious enough to warrant anything other than first aid. The Superintendent shall conduct a thorough review of all incidents involving injury during therapeutic restraint to determine if such incidents may be avoided in the future.
- W. Therapeutic Restraint Equipment Inventory
  1. The availability, control, and use of therapeutic restraint equipment shall be the responsibility of the Superintendent, or the FRA.
  2. Therapeutic restraints shall be secured in a location that is accessible only by supervisory staff. Documentation shall be maintained in the form of inventory and use log(s) to provide accountability for their whereabouts and use.
  3. The Superintendent or FRA or designees shall review the therapeutic restraint inventory and use records monthly and ascertain that equipment listed is secured in the locations noted.
  4. Restraint equipment shall be properly cleaned and disinfected after each use.

**V. MONITORING MECHANISM**

The Regional Manager or Regional Facilities Administrator, Chief of Mental Health Services, Director of Medical Services, and Quality Assurance Branch shall monitor compliance with this policy.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
3-JTS-4C-19—21  
3-JDF-4C-18—20  
3-JCRF-4C-08  
1-JDTP-3B-12, 13  
1-JBC-4C-18—20  
NCCHC Y-22, 29**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Pharmaceuticals</b>	
<b>POLICY NUMBER: DJJ 407</b>	
<b>TOTAL PAGES: 4</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Department of Juvenile Justice (DJJ) programs shall comply with all applicable state and federal regulations regarding prescribing, distributing, administering, procuring, and disposal of pharmaceuticals. Only personnel who have received training in the administration of medication shall perform the administration of medication.

**II. APPLICABILITY**

This policy shall apply to all DJJ operated or contract programs providing services to youth probated, sentenced or committed to, or placed in the care and custody of, DJJ.

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

- A. Each prescription ordered by a health care provider shall be filled by a registered pharmacist.
- B. Medication, whether over-the-counter or prescription, shall be picked up by a nurse or designee or delivered by the pharmacy.
- C. Upon arrival at the facility, the medication shall be counted by a nurse or designee to determine the correctness of the order. Inventory of all prescription medications shall be conducted at least weekly by a nurse or designee. Discrepancies shall be investigated and an incident report completed for unaccounted medication. Serious discrepancies shall be reported to the Director of Medical Health Services or designee.

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- Documentation shall be maintained by Nurse Shift Program Supervisor (NSPS) or designee.
- D. A nurse or designee shall record the prescription information on the Medication Administration Record (MAR). The information shall include name of the medication, dosage, time, and route. The MAR has the name of the youth, allergies, and other related information written on the MAR form including the start and stop dates. Unless otherwise stated, medication orders shall be reviewed every 30 days by the health care provider. A nurse shall inform the prescriber prior to the stop dates.
  - E. The facility nurse shall be responsible for all aspects of medication administration including handling, measuring, and storing all medications. Health trained staff may assist in the limited role of administering medications.
  - F. In the absence of a nurse, only staff trained in the Health Services Protocol shall administer medications. The Health Service Protocol (HSP) training is a 37.5 hour Protocol training course approved by the Kentucky Board of Nursing. Health-trained staff shall receive an annual HSP update at a minimum of two (2) hours.
  - G. A nurse or health trained staff shall follow key control procedures, establishing accountability for security and administration of medications.
  - H. Health trained staff shall not repackage or dispense medications and shall be supervised by a facility Registered Nurse.
  - I. Staff administering medication shall initial the MAR each time a dose is administered. The name, signature, and initials of staff administering medication shall be maintained on a master signature list.
  - J. Medication information shall be available with the MAR for staff and youth knowledge.
  - K. Drugs requiring refrigeration shall be kept in a refrigerator in the area of the facility where medication is stored. This area shall be kept locked at all times except when administering that particular medication. The temperature in the refrigerator shall be logged twice daily.
  - L. All medications shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Drugs for topical use shall be kept separate from the medication administered for ingestion.
  - M. A nurse shall monitor and oversee the use of all pharmaceuticals in the facility by the following methods:
    - 1. Verifying the medication on hand.

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2. On weekends or at any other times when a nurse is not available, the administration of medication shall be monitored and given by health-trained staff.
  3. Conducting and recording a daily MAR review.
- N. Controlled substances are double locked and counted and recorded each time the medication keys change hands.
- O. Any unused medications shall be disposed of by returning them to the pharmacy. A nurse or designee shall make a list of the drugs for disposal.
- P. Psychotropic drugs, such as antipsychotics or antidepressants and other drugs used for psychiatric purposes, requiring parenteral administration are prescribed only by a health care provider and then only following an established treatment plan. Stimulants, tranquilizers, or psychotropic drugs shall not be administered for purposes of discipline, security, control, or experimental research.
- Q. Youth shall not prepare, dispense or administer medication, except for: 1) self medication programs approved by the Medical Director, the NSPS and the facility Superintendent; or 2) medication necessary for the emergency management of a condition.
- R. The use of needles and syringes for any reason shall be documented. A daily inventory shall be maintained for accountability.
- S. A registered pharmacist shall conduct pharmacy audits at each DJJ facility quarterly.
- T. An adequate and proper supply of antidotes and other emergency medications shall be readily available. The poison control center telephone number shall be posted in conspicuous areas throughout the facility. Material Safety Data Sheets (MSDS) shall be available in areas where overdoses or toxicological emergencies are likely.

## **V. MONITORING MECHANISM**

This policy shall be monitored by the Director of Medical Health Services and the Chief of Mental Health Services or designees. The MARS shall also be monitored as part of the regularly scheduled Quality Assurance Branch reviews and routinely reviewed by the NSPS.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JCRF-4C- 24  
1-JDTP-3B- 17  
1-JBC-5C-12  
NCCHC Y-I-03**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A. 065</b>
<b>SUBJECT: Forensic Information</b>	
<b>POLICY NUMBER: DJJ 408.1</b>	
<b>TOTAL PAGES: 2</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

DJJ health care personnel shall be prohibited from participating in the collection of forensic information for use in court proceedings, except as required by state law.

**II. APPLICABILITY**

This policy shall apply to licensed health care personnel providing services to youth either by direct employ or contract. The role of the health care personnel shall be one of neutrality. These personnel shall not be expected to collect information that may compromise their neutrality.

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

- A. DJJ staff other than licensed health care personnel may administer drug and alcohol testing in accordance with DJJPP Chapter 3 (Drug Testing). However, if the results of drug and alcohol testing may be entered into evidence in court proceedings, the Medical Director or designee in conjunction with the Superintendent or Juvenile Service District Supervisor (JSDS) shall arrange for the testing to be done by qualified outside providers.
- B. If a youth is suspected of concealing contraband in a body cavity, only medical personnel may conduct a cavity search. If this type search needs to be performed, it shall be done by qualified outside providers and not by DJJ personnel. If the contraband is illegal, the Superintendent, Juvenile Service District Supervisor, or designees shall contact local law enforcement officials for further action.
- C. Medical staff shall not perform pat or frisk searches.
- D. DJJ health care personnel may collect forensic information to comply with state laws that require blood samples or saliva samples from juveniles, with the consent of the

<b>POLICY NUMBER</b> <b>DJJ 408.1</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>2 of 2</b>
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juvenile. Health care personnel shall not be involved in punitive action taken as a result of non-participation in the collection process.

- E. If need for forensic information is related to a psychological evaluation, a qualified outside provider of that type service shall be contacted to perform this service.
- F. Questions concerning appropriate providers or payment for such evaluation may be referred to the DJJ Medical Director, Chief of Mental Health Services and/or Office of Counsel.
- G. Any occurrence of this activity shall be communicated to the DJJ Regional Facilities Administrator or Regional Manager as soon as possible. Documentation of the activity shall be recorded and placed in the youth's Individual Client Record. The Superintendent or JSDS shall maintain a copy. A copy shall be placed in the youth's institutional Medical Record, if applicable.

#### **V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Superintendent or JSDS and the Medical Director or Mental Health Director or designee.

	<b>JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</b>	<b>REFERENCES: 505 KAR 1:120 3-JTS-4C-42, 43 3-JDF-4C-40, 41 1-JBC-5C-10, 11, 13, 14 NCCHC Y-G-07, Y-G-08</b>
<b>CHAPTER: Health and Safety Services</b>		<b>AUTHORITY: KRS 15A. 065</b>
<b>SUBJECT: Substance Abuse and Chemical Dependency</b>		
<b>POLICY NUMBER: DJJ 409</b>		
<b>TOTAL PAGES: 2</b>		
<b>EFFECTIVE DATE: 4/4/2014</b>		
<b>APPROVAL: A. Hasan Davis</b>		<b>, COMMISSIONER</b>

**I. POLICY**

The Department of Juvenile Justice shall not admit youth that have severe drug or alcohol problems requiring detoxification under medical supervision but shall provide for the management, education, and treatment of chemically dependent youth.

**II. APPLICABILITY**

This policy shall apply to DJJ operated and contracted day treatment programs, group homes and youth development centers. This policy shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Intake, Reception and Orientation) and (Suicide Prevention and Intervention).

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

A. The nurse or health trained staff shall make inquiries into drug and alcohol history and assess for signs and symptoms of drug and alcohol withdrawal during the initial health screening and assessment.

1. Any youth who demonstrates signs of severe withdrawal shall be transferred for in-patient detoxification per the direction of the Medical Director or designee.
2. Youth with mild to moderate symptoms of withdrawal from alcohol and other drugs shall be kept under constant supervision until the facility nurse or other health care personnel indicate that it is safe for the youth to proceed with the normal amount of supervision.

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- B. An instrument approved by the Chief of Mental Health Services shall be administered to each youth to screen for drug and alcohol abuse. This instrument shall be administered within one (1) day of admission by the facility psychologist or a person trained to administer the test.
- C. Identified substance abuse and chemical dependency issues shall be considered in the development of the youth's treatment plan.
- D. Relapse prevention education shall be provided. Aftercare plans shall include referral to specified community resources upon release when appropriate.
- E. The assessment process shall include documentation of the following:
  - 1. Medical assessment for referral to a drug and alcohol crisis intervention-program appropriate to the needs of the juvenile;
  - 2. Drug and alcohol assessment, when necessary, for program placement needs; and
  - 3. Reassessment, if indicated clinically.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Medical Director and the Chief of Mental Health Services or designees.

	<b>JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</b>	<b>REFERENCES: 505 KAR 1:120 3-JTS-4C-33 3-JDF-4C-32 3-JCRF-4C-19 1-JBC-4C-31 NCCHC Y-G-11</b>
<b>CHAPTER: Health and Safety Services</b>		<b>AUTHORITY: KRS 15A. 065</b>
<b>SUBJECT: Ortheses, Prostheses and Other Aids to Impairment</b>		
<b>POLICY NUMBER: DJJ 410</b>		
<b>TOTAL PAGES: 2</b>		
<b>EFFECTIVE DATE: 4/4/2014</b>		
<b>APPROVAL: A. Hasan Davis</b>		<b>, COMMISSIONER</b>

### **I. POLICY**

Medical and dental ortheses, prostheses or other aids to impairment shall be provided to youth when the health of the youth would otherwise be adversely affected, as determined by the responsible physician or dentist.

### **II. APPLICABILITY**

This policy shall apply to all Department of Juvenile Justice (DJJ) group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Health Services).

### **III. DEFINITIONS**

Refer to DJJPP 400.

### **IV. PROCEDURES**

- A. The facility Registered Nurse in conjunction with the primary health care provider shall monitor all youth in 24-hour residential programs to assess the need for any medical or dental ortheses or prostheses.
- B. If the monitoring and assessment process identifies a youth in need of ortheses or prostheses, the facility Registered Nurse shall arrange with the primary health care provider or dentist to have the youth fitted with an appropriate device or make a referral to an appropriate provider.
- C. If the need for ortheses or prostheses is beyond the normal tooth or eyeglass type, the facility Registered Nurse shall contact the Medical Director.
- D. A youth may incur replacement costs for an orthosis or prothesis lost or damaged by willful action of the youth. When the health of the youth would be adversely affected without the replacement device, as determined by the responsible health care provider

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or dentist, the replacement device shall be provided and charges applied to the youth's personal account in accordance with procedures outlined in DJJPP Chapter 1 (Use of Non-Governmental Funds).

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the primary health care provider, the facility Registered Nurse, the facility dentist, the Medical Director or designee.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-47  
3-JDF-4C-45  
3-JCRF-4C-27  
1-JDTP-3B-19  
1-SJD-4C-38  
NCCHC Y-A-10, Y-A-11**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS</b>
<b>SUBJECT: Notification in Emergencies</b>	
<b>POLICY NUMBER: DJJ 411</b>	
<b>TOTAL PAGES: 2</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

If a youth is seriously injured, seriously ill, or attempted suicide the youth's parent or legal guardian, and appropriate personnel within Department of Juvenile Justice (DJJ) shall be immediately notified.

**II. APPLICABILITY**

This policy shall apply to all DJJ operated or contract programs providing services to youth probated, sentenced or committed to, or placed in the care and custody of, the Department of Juvenile Justice.

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

- A. In case of serious illness, surgery, serious injury, or attempted suicide, the Superintendent or Juvenile Services District Supervisor, ADO or designee shall immediately notify the Facilities Regional Administrator or Regional Director and the Juvenile Service Worker. The facility nurse or designee shall immediately notify the parents or legal guardian. The Deputy Commissioner of Operations and Commissioner shall be notified immediately through the normal chain of command.
- B. When a youth in a DJJ operated or contracted program is hospitalized, the next of kin or legal guardian and the Juvenile Service Worker shall be provided the name, address and telephone numbers of the treating facility. The name of the primary health care provider (if appropriate) shall also be provided.

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- C. The shift supervisor or designee shall document notification in the Individual Client Record. The date, person contacted and the information provided to that person shall be recorded.
- D. Except for serious illness, an incident report shall be completed and sent to the Regional Facilities Administrator or Regional Manager. A notation shall be made on the incident report stating who was notified and the date and time of each notification.
- E. In the case of death, refer to DJJPP (Death of a Youth) for further instructions.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the facility charge nurse where applicable, the Superintendent or Juvenile Services District Supervisor, and the Medical Director or designee.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-2C-08; 4B-01—15  
3-JDF-2C-08; 4B-01—15  
3-JCRF-2C-05; 4B-01—09  
1-JDTP-2A-03, 2B-01—03  
1-JBC-2C-06; 4B-01—13  
NCCHC Y-B-02  
OSHA 1910-1030**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Environmental Health And Safety</b>	
<b>POLICY NUMBER: DJJ 414</b>	
<b>TOTAL PAGES: 3</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Each program shall comply with applicable federal, state and local sanitation and health codes in order to provide safe and sanitary living and working conditions.

**II. APPLICABILITY**

This policy shall apply to all state operated or contract programs providing services to youth probated, sentenced or committed to, or placed in the care and custody of, the Department of Juvenile Justice (DJJ).

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

- A. An Environmental Health and Safety Plan shall be established in Standard Operating Procedures, shall be reviewed annually and updated as necessary, and shall be included in initial orientation and ongoing training of employees.
- B. The Environmental Health and Safety Plan shall include procedures for:
1. Annual inspection of the facility's potable water source and supply conducted by the local company supplying the facility's water.
  2. Handling and disposing of liquid and solid waste in compliance with the requirements of all local, state and federal agencies.
  3. Handling and discarding of contaminated materials and sharps in compliance with OSHA Standard 1910.1030.
  4. Universal Precautions and the issue and use of Personal Protective Equipment (PPE) in compliance with OSHA Standard 1910.1030.

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5. A vermin and pest control program.
6. Housekeeping schedules sufficient to insure all areas of the physical plant are routinely cleaned, disinfected and maintained in accordance with OSHA and Health Department Standards.
7. Weekly sanitation and safety inspections of all facility areas, including work and educational program areas, conducted and documented by qualified staff.
8. An annual inspection by local sanitation, safety and health officials. Deficiencies, if any, shall be corrected and documentation maintained by the facility Superintendent or designee.
9. In addition, the Environmental Health and Safety Plan for a group home, youth development center or detention center shall include:
  - a. Procedures for the disinfecting of mattresses as appropriate prior to reassignment of the bed space to another youth.
  - b. Procedures for the issue of clothing (including special and, when appropriate, protective clothing and equipment to youth assigned to food service, vocational and work experience programs); bedding; linens; personal hygiene products and hair care services. Stored clothing supplies shall exceed that required for the facility's maximum juvenile population.
  - c. An approved shower schedule that allows daily showers and showers after strenuous exercise.
  - d. Procedures for the routine testing of water pressure and temperature.
  - e. Procedures for laundry, including the thorough cleaning and, when necessary, disinfecting of the youth's personal clothing before storage or before allowing the youth to keep and wear personal clothing. Procedures for laundry of infectious or parasite-infested material shall be in compliance with OSHA Standard 1910.1030.

## **V. MONITORING MECHANISM**

Monitoring shall be conducted by the facility Superintendent, the Regional Facilities Administrator or Regional Manager, the Quality Assurance Branch and local/state health departments.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-39  
3-JDF-4C-37  
3-JCRF-4C-21  
1-JDTP-3B-06  
1-JBC-4C-37**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Occupational Exposure to Bloodborne Pathogens</b>	
<b>POLICY NUMBER: DJJ 415</b>	
<b>TOTAL PAGES: 4</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

In accordance with Occupational Health and Safety Standards, (OSHA reference 29 CFR 1910.1030), the Department of Juvenile Justice (DJJ) shall promote safe work practices and minimize illness and injury to employees through the reduction of exposure to bloodborne pathogens.

**II. APPLICABILITY**

This policy shall apply to all DJJ employees, offices, and programs and shall govern the policy of contract programs and agencies in regards to occupational exposure to bloodborne pathogens. All employees shall be considered to have occupational exposure to bloodborne pathogens.

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

- A. The DJJ Medical Director shall issue and implement a written departmental “Exposure Control Plan”.
- B. The DJJ Commissioner shall appoint a Departmental OSHA Regulations Coordinator whose duties shall include:
  - 1. Collaborates with the In-Service and Regional Training Branch Manager in the development of an annual training plan for staff.
  - 2. Serves as liaison between the Department and OSHA on all matters related to occupational exposure to bloodborne pathogens.

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3. Monitors compliance with posting and maintenance of the Bureau of Labor Statistics Log and Summary of Occupational Injuries and Illnesses(OSHA Form #200) at each DJJ facility and office. The log shall:
    - a. Be posted in a place or places where notices to employees are customarily posted no later than February 1 of each year and shall remain in place until March 1 of the following year. Access to logs shall also be provided to employees, former employees, or their representatives;
    - b. Record all occupational injuries and illnesses incidents, each incident shall be entered within six (6) business days after learning of its occurrence;
    - c. Be maintained and retained for five (5) years following the end of the calendar year to which they relate; and,
    - d. Be available for inspection and copying by representatives of the U.S. Department of Labor, or the U.S. Department of Health and Human Services.
  4. Distributes current information related to bloodborne pathogens exposure control to facilities.
  5. Provides technical assistance to exposure control officers in programs regarding compliance with OSHA standards, as requested.
  6. Serves as an advisor to the DJJ Management Team.
- C. The Superintendent of each DJJ Day Treatment Program, Day Treatment Center, Youth Development Center and Detention Center shall be required to prepare and implement a written “Exposure Control Plan” specific to the individual facility or program.
- D. The Community Services Regional Managers shall be required to prepare and implement a written “Exposure Control Plan” specific to that service area.
- E. The “Exposure Control Plan” shall become part of the standard operating procedures and cover the following:
1. Appointment of an Exposure Control Officer to coordinate and monitor compliance with the plan;
  2. Work practice and personal practice controls including protective equipment and procedures to minimize exposure;
  3. Appropriate engineering controls, including disposal of contaminated needles, handling and transporting specimens of blood, disposal of contaminated materials and accessibility of protective equipment;
  4. Housekeeping controls including methods of decontamination, appropriate written schedules and laundry procedures;
  5. Procedures relating to vaccination for Hepatitis B (HBV) virus, post exposure evaluation and follow-up and record keeping;
  6. Procedures for medical attention to staff who have had an exposure incident including a medical evaluation, treatment, and follow-up testing as recommended by a physician; and

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7. Employee health records, exposure incident reporting and follow-up procedures for the evaluation of circumstances surrounding exposure incidents to minimize future incidence. Evaluations shall include the circumstances under which the exposure took place.
  8. Procedures for posting and maintenance of the Bureau of Labor Statistics Log and Summary of Occupational Injuries and Illnesses (OSHA Form # 200).
- F. All Exposure Control Plans shall be reviewed and updated annually. The plan shall be accessible to all employees and to OSHA.
- G. The duties of the “Exposure Control Officer” shall include:
1. Coordinates the provision of site-based annual training for staff in Universal Precautions, including AIDS, Bloodborne or Airborne Pathogens.
  - []2. Serves as a liaison to the DJJ OSHA Regulations Coordinator;
  3. Distributes current information related to bloodborne pathogens exposure control;
  4. Provides technical assistance to staff regarding compliance with OSHA standards, as requested;
  5. Serves as an advisor to the management team;
  6. Makes referrals to appropriate agencies and resources as requested by facilities and staff; and
  7. Monitors compliance with the requirement for posting and maintenance of the Bureau of Labor Statistics Log and Summary Occupational Injuries and Illnesses (OSHA Form # 200) at their assigned DJJ program or office.
- H. The Division of Professional Development shall implement a plan for annual training based upon content specified by OSHA and the Department OSHA Regulations Coordinator. Provisions for inclusion of basic training related to exposure control against bloodborne pathogens shall be included in the Basic Academy.

## **V. MONITORING MECHANISM**

The Division of Program Services, the Facility Superintendent or Community Service Regional Manager, Departmental and facility health staff shall monitor this activity.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-38, 39  
3-JDF-4C-36, 37  
3-JCRF-4C-21, 22  
1-JDTP-3B-06  
1-JBC-4C-36, 37  
NCCHC Y-B-01**

**CHAPTER: Health and Safety Services**

**AUTHORITY: KRS 438.250;  
KRS 15A. 065**

**SUBJECT: HIV/AIDS/STD**

**POLICY NUMBER: DJJ 416**

**TOTAL PAGES: 4**

**EFFECTIVE DATE: 4/4/2014**

**APPROVAL: A. Hasan Davis**

**, COMMISSIONER**

**I. POLICY**

The Department of Juvenile Justice (DJJ) shall not discriminate against youth with Human Immunodeficiency Virus, Acquired Immunodeficiency Syndrome, or Sexually Transmitted Diseases HIV/AIDS/STDs requiring medical services. The Department shall continue services, custody and treatment of youth with these illnesses who are determined to be eligible to participate in programs while preserving the safety and wellbeing of all.

**II. APPLICABILITY**

This policy shall apply to all DJJ and shall govern the policy of contract programs and agencies in regards to services, custody and treatment of youth with these illnesses.

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

- A. Staff in community offices shall receive information concerning HIV/AIDS/STDs and exposure control plans, implement universal precautions and comply with confidentiality requirements in accordance with this policy. On suspicion of a problem, staff in community offices shall contact parents or guardians and assist in referrals to appropriate community resources.
- B. Staff in day treatment programs shall receive information concerning HIV/AIDS/STDs and exposure control plans, implement universal precautions and comply with confidentiality requirements in accordance with this policy. Youth in day treatment programs shall be screened for a history of STDs, previous high-risk behaviors, and current symptoms of STDs. Age-appropriate education for the prevention of STD and bloodborne diseases shall be provided to youth and

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specialized counseling shall be provided to those youth exhibiting a need. On suspicion of a problem, staff in day treatment programs shall contact parents or guardians and assist in referrals to appropriate community resources. A medical, psychological and social support plan for the care, treatment, and referral of youth testing positive for STD and bloodborne diseases shall be written by the youth's counselor who shall make referrals for the implementation.

- C. Staff in DJJ operated or contracted detention centers, youth development centers, and group homes shall make available HIV/AIDS/STDs education, counseling, diagnosis, and treatment to all youth.
  - 1. All staff shall receive information concerning HIV/AIDS/STDs and exposure control plans.
  - 2. Testing and detection of HIV/AIDS/STDs shall be available for all youth as well as pre- and post-testing counseling by the facility nurse or other appropriately trained staff member. All youth shall be screened for a history of STDs, previous high-risk behaviors, and current symptoms of STDs. This information shall be recorded on the youth's Medical History and Physical Examination Form. All youth shall have a physical examination within seven (7) days of admission and sexually active females shall have a complete gynecological examination with RPR, gonorrhea and chlamydia tests as part of this examination. Youth may receive HIV testing upon request following pre-test counseling (if risk factors are identified during the counseling). DJJ youth shall sign an HIV testing request form.
  - 3. A medical, psychological and social support plan for the care, treatment, and referral of youth testing positive for HIV/AIDS/STDs shall be written and carried out by the facility Registered nurse or designee.
- D. Staff shall adhere to the principle of confidentiality in matters relating to the disclosure of HIV/AIDS/STDs information involving a youth. When clinical/therapeutic needs exist which dictate the disclosure of a youth's health status, such disclosures shall be made only to those with a need to know. The results of the testing shall be made available to the youth and to the staff member(s) involved per KRS 438.250.
- E. If a youth has been diagnosed with the HIV/AIDS/STDs, the following factors may assist in determining whether to continue placement in a facility: the ability of the youth to manage aggressive or sexual behaviors; the maturity and ability of other youth in the facility to protect themselves from infection, and to manage their own aggressive or sexual behaviors. These factors shall not in themselves preclude the youth's continuation in the program, but shall be considered in relationship to the program's structure and supervision capabilities.

## V. MONITORING MECHANISM

<b>POLICY NUMBER</b> <b>DJJ 416</b>	<b>EFFECTIVE DATE</b> <b>4/4/2014</b>	<b>PAGE NUMBER</b> <b>3 of 3</b>
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Monitoring shall be accomplished by the Medical Director or designee, the facility physician, and the facility charge nurse. The Quality Assurance Branch shall monitor this activity annually.



**DEPARTMENT OF  
JUVENILE JUSTICE  
HEALTH SERVICE  
STANDARD OPERATING  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4C-14, 39, 40  
3-JDF-4C-13, 37, 38  
3-JCRF-4C-12, 21  
1-JDTP-3B-06, 11  
1-JBC-4C-14, 37, 38  
NCCHC Y-B-01**

**SUBJECT: Infectious Communicable Disease**

**AUTHORITY: KRS 15A.065**

**POLICY NUMBER: 416.1**

**TOTAL PAGES: 6**

**EFFECTIVE DATE: 4/4/2014**

**APPROVAL: A. Hasan Davis**

**, COMMISSIONER**

**I. POLICY**

DJJ programs shall implement an infection control program that effectively monitors the incidence of infectious and communicable diseases among youth; promotes a safe and healthy environment; reduces the incidence and spread of disease; assures that youth infected with these diseases receive prompt care and treatment; and provides for the completion and filing of all reports consistent with local, state, and federal laws and regulations.

**II. APPLICABILITY**

This policy shall apply to group homes, day treatment, and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP 723.

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

**A. EMPLOYEE SCREENING FOR COMMUNICABLE AND SERIOUS  
INFECTIOUS DISEASES**

1. All DJJ Youth Worker staff shall undergo a pre-employment physical as part of the Basic Academy completion requirements. Employees shall receive re-examinations according to a defined schedule or need.
2. All facility staff shall be offered the Hepatitis B Vaccine. When staff decline the vaccine, a Hepatitis B declination form shall be completed and maintained by the Nurse Shift Program Supervisor (NSPS) or designee in the employee health record.

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3. All DJJ employees shall be screened for tuberculosis at the time of initial employment, periodically if indicated, and annually to identify TB Infection and TB Disease in accordance with procedures approved by the Medical Director.
    - a. Pregnancy shall not exclude a female employee from being skin tested as part of the initial, annual, or contact follow-up skin testing program, unless exempt as listed below.
    - b. An exemption to TB Disease skin testing of a new employee and annual testing includes anyone with a documented history of a positive skin test reading, adequate treatment of TB Disease and considered cured, or adequate preventive therapy for TB Infection; however, an exempt case for skin testing shall be screened initially and annually for signs and symptoms suggestive of tuberculosis, using a TB questionnaire.
    - c. Any employee refusing to permit the initial, periodic, indicated, or annual TB screening, or who does not complete the screening process, shall be required to obtain certification from the local County Health Department, verifying he has been examined and is free of infectious TB. An employee failing to comply within ten (10) business days shall not be permitted to work in the facility and may be placed on directed sick leave as specified in 101 KAR 2:102, Section 2 (2).
  4. The screening of employees at contract programs shall be in compliance with state and local laws and in accordance with terms of contract.
  5. Confidential Management of Employee Health Records
    - a. The NSPS or designee shall schedule and conduct an annual risk assessment for each employee.
    - b. Employee TB screening, testing, treatment, work restrictions, counseling, exposure to TB disease, immune status or voluntary job reassignment shall be maintained. The employee confidential TB records and OSHA 200 logs shall be maintained. Every effort shall be made to contain sensitive information. Communication shall be limited to an individual who has to make a decision based on accurate information.
    - c. The NSPS or designee in all programs shall report all serious infections as required by KRS 214.010 and local laws.
- B. SCREENING OF YOUTH FOR COMMUNICABLE AND SERIOUS INFECTIOUS DISEASES**
1. Upon admission, an initial screening shall be completed.
  2. Youth shall receive immunizations as required by state law (KRS 158.035, 158.037) and state and county regulations, except in certain limited circumstances when such immunizations may be determined as harmful to the youth or to the unborn.

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3. Youth shall be offered the Hepatitis B vaccinations series, if not already completed.
4. A TB test and a physical exam shall be completed within seven (7) days of admission and annually thereafter.
5. When a youth is suspected of being in a situation involving a high risk of exposure to an Infectious Communicable Disease, he shall submit to testing deemed necessary by the facility physician and the Medical Director.
6. The following shall be reported to the Medical Department as soon as possible for necessary testing and follow-up;
  - a. An exposure to blood; or
  - b. A youth has engaged in, or is suspected of, high risk behavior.
7. If a youth is diagnosed with an Infectious Communicable Disease, all reasonable precautions shall be taken to prevent the transmission of the disease, including the use of Personal Protective Equipment and avoidance of High Risk Behavior.
8. A youth diagnosed with an Infectious Communicable Disease shall receive a work assignment which is consistent with his medical status. The nurse, or designated health authority, shall be responsible to insure that necessary health information is relayed to appropriate personnel to guide decisions relating to work assignments. The risk of transmission of the disease shall be considered in making a work assignment. A youth with a Serious Infectious Disease shall not be assigned to the Food Service Department.
9. The Medical Director shall be informed of unusual or serious infections and of any condition in which medical isolation may be considered.
  - a. When a primary health care provider orders medical isolation, it shall be provided in a private room with separate toilet facilities, disposable towels, private soap dispenser and separate hand washing facilities.
  - b. Hands shall be washed upon entering and leaving the medical isolation area.
  - c. Youth and visitors shall be provided training and instructions specific to the youth's situation/condition.
  - d. Youth Workers shall be provided instructions regarding handling food utensils, equipment and cleaning and disinfecting of medical isolation accommodations.
  - e. A medical, psychological, and social support plan for the care, treatment, and referral of youth shall be written and carried out by the facility nurse or designee.
10. When a youth creates a health hazard by engaging in High Risk Behavior, including interfering with health care, such as refusal to use Personal Protective Equipment or to remain in isolation, he may be subject to disciplinary action. The

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Facility Superintendent and the NSPS shall determine if additional action is necessary to control the youth's behavior and reduce the risk of disease transmission. This information shall be forwarded to Classification staff for appropriate classification action.

11. The Registered Nurse or designee in all programs shall report all serious infections as required by KRS 214.010 and local laws.

**C. INFECTION CONTROL**

1. All DJJ facilities shall develop procedures and practices regarding environmental health and safety.
2. Youth shall receive training in Infectious Communicable Disease control and general hygiene provided by a nurse, physician or health educator. Records of health-related education shall be maintained in the Medical Record.
3. Staff shall receive training as required in KRS 196.171. This shall include training in Infectious Communicable Disease including the purposes and use of Universal Precautions and infection control techniques. Such training shall be documented in the employee's Training Record.
4. If an employee has an Occupational Exposure to a possible Infectious Communicable Disease, he shall be issued an Employee Disease Exposure Kit.
5. Discussion of Infection Control Issues shall be held during the Quarterly Medical/Administrative meetings. Concerns which cannot be resolved shall be forwarded to the Medical Director. Minutes of these meetings and related documents shall be maintained in all DJJ facilities by the NSPS.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the facility physician, charge nurse, Superintendent or designee, Medical Director or designee, and the Quality Assurance Branch.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:**  
**505 KAR 1:120**  
**3-JTS-2A-03; 3B-01, 02, 11—14;**  
**4C-27**  
**3-JDF-2A-03; 3B-01, 02, 07,**  
**10—12 ; 4C-27**  
**3-JCRF-3B-01, 02, 06—10, 12;**  
**4C-14**  
**1-JDTP-2C-01—08, 11**  
**1-JBC-2A-03; 3B-01, 02, 06—08,**  
**10—14; 4C- 27, 28**  
**NCCHC Y-A-07**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Emergency Plans</b>	
<b>POLICY NUMBER: DJJ 424</b>	
<b>TOTAL PAGES: 6</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Each Department of Juvenile Justice program shall develop an Emergency Plan delineating procedures to cover situations including: fire, natural disasters, vocational classroom emergencies, medical emergencies, riots, toxic spills, bomb threats, work stoppages, hostage, deadly weapons, and other emergency situations.

**II. APPLICABILITY**

This policy shall apply to all detention centers, group homes and youth development centers.

*LIMITED APPLICABILITY*

*The Superintendent of each state operated or contract day treatment program shall ensure the development of an Emergency Plan which is in compliance with this policy and/or local school district requirements, to include monthly emergency drills. The superintendent shall ensure that the plan is available for staff's review at all times, that all personnel are trained in implementation, and that the plan is reviewed and updated annually.*

**III. DEFINITIONS**

Refer to DJJPP 400.

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#### IV. PROCEDURES

- A. Each program shall have a written Emergency Plan. The Plan shall include the following:
1. Provisions for emergency equipment and supplies to include:
    - a. Access to building/room floor plans.
    - b. Fire Extinguishers that are kept in fully charged and operable condition. Every extinguisher shall have a current valid inspection tag securely attached showing last maintenance or recharge date.
    - c. A fire alarm system including all heat and smoke detectors, sprinkler system, and a kitchen suppression system in youth development and detention centers, that are inspected quarterly unless otherwise indicated in federal, state, or local regulations, by a qualified outside vendor. The Fire Safety Officer shall maintain copies of these inspections.
    - d. A communications system within the facility and between the facility and community if conventional means of communications are disrupted.
    - e. Emergency lighting and power sources that are inspected weekly and load tested at least every other week by the physical plant personnel to ensure the provision of essential lights, and/or power during an emergency. Documentation of these tests shall be submitted to the Fire Safety Officer. Physical plant personnel shall keep documentation of all repairs to the system.
    - f. Exit signs and directional arrows for traffic flow.
    - g. Emergency food service and refrigeration.
  2. Evacuation plans, including primary and secondary routes, publicly posted in each building of the facility and in all areas where youth and staff routinely congregate.
    - a. The Fire Safety Officer shall ensure the emergency evacuation plans have been approved by an independent, outside inspector trained in the application of National Fire Safety Codes.
    - b. If any changes or modifications occur in any evacuation routes because of new construction, renovations, or modifications of the facility, the revised evacuation plan shall be approved by an independent, outside inspector trained in the application of national fire safety codes.
  3. Authority during an emergency situation shall remain with the highest ranking staff member in the facility at the time of the emergency. This staff member shall have absolute and total authority for decisions affecting the facility, DJJ employees, the emergency, and security of the premises. If a higher-ranking staff member arrives at the facility after a staff member has assumed control, the authority shall shift to the higher-ranking staff. The highest ranking staff member shall meet with arriving emergency services personnel and form a joint command.

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Emergency strategies and tactics concerning juveniles shall be determined by DJJ member in control. Emergency Services shall retain the ultimate control and authority over its personnel and their use during any emergency. Notice to the superintendent shall be immediate upon completing evacuation of all residents and staff.

4. Procedures for notification to law enforcement and emergency medical personnel.
5. Conduct fire, earthquake, lockdown, and tornado drills in various locations of the facility. Documentation of all drills including the scenario, staff response, identified problems and a corrective action plan shall be maintained.
  - a. Fire Drills
    - (1) Youth development centers and detention centers shall conduct five (5) fire drills per quarter. A fire drill shall be conducted each month during the school day. A fire drill shall be conducted on each remaining shift to include one per quarter during sleep time.
    - (2) Group homes shall conduct three (3) fire drills per quarter. A fire drill shall be conducted on each shift to include one per quarter during sleep time.
    - (3) Day treatment centers shall conduct monthly fire drills during the school day.
  - b. Tornado, Lockdown, and Earthquake Drills
    - (1) Youth development centers, detention centers and group homes shall conduct earthquake and tornado drills in such a manner that there is one (1) drill per shift per quarter to include one per quarter during sleep time.
    - (2) Youth development centers, detention centers, and day treatments shall conduct emergency response drills, during the school day, to include one (1) tornado, one (1) earthquake, and one (1) lockdown drill within the first thirty (30) instructional days of each school year and during the month of January. Youth development centers, detention centers, and day treatments shall conduct one (1) tornado drill, during the school day, in the months of February, March, and April.
    - (3) Group homes shall conduct one (1) lockdown drill within the first thirty (30) instructional days of each school year and during the month of January. The drills shall be conducted at the facility during non-school hours.
    - (4) Programs shall have Standard Operating Procedures for tornado, lockdown, and earthquake drills that detail the use of a drop procedure and safe areas. Reference KRS 158.163.
  - c. Provisions for immediate release of juveniles from locked area. There shall be instructions for the evacuation of incapacitated and disabled juveniles. Padlocks shall not to be used on isolation room doors. Unless there are overriding security or safety issues, staff shall escort youth from isolation to the evacuation area during any emergency drill. If it is necessary to leave a youth in isolation during a drill because of overriding circumstances, the

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Youth Worker Supervisor shall authorize this action and designate a staff member to remain in the isolation area with the youth.

- d. Procedures for a head count of all residents and staff. Youth shall be evacuated to a pre-designated safe area where a count will be conducted as soon as possible following evacuation. Any youth or staff not accounted for shall be reported immediately to the staff in charge. All youth and staff shall remain in the pre-designated safe area until directed otherwise by the local fire department personnel.
- e. The health aspects of Emergency Preparedness Plans shall be practiced, documented and critiqued at least annually. Emergency drills which do not involve mobilization of health staff shall not meet compliance.
6. Provision for medical care and emergency transportation for injured juveniles and staff to include but not be limited to:
  - a. Location and contents of first aid kits.
  - b. On-site emergency triaging process, first aid and crisis intervention;
  - c. Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community.
  - d. Use of one or more designated hospital emergency rooms or other appropriate health facilities.
  - e. Use of an emergency medical vehicle. At least one state vehicle shall be kept on grounds at all times at 24-hour facilities located in areas where ambulance service is not readily available for the transfer of a youth for medical care.
  - f. Training of employees to respond to health-related situations within a four-minute response time.
7. Contingency plans for on-site housing, including arrangements for high-risk youth.
8. Predetermined site and transport arrangements for full facility evacuation; and security procedures for the immediate evacuation or transfer of youth when appropriate, including special instructions for high security youth.
9. Scheduled fire and safety inspections. The Fire Safety Officer shall maintain copies of these inspections.
  - a. Weekly fire and safety equipment inspection conducted by a qualified department staff member. This weekly inspection shall include at a minimum emergency lights, exit lights, fire extinguishers, smoke detectors, posted emergency evacuation routes, and obstructions of egress routes. The results of this inspection shall be documented and kept in a log.
  - b. A monthly fire and safety inspection conducted by the facility Fire Safety Officer. This inspection shall include all items checked during the weekly

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inspection of electrical equipment, chemical storage including flammable materials, tool and equipment storage, security devices and other facility specific areas/items as outlined in the facility's standard operations procedures manual.

- c. At least once each calendar year, the facility shall request an inspection from the State Fire Marshall's Office (SFM).
  - (1) Two months prior to the month of the last annual fire safety inspection, the facility Fire Safety Officer shall advise **in writing** the SFM regarding requirements for annual fire safety inspection. In the event that the SFM has not conducted this inspection by the anniversary date of the last inspection, the facility Fire Safety Officer shall submit a "Second Request for Inspection" letter through the Superintendent requesting an inspection. A copy of this letter shall be copied to the Regional Director.
  - (2) The Fire Safety Officer is responsible for developing a Corrective Action Plan (subject to review and approval by the Superintendent), timetables for completion on any deficiency noted and return to the office of the State Fire Marshall.

- B. The program's designated health authority, Qualified Fire Safety Officer, the Superintendent, and the local fire authority shall approve the Emergency Plan.
- C. The superintendent shall ensure that all personnel are trained in the implementation of the Emergency Plan. Familiarity with the Emergency Plan and the procedures to be followed in the event of a fire or other emergency shall be included in the orientation process for all new staff. The Emergency Plan shall be available for staff's review at all times.
- D. The superintendent shall ensure the inclusion of Emergency Procedures in the Resident Orientation Handbook.
- E. The Superintendent shall ensure that the Emergency Plan is reviewed annually by the Fire Safety Officer in collaboration with the local/state fire authority, updated as necessary and issued to the local fire jurisdiction and other responding agencies.

**V. MONITORING MECHANISM**

The facility Fire Safety Office and the Program Superintendent shall monitor this activity. The Quality Assurance Branch shall conduct at least annual quality assurance monitoring audits.

	<b>JUSTICE AND PUBLIC SAFETY CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</b>	<b>AUTHORITY and REFERENCES:</b>
<b>CHAPTER: Health and Safety Services</b>		<b>AUTHORITY:</b>
<b>SUBJECT: Emergency Plans for Central Office</b>		<b>KRS 15A.065</b>
<b>POLICY NUMBER: 424.1</b>		
<b>TOTAL PAGES: 3</b>		
<b>EFFECTIVE DATE: 4/4/2014</b>		
<b>APPROVAL: A. Hasan Davis</b>		<b>, COMMISSIONER</b>

**I. POLICY**

The Department of Juvenile Justice (DJJ) Central Office shall develop an Emergency Plan delineating procedures to cover situations including: fire, escapes, chemical spills, natural disasters, medical emergencies, riot control, toxic spills, bomb threats, hostage situations, notification of death and other emergency situations.

**II. APPLICABILITY**

This policy shall apply to the DJJ Central Office.

**III. DEFINITIONS**

Reference DJJPP 400.

**IV. PROCEDURES**

A. The DJJ Central Office shall have a written Emergency Plan. The plan shall include at least the following:

1. Provisions for emergency equipment and supplies shall include:
  - a. Access to building and room floor plans.
  - b. Fire Extinguishers that are kept in fully charged and operable condition. Every extinguisher shall have a current valid inspection tag securely attached showing last maintenance or recharge date.
  - c. A fire alarm system including all heat and smoke detectors and a sprinkler system that is inspected by a qualified outside vendor per federal, state, or local regulations. A designated Construction and Real Properties (CaRP) staff member shall maintain copies of these inspections.
  - d. A communications system within the Central Office (CO) and community based services, if conventional means of communications are disrupted.
  - e. Emergency lighting and power sources that are inspected weekly and load tested at least once per quarter by the physical plant personnel to ensure the provision of essential lights, or power during an emergency.

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Documentation of these tests shall be submitted to the designated CaRP staff member.

- f. Exit signs and directional arrows for traffic flow.
2. Evacuation plans shall be conspicuously posted in all areas where visitors and staff routinely congregate.
  - a. Evacuation plans shall include the following items:
    - i. Primary and secondary routes of escape shall be noted with each type of route clearly marked; and
    - ii. Locations of fire alarm pull stations, fire extinguishers, and first aid kits with each item clearly marked so that it is easy to differentiate between the items.
  - b. A designated CaRP staff member shall ensure the emergency evacuation plans have been approved by an independent, outside inspector trained in the application of National Fire Safety Codes.
  - c. If any changes or modifications occur in any evacuation routes because of new construction, renovations, or modifications of the facility, the revised evacuation plan shall be approved by an independent, outside inspector trained in the application of national fire safety codes.
3. Delegation of authority during an emergency situation. The highest ranking staff member on duty shall have absolute and total authority for decisions made affecting the Central Office, the emergency, and security of the premises. Notice to the Commissioner shall be immediate upon completing evacuation of all staff and visitors.
4. Procedures for notification to law enforcement and emergency medical personnel.
5. Conduct of fire, earthquake, and tornado drills. Documentation of all drills including the scenario (including elapsed time to complete the evacuation), staff response, identified problems, and a corrective action plan shall be maintained.
  - a. Fire, tornado, and earthquake drills shall be conducted on the following frequency:
    - i. Fire drills shall be conducted twice per year.
    - ii. A tornado drill shall be conducted once per year in the month of March.
    - iii. An earthquake drill shall be conducted once per year.
  - b. Procedures for a head count of all staff and visitors. Staff and visitors shall be evacuated to a pre-designated safe area where a count will be conducted as soon as possible following evacuation. Any staff or visitor not accounted for shall be reported immediately to the staff in charge. All staff and visitors shall remain in the pre-designated safe area until directed otherwise by the staff person conducting the drill or

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by the local fire department personnel in the event of an actual emergency.

6. Provision for medical care and emergency transportation for injured staff and visitors shall include:
    - a. Location and contents of first aid kits.
    - b. On-site first aid and crisis intervention;
    - c. Use of a designated hospital emergency room or other appropriate health facility.
    - d. Use of an emergency medical vehicle.
    - e. Training of employees to respond to health-related situations within a four-minute response time.
  7. Procedures for work stoppages that shall include the continued operation of the Central Office.
  8. Provision for the immediate notification of an employee's family or designated contact in case of death.
  9. Procedures for hostage situations.
  10. Procedures for instances of juvenile escape from a facility (reference DJJPP Chapter 3(AWOL and Escape)).
  11. Procedures for Central Office staff roles during a facility riot.
  12. Procedures for instances of chemical spills and other catastrophic situations.
- B. The Commissioner or his designee shall ensure that all personnel are trained in the implementation of the Emergency Plan. New staff shall be oriented according to DDJPP Chapter 5 (Training Requirements, Special Staff Groups and Specialized Task Training) The Emergency Plan shall be available for staff review at all times.
- C. The Commissioner or his designee shall ensure that the Emergency Plan is reviewed annually by the designated CaRP staff member and local fire authority, updated as necessary, and issued to the local fire jurisdiction and other responding agencies whenever changes are made, but at least annually.

## **V. STAFF TRAINING**

Staff shall be trained annually on the emergency plan and designated staff shall maintain current CPR and First Aid certification.

## **VI. MONITORING MECHANISM**

The Quality Assurance Branch shall monitor annually.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-4A-01—15  
1-JDF-4A-01—14  
3-JCRF-4A-01—10  
1-JDTP-3A-01—09  
1-JBC-4A-01—13  
NCCHC Y-B-03, Y-F-02**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Dietary Services</b>	
<b>POLICY NUMBER: DJJ 426</b>	
<b>TOTAL PAGES: 4</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Department of Juvenile Justice (DJJ) programs shall provide a dietician approved, nutritionally adequate menu with allowances for special diets to meet the medical and religious requirements of individual youth. Food, including beverages, shall not be used as a disciplinary measure.

**II. APPLICABILITY**

This policy shall apply to all detention centers and youth development centers.

**LIMITED APPLICABILITY**

*This policy shall also govern the development of Standard Operating Procedures for food service operations in day treatment programs and group homes.*

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

- A. At least three meals, of which two shall be hot meals, shall be provided at regular meal times during each 24 hour period with no more than 14 hours between the evening meal and breakfast, with the exception of specially planned activities or holidays. Juveniles shall have the opportunity to have at least 20 minutes of dining time for each meal.
- B. A registered dietician shall develop menus for regular diets annually to ensure nationally recommended, age appropriate, daily allowances for basic nutrition are met. Menus shall be planned in writing, at least one week in advance, posted, and followed within each program. The facility shall have a designated full-time staff

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- member experienced in food service management, to manage dietary operations. The designated staff member's management responsibilities are outlined in a job description, written agreement, or job contract. In the planning and preparation of all meals, food flavor, texture, temperature, appearance, and palatability shall be taken into consideration.
- C. If a special diet is ordered for a youth, the Food Service Operations Manager shall maintain and follow menus provided by a Registered Dietician to ensure the special nutritional needs of the youth are being met.
  - D. Accurate records shall be maintained by the Food Service Operations Manager or designee for all meals served. Documentation of menu changes shall be maintained in the Food Services office including the reason for the change. Food service supervisory staff shall verify adherence to the established basic daily servings and shall conduct menu evaluations quarterly. Purchase and accounting of food and food service supplies shall be in accordance with DJJ Fiscal Branch requirements and shall include determination of cost per meal per juvenile and estimation of food service requirements.
  - E. Youth and staff shall eat from the same menu, with exceptions made for prescribed diets. A sample tray of each meal shall be kept in the refrigerator for twenty-four (24) hours.
  - F. Provisions shall be made for special diets as prescribed by appropriate medical or dental personnel. Orders for special diets shall include the type of diet, the duration of the diet and any special instructions. This information, including food allergies, shall be communicated in writing by a Nurse or designee to the kitchen staff as well as to Youth Workers and other direct care staff. A therapeutic manual is available in the food and health service areas for reference and information.
  - G. Dietary restrictions relating to the youth's religious beliefs shall be provided. These diets shall be reviewed and approved by a volunteer clergy or religious services staff member.
  - H. Each facility shall have a procedure for ensuring that the right youth receives the right diet. A Nurse or designee shall monitor special diets, including approved religious diets, and report issues of non-compliance to the Superintendent who shall implement a corrective plan of action.
  - I. Staff shall request input from youth regarding their food preferences at least annually through the Youth Council or other means as established in the facility operating procedures, and whenever possible and appropriate, provide them.
  - J. Each facility shall include in their Standard Operating Procedures Manual procedural guidelines regarding food being brought or sent to youth by family and friends, to include provision of appropriate space and equipment for the proper storage and refrigeration of food supplies.

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- K. Available dietary staff and additional facility staff shall provide supervision of residents during all meals provided by the facility.
- L. Meals, snacks, or the variation of the established menu shall not be used as a disciplinary measure. There shall be no limitation on one type of beverage served with meals or snacks (preferably water or milk) so long as the youth drinks what he takes.
- M. Food services shall comply with the applicable state and local sanitation and health codes, including applicable sections of the State Food Service Code, 902 KAR 45:005. Each DJJ facility's comprehensive housekeeping program shall include dining and food preparation areas. Smoking shall be prohibited wherever food is stored, prepared, served, or held in open containers. Hair nets or caps shall be worn to prepare or serve food. Plastic gloves shall be worn to touch food. All food handlers shall be instructed to wash their hands upon reporting to duty and after using toilet facilities. The Food Service Manager or designee shall monitor juveniles and other persons working in food service each day for health and cleanliness. Any worker found with questionable health issues shall be referred to the facility nurse.
- N. All foods shall be properly stored using guidelines of the Local Health Department. If meals are transported to housing areas, the food shall be protected from contamination, and the equipment used in the transportation shall keep the food at the proper temperature.
- O. Residents and employees shall have TB screening prior to working in food service areas. Positive reactors shall have clearance by the facility physician prior to working in food service areas. When food services are provided by an outside agency or individual, the facility shall have written verification that the outside provider complies with local and state regulations.
- P. Daily sanitation and safety inspections of all food service areas, including dining and food preparation areas and equipment shall be conducted by the Food Service Operations Manager or designee having completed required sanitation training through the local Health Department. Inspection shall at minimum include checks of general sanitation, ventilation, checks of refrigerator and hot water temperature. Inspections shall be appropriately documented. Documentation shall be submitted to the designated administrator. Water temperatures on the final dishwasher rinse shall be 180 degrees Fahrenheit; or between 140-160 degrees Fahrenheit if a sanitizer is used on the final rinse. Temperature controlled food storage shall meet the following guidelines unless national or state health codes specify otherwise:
  1. Shelf goods, 45-80 degrees Fahrenheit;
  2. Refrigerated foods, 35-40 degrees Fahrenheit; and,
  3. Frozen foods, at 0 degrees Fahrenheit or below.
- Q. A request shall be made to a representative from the local health department or other jurisdictional authority to inspect the dining and food preparation areas on an annual

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basis. Deficiencies, if any, shall be corrected and documentation of corrective action provided to the Superintendent or designee.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Food Service Supervisor, the Superintendent, the facility Registered Nurse or designee, the Registered Dietician, and the Medical Director or designee. The Education/Quality Assurance Branch shall conduct at minimum, annual program audits.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-3A-12; 3B-08, 09  
3-JDF-3A-12; 3B-08, 09  
3-JCRF-4B-05  
1-JDTP-2A-03  
1-JBC-3A-10; 3B-08, 09**

**CHAPTER: Health and Safety Services**

**AUTHORITY: KRS 15A.065**

**SUBJECT: Maintenance**

**POLICY NUMBER: DJJ 427**

**TOTAL PAGES: 2**

**EFFECTIVE DATE: 4/4/2014**

**APPROVAL: A. Hasan Davis**

**, COMMISSIONER**

**I. POLICY**

Each DJJ program shall be properly maintained and cared for, preserving the integrity of the facility structure, equipment and grounds.

**II. APPLICABILITY**

This policy shall apply to all detention centers, group homes and youth development centers.

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

- A. The Superintendent shall have responsibility for physical properties and contents to include their routine maintenance and upkeep.
- B. Each Superintendent shall insure the development of a written comprehensive maintenance plan. This plan shall provide for regular care and inspection of buildings, grounds, equipment, operating systems, security and safety devices in compliance with applicable federal and state laws and regulations as well as applicable national standards.
- C. This plan shall include a system for tracking repairs and documentation of routine maintenance.
- D. Additionally, this plan shall include provisions for emergency repairs and replacement of equipment.
- E. Qualified staff or maintenance professionals shall implement this plan.
- F. The plan shall be reviewed annually and updated as needed.

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G. Problems and/or needs arising beyond the scope of routine and preventative maintenance shall be forwarded to Capital Construction in the Division of Administrative Services.

**V. MONITORING MECHANISM**

This activity shall be monitored by the Facility Superintendent or designee, applicable regulatory agencies, and the DJJ Construction Coordinator. The Quality Assurance Branch shall conduct, at minimum, annual program audits.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
3-JTS-3A-23  
3-JDF-3A-23  
3-JCRF-3A-13  
1-JBC-3A-26**

<b>CHAPTER: Health and Safety Services</b>	<b>AUTHORITY: KRS 15A. 065</b>
<b>SUBJECT: Control and Use of Tools and Sharps</b>	
<b>POLICY NUMBER: DJJ 427.1</b>	
<b>TOTAL PAGES: 2</b>	
<b>EFFECTIVE DATE: 4/4/2014</b>	
<b>APPROVAL: A. Hasan Davis</b>	<b>, COMMISSIONER</b>

**I. POLICY**

Department of Juvenile Justice (DJJ) programs shall provide for the safety, security, control, management and storage of tools and sharps, including culinary and medical/dental equipment.

**II. APPLICABILITY**

A. This policy shall apply to all detention centers, group homes and youth development centers.

**B. LIMITED APPLICABILITY**

*This policy shall also govern the development of Standard Operating Procedures for tool and sharps inventory and control in day treatment programs.*

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

A. Each DJJ program shall establish, maintain and adhere to Standard Operating Procedures which provide for the safety, security, control, management and storage of tools and sharps, including culinary and medical/dental equipment. The security rating of the facility and the classification of youth placed therein shall be taken into consideration in the development of Standard Operating Procedures.

B. Superintendents shall ensure that the program's Standard Operating Procedures for tools and sharps control includes:

1. Inventory procedures for all tools and sharps stored within the facility.
2. A tool control system shall include:

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- a. Secure storage of all Class A tools including scissors, kitchen knives, medical and dental instruments and Class B tools that are not conducive to the shadow board.
  - b. Shadow boarding of Class B tools in maintenance and vocational shops if the size is conducive to the board.
  - c. Excess tools in shop or work area be kept to an absolute minimum.
  - d. Sign-out/sign-in of all tools and sharps used by facility personnel and youth.
  - e. Reporting of missing/lost tools and sharps on the date of occurrence.
  - f. Inventory on at least a quarterly basis by the supervisor having custodial responsibility for the tools or sharps.
  - g. Procedures for safe and timely disposal of used, broken or worn-out tools and sharps.
- C. Superintendents shall ensure that each newly hired employee receives instruction and orientation on tool and sharps control and that designated employees receive annual training and updating on the Standard Operating Procedures.
- D. Facility employees shall be prohibited from bringing their personal tools or sharps into the institution unless specifically authorized in writing by the Superintendent.

#### **V. MONITORING MECHANISM**

The superintendent or designee and the Quality Assurance Branch shall monitor this activity.



**JUSTICE CABINET  
DEPARTMENT OF  
JUVENILE JUSTICE  
POLICY AND PROCEDURES**

**REFERENCES:  
505 KAR 1:120  
KRS 196.035, 197.020  
3-JTS-2A-04; 3B-03—05  
3-JDF-2A-04; 3B-03—05  
3-JCRF-3B-03—05  
1-JBC-2A-04; 3B-03—05  
1-SJD-2A-04; 3B-03—05**

**CHAPTER: Health and Safety Services**

**AUTHORITY: KRS 15A.065**

**SUBJECT: Control and Accountability of  
Flammable, Toxic, Caustic and Other Hazardous  
Materials**

**POLICY NUMBER: DJJ 428**

**TOTAL PAGES: 5**

**EFFECTIVE DATE: 4/4/2014**

**APPROVAL: A. Hasan Davis**

**, COMMISSIONER**

### **I. POLICY**

In order to ensure the safety of youth and staff, strict control shall be maintained of the procurement, use, storage and inventory of all flammable, toxic, caustic, and other hazardous materials. The security rating of the facility and the classification of youth placed therein shall be taken into consideration in the development of facility Standard Operating Procedures.

### **II. APPLICABILITY**

A. This policy shall apply to all detention centers, group homes and youth development centers.

#### **B. LIMITED APPLICABILITY**

- 1. This policy shall govern the development of Standard Operating Procedures for control and accountability of flammable, toxic, caustic and other hazardous materials in day treatment programs.*
- 2. The ranking supervisor at DJJ sites which do not house youth shall implement controls that are in compliance with this policy for the identification, use and storage of flammable, toxic, caustic and other hazardous materials.*
- 3. Flammable products shall not be brought onto or stored in leased sites unless permitted by the building management. Materials under the control of building management or other tenants in a building occupied by DJJ personnel shall not be the responsibility of DJJ; however, DJJ employees are permitted by law to request MSDS sheets for chemical products used in his/her work area.*

### **III. DEFINITIONS**

Refer to DJJPP 400.

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#### **IV. PROCEDURES**

- A. Before the purchase of any facility furnishing, including furniture, mattresses and bedding, wastebaskets and similar items that can burn, close examination and consideration to the specifications that indicate the Fire Safety Performance shall be observed in selecting the materials. Polyurethane shall not be used in any living area; neoprene or cotton mattresses treated with boric acid are recommended.
- B. There shall be documentation by a qualified source that the interior finishing materials in youth living areas, exit areas, and places of public assembly are in accordance with recognized codes.
- C. Programs shall be equipped with noncombustible receptacles for smoking materials and separate containers for other combustible refuse at accessible locations throughout the activity/living areas. Special containers shall be provided for flammable liquids and for rags used with flammable liquids. All receptacles and containers shall be emptied and cleaned daily.
- D. Prior to making any purchase, careful attention shall be given to a product's label. Every effort shall be made to replace a hazardous substance with one less hazardous in nature or less likely to be abused by youth in the program setting.
- E. Substances that are labeled "Keep out of reach of children" or "May be harmful if swallowed" do not meet the definition of FTC material. Their use and control, however, including the quantities available, shall be evaluated and addressed in the facility Standard Operating Procedures.
- F. Products with a MSDS hazardous rating (0) or (1) for health, flammability and reactivity do not meet the definition of FTC material. Issue logs for these substances shall not be required but all containers shall be labeled. MSDS sheets shall be maintained on these substances and shall be readily available. An inventory of these products shall be maintained in the primary storage area for general control purposes but is not required at the usable area.
- G. When more dangerous material (FTC with a MSDS hazardous rating of 2, 3, or 4) must be used, Standard Operating Procedures shall include:
  - 1. Selection and Approval
    - a. Develop a list of chemicals approved for safe use within the facility.
    - b. Develop an approval process for new chemicals when requested by facility staff. This process shall ensure that chemicals are safe and appropriate for use in a residential setting.
    - c. Questions concerning the use and control of any substance may be resolved by examining the manufacturer's MSDS.
    - d. The program shall accept no delivery of a FTC material unless a MSDS is attached at the time of delivery or on file at the facility.

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## 2. Storage.

### a. Security and safety:

- (1) When not in use, all FTC materials shall be secured in designated storage areas that are inaccessible to youth. Flammables shall be secured in fire rated cabinets or a flammable storage room.
- (2) Storage of all FTC materials shall be in accordance with applicable fire and safety codes and Environmental Protection Agency (EPA) Regulations.
- (3) The storage cabinet shall be conspicuously labeled “Flammable-Keep Fire Away”.

### b. Amounts

- (1) Storage amounts shall be limited to reasonable levels. No more than sixty (60) gallons of flammable or combustible liquids shall be stored.
- (2) Only the amount needed for a reasonable period of time shall be issued for use.

### c. Locations

- (1) Limit the number of locations in which chemicals are stored.
- (2) Central chemical control is the preferred storage method.

## 3. Approved Containers and Proper Identification Labels.

a. All chemicals including those that are labeled “Keep out of reach of children” or “May be harmful if swallowed” shall be stored in their original container with the manufacturer’s label intact.

b. Containers shall be tightly closed if not in use.

c. When chemicals are removed from the original to a secondary container for use, the secondary container shall be labeled to identify the contents.

d. Material Safety Data Sheets (MSDS) and first aid instructions shall be accessible to employees.

## 4. Inventory

a. The facility Safety Officer or other designated person shall maintain a master index of all FTC materials used by the facility.

(1) The master list shall indicate the location of the chemical and MSDS within the facility.

(2) This list shall be kept current. The local fire department may request copies of the MSDS for the chemicals used in the facility. The facility Safety Officer shall consult with the local fire chief to devise a system for distribution and updates if they elect to keep a file on the facility.

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b. Perpetual Inventories. Substances shall be accounted for before, during and after use.

5. Distribution and Issue of Product.

- a. Central chemical control is the preferred issue method.
- b. Only a staff member may dispense FTC materials. Staff shall be responsible for products issued to their area.
- c. The only acceptable methods for drawing from or transferring liquids into containers within a building are:
  - (1) Through a closed piping system;
  - (2) From safety cans;
  - (3) By a device drawing through the top; or
  - (4) By gravity through an approved self-closing system.
- d. An approved grounding and bonding system shall be used if dispensing liquids from a drum.

6. Use and Supervision

- a. Supervisory staff or designees may authorize the use of FTC material by youth only when the youth are under constant supervision and the supervising staff and youth have been instructed by the department head in the use of such material.
- b. Under no circumstances shall flammable liquids be used for cleaning.
- c. Spills and disposal shall be addressed in accordance with the guidelines indicated on the MSDS sheet.

7. Inspection of the FTC control process.

- a. A qualified staff member shall make a weekly inspection. The qualified staff member who conducts weekly inspections of the facility shall be a facility staff member who has received training in and is familiar with the safety and sanitation requirements of the jurisdiction. At a minimum, on-the-job training from the facility's Fire Safety Officer regarding applicable regulations is expected, including use of checklists and methods of documentation.
- b. The Fire Safety Officer shall perform a monthly inspection. Periodically and as needed, this individual shall receive assistance from the State Fire Marshall or local fire authority on requirements and inspections.
- c. The periodic weekly and monthly inspections may be conducted by either a combination of qualified individuals or one specialist, as long as the schedules and minimum qualifications described above are met.

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H. The state or local fire authority of jurisdiction shall approve these procedures. At least annually, the Standard Operating Procedures for the control of FTC materials shall be reviewed to insure continued compliance with all aspects of the program. Any deficiencies shall be addressed with remedial action.

**V. MONITORING MECHANISM**

Supervisors shall ensure that all hazardous, flammable, dangerous caustic and toxic substances shall be controlled in compliance with this policy. The Superintendent or designee and the Fire Safety Officer shall monitor compliance. The Division of Program Services shall conduct at least annual quality assurance monitoring audits.

	<b>JUSTICE AND PUBLIC SAFETY CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</b>	<b>AUTHORITY and REFERENCES:</b>
<b>CHAPTER: Health and Safety Services</b>		<b>AUTHORITY:</b>
<b>SUBJECT: Control of Hazardous Materials in Central Office</b>		<b>KRS 15A.065</b>
<b>POLICY NUMBER: 428.1</b>		
<b>TOTAL PAGES: 2</b>		
<b>EFFECTIVE DATE: 4/4/2014</b>		
<b>APPROVAL: A. Hasan Davis , COMMISSIONER</b>		

## **I. POLICY**

In order to ensure the safety of Central Office staff and visitors, control shall be maintained of the procurement, use, storage and inventory of all flammable, toxic, caustic, and other hazardous materials.

## **II. APPLICABILITY**

This policy shall apply to the DJJ Central Office.

## **III. DEFINITIONS**

Reference DJJPP 400.

## **IV. PROCEDURES**

A. Flammable, toxic, caustic (FTC) and other hazardous materials shall be maintained in the following manner:

1. Materials under the control of building management, other tenants, or contract cleaning staff in a leased building occupied by DJJ personnel shall not be the responsibility of DJJ.
2. Staff shall keep possession of individual containers of FTCs to a minimum.
3. Staff shall seek approval from Construction and Real Properties Branch staff before purchasing FTCs or other hazardous materials containing multiple units to be introduced into the Central Office area. Such materials, if flammable, shall require storage in a fire rated cabinet in a designated storage area(s). If non-flammable, such materials shall require storage in the designated storage area(s).
4. The Fire Safety Officer (FSO) shall ensure that there are Material Safety Data Sheets (MSDS) for all FTCs and hazardous materials requiring storage in the designated storage area(s).
5. A perpetual inventory sheet shall be kept for each FTC or hazardous material requiring storage.

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6. Substances that are labeled “Keep Out of Reach of Children”, “May be Harmful if Swallowed” and have a MSDS hazardous rating zero (0) or one (1) for health, flammability and reactivity do not meet the definition of FTC material and are not required to be stored or inventoried as such.
7. Personal hygiene products shall not be considered an FTC or hazardous material when applying this policy.

**V. STAFF TRAINING**

Central office staff shall document their yearly review of the contents of this policy and procedure.

**VI. MONITORING MECHANISM**

- A. The FSO shall monitor the control of Central Office hazardous materials by conducting monthly inspections.
- B. The Quality Assurance Branch shall conduct an annual Central Office monitoring which includes hazardous material practices.

	<b>JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</b>	<b>REFERENCES: 505 KAR 1:120</b>
<b>CHAPTER: Health and Safety Services</b>		<b>AUTHORITY: KRS 15A. 065</b>
<b>SUBJECT: Pets and Domestic Animals</b>		
<b>POLICY NUMBER: DJJ 430</b>		
<b>TOTAL PAGES: 2</b>		
<b>EFFECTIVE DATE: 4/4/2014</b>		
<b>APPROVAL: A. Hasan Davis</b>		<b>, COMMISSIONER</b>

**I. POLICY**

Department of Juvenile Justice (DJJ) programs and offices housing animals shall have a written plan of care, which includes staff responsibilities.

**II. APPLICABILITY**

This policy shall apply to all DJJ operated offices, day treatment programs, group homes, and youth development centers. The housing of animals shall be prohibited at detention centers.

**III. DEFINITIONS**

Refer to DJJPP 400.

**IV. PROCEDURES**

- A. Upon procurement of animals, DJJ programs shall write a schedule of feeding and grooming which includes responsible staff and provisions for evaluation and care during illness.
- B. All animals in DJJ programs shall have adequate immunizations, license and humane treatment.
- C. Adequate housing for animals shall be maintained including provisions for extremes in weather conditions. Animals in DJJ programs shall be appropriately confined.
- D. Costs incurred for the care of pets shall be paid through state funds. Reasonable limit shall be set by the Superintendent and approved by the Regional Facilities Administrator or Regional Manager as to the number of pets at any one program. Cost incurred for animals that are kept to sell and produce income for the Activity Fund shall be paid through the Activity Fund as authorized by the Youth Council.
- E. Youth encounters with facility pets shall be supervised for protection of youth and the animals.

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- F. No exotic, wild or endangered species shall be housed in DJJ facilities. Animals born in the wild shall remain in the wild, except those injured too seriously to survive or those in a systematic program of return to the wild.
- G. All animals except service and those approved by Chief of Mental Health Services or Medical Director as therapeutic shall be prohibited in leased office space.

**V. MONITORING MECHANISM**

Monitoring shall be accomplished by the facility Superintendent or designee and the Regional Facilities Administrator or Regional Manager.