

CHAPTER 4. Health and Safety Services

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REFERENCES:
505 KAR 1:120
3-JTS-4C-01— 03, 05, 06, 10, 12,
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CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Health Services	
POLICY NUMBER: DJJ 400	
TOTAL PAGES: 4	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

I. POLICY

Each DJJ operated or contracted residential program shall provide comprehensive health care by qualified personnel to protect the health and well being of the youth. Adequate staff, space, equipment, supplies, materials, and publications shall be provided for the performance of health care delivery.

II. APPLICABILITY

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

LIMITED APPLICABILITY

- A. *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.*
- B. *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 well being of the youth. Reference DJJPP 723 and 724 for Health and Mental Health Services requirements in detention facilities.*

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III. DEFINITIONS

- A. “Skilled Nursing Or Infirmiry 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.
- B. “Standing Orders” means written orders that specify the same course of treatment for each youth suspected of having a given condition.

IV. PROCEDURES

- A. The Department’s Medical Director shall administer the management of medical services. The Department’s Mental Health Director shall administer the management of mental health services. Reference DJJPP 401 and 405.
- B. Medical, including physical, psychiatric, and dental health services shall be considered an integral part of the overall treatment program. Matters of medical, psychiatric and dental judgement shall be the sole authority of the responsible physician and dentist, respectively.
- C. Each DJJ youth development center, group home and day treatment program shall have a 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 and revised as necessary but at least annually.
- D. Medical services, dental services, and psychiatry services shall be provided by DJJ staff or contracted services pursuant to a written agreement, contract or job description. Day treatment programs shall enter into written agreement with one or more hospitals, clinics or other providers for the provision of emergency medical services. Contracts for health care services shall be approved by the DJJ Medical Director or designee.
- 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, i.e., physician, physician assistant, nurse practitioner, and dentist. Standing orders shall not be used by any DJJ program. Nursing protocols shall be developed and signed by the responsible physician and charge nurse. This policy shall not preclude protocols for emergency situations (e.g., anaphylactic shock) when immediate action is required.
- F. DJJ facilities shall not provide skilled nursing or infirmiry care.

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- G. Health concerns shall be communicated to staff through quarterly staff meetings and daily oral and written shift reports and, as necessary, through written and oral communication. Reference DJJPP 303, 330 and 710.
- 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 equipment (e. g., wheelchair and litter); 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 physician, facility Superintendent, and the DJJ Nurse Administrator shall supervise the health-related aspects of this employee's job duties. Reference DJJPP 401.
- 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, psychiatrist, psychologist, superintendent, and the charge nurse shall attend these meetings. Minutes shall be recorded and shall be maintained by the facility charge nurse in the medical department.

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M. A quarterly and annual statistical report shall be completed by the charge nurse or designee and a copy forwarded to the Medical Director or designee. 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, diseases and injuries targeted for risk management. These reports shall also assist in administrative planning for staffing, space and equipment needs. The annual statistical report shall be given to the facility administrator and the Medical Director or designee.

N. Each DJJ program shall have a comprehensive quality improvement program.

1. The Nurse Administrator shall conduct a nursing audit at each DJJ program annually. The medical record review audit form shall be utilized to facilitate the review.
2. Physicians at youth development centers shall audit two or three records weekly utilizing the physician audit form.
3. Incident reports involving health and safety issues shall be monitored by the charge nurse to identify patterns of recurring medical problems, high risk and high volume areas.
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.

V. MONITORING MECHANISMS

At least annually, the Department Medical Director or designee, and the Education/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.



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REFERENCES:
505 KAR 1:120
3-JTS-4C-01, 02, 11, 13, 17, 28
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1-JDTP- 3B-03, 04
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C-06, Y-C-09, Y-C-10

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A.065

SUBJECT: Health Services Administration & Personnel

POLICY NUMBER: DJJ 401

TOTAL PAGES: 8

DATE ISSUED: July 15, 2005

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APPROVAL: Bridget Skaggs Brown

, COMMISSIONER

I. POLICY

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

II. APPLICABILITY

This policy shall apply to all DJJ operated and contracted group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP 723.

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

A. “Advanced Registered Nurse Practitioner” is defined by KRS 314.011(7) as one who is registered and designated to engage in advanced registered nursing practice including, but not limited to, the nurse anesthetist, nurse, midwife, and nurse practitioner pursuant to KRS 314.042.

B. “Advanced Registered Nursing Practice” is defined by KRS 314.011(8) as the performance of additional acts by registered nurses who have gained added knowledge and skills through an organized post-basic program of study and

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clinical experience and who are certified by the American Nurses Association or other nationally established organizations or agencies recognized by the board to certify nurses for advanced nursing practice. The performance of these additional acts shall be consistent with the certifying organization or agencies' scopes and standards of practice recognized by the board by regulation.

- C. "Charge Nurse" 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 Charge Nurse supervises the work of a licensed practical nurse and provides clinical supervision of the care provided by youth workers and health trained staff.
- D. "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.
- E. "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 504.
- F. "Licensed Practical Nurse" is defined by KRS 314.011(9) as one who is licensed to engage in licensed practical nursing.
- G. "Licensed Practical Nursing Practice" is defined by KRS 314.011(10) as the performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:
 1. The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist;
 2. The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board;
 3. The administration of medication or treatment as authorized by a physician or dentist and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses;

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4. Teaching, supervising, and delegating except as limited by the board;
 5. The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Practical Nurses' Standards of Practice or with Standard of Practice established by nationally accepted organizations of licensed practical nurses.
- H. "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.
- I. "Physician Assistant" is defined by KRS 311.840(3) as a person who successfully completes an approved program and an approved examination, and who is certified by the board to assist a registered physician in the provision of medical care under the physician's supervision. The physician assistant is not an independent practitioner of the healing arts but only an adjunct to the supervising physician.
- J. "Physician Consultant" means a medical doctor who, most often, is trained in a specific medical specialty, located within the community, and has agreed to evaluate and recommend treatment for certain medical conditions, as requested by the primary care physician.
- K. "Primary Care Physician" means the DJJ program's medical doctor who evaluates the youth's total health needs and provides personal medical care.
- L. "Qualified Health Professional " means the facility primary care physician, physician assistant or advanced registered nurse practitioner.
- M. "Registered Nurse" is defined by KRS 314.011(5) as one who is licensed to engage in registered nursing practice responsible for carrying out medical orders and for arranging for all levels of health services for youth in group homes or residential facilities.
- N. "Registered Nursing Practice" is defined by KRS 314.011(6) as the performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:
1. The care, counsel, and health training of the ill, injured, or infirm.
 2. The maintenance of health or prevention of illness of others.
 3. The administration of medication and treatment as prescribed by a physician or dentist and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of practice or with Standards of Practice established by nationally

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accepted organizations of registered nurses. Components of medication administration include, but are not limited to:

- a. Preparing and giving medications in the prescribed dosage, route, and frequency;
- b. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
- c. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
- d. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual;
- e. Instructing an individual regarding medications;
- f. The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and
- g. The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

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.
 - 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.

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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 out patient surgical 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.
- 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 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.

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7. [6.] In collaboration with the Division of Staff Development, provide orientation and training to nursing staff, including compliance with security regulations by health care personnel. Reference DJJPP 501, 502 and 504.
 8. [7.] Review monthly quality improvement and statistical reports of health services provided in facilities. Attend and/or review minutes of quarterly facility health services meetings. Submit at least quarterly reports to the Medical Director in compliance with DJJPP 101.
- C. The Registered Nurse shall:
1. Arrange for all levels of health care and ensure quality and accessibility for all health services provided to youth.
 2. Meet with the Superintendent at least quarterly to coordinate specific health needs.
 3. Prepare a health services monthly report and forward it to the Superintendent and Clinical Supervisor.
 4. Delegate and supervise selected health care tasks to health trained staff.
 5. Insure that staff have completed the required health related training and that documentation of this training is maintained.
 6. Administer Hepatitis B vaccine and TB skin tests to staff.
 7. In group homes and facilities without a Charge Nurse, the Registered Nurse shall be responsible for carrying out medical orders and for arranging for all levels of health services.
- 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 Charge Nurse, the LPN assumes responsibility for the successful operation of the Medical Department. The LPN shall consult with the Charge Nurse, Nurse Administrator, Primary Care Physician or Medical Director as indicated.
- E. The Superintendent or designee of each DJJ program shall provide administrative supervision to health care staff. The superintendent shall maintain on file:
1. A current copy of professional licenses, certifications, and restrictions of physicians and nurses who provide services to youth in their program.

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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 local medical doctor 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 physician'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 physician orders are being followed. The facility physician, facility Superintendent and facility Registered Nurse shall supervise the health-related aspects of this employee's job duties.

G. TRAINING

1. Staff shall receive orientation and training in accordance with DJJPP 501, 502 and 504, to include responding to health-related situations within a four-minute response time. All non-licensed personnel administering medications shall successfully complete the Kentucky Board of Nursing approved Health Services Protocol class. All DJJ health care professionals who have resident contact shall have current training in cardiopulmonary resuscitation (CPR); suicide prevention; 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.

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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

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



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REFERENCES:
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3-JTS-4C-07, 44, 47—50
3-JDF-4C-07, 42
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04, Y-I-05

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Access to Medical, Dental, and Mental Health	
POLICY NUMBER: DJJ 402	
TOTAL PAGES: 5	
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APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

I. POLICY

All 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 are not to be considered treatment services and shall be completed. 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 331 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.

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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.

III. DEFINITION

“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. As a general rule it is required prior to performing any invasive procedure or any treatment that has potential risks for the patient. This includes oral surgery and psychiatric treatment.

“Emergency Medical Treatment” means medical situations which require immediate care.

IV. PROCEDURES

A. Access to Medical Treatment

1. All youth shall be informed, both verbally and in writing, 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 (Reference DJJPP 331 or 706). Documentation that the youth has received this information shall be kept in the Medical Record.
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.

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4. The names and addresses of all emergency personnel to include dentist, doctors, and EMS personnel, 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 charge nurse 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. Reference DJJPP 403.

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.
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 via certified mail. The charge nurse or designee shall maintain documentation that the second request was forwarded by certified mail. In the event the certified letter is returned undelivered, the nurse or designee shall maintain the returned request and include the date returned.
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

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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. Reference DJJP 411.

C. Informed Consent and Refusal of Medical Treatment

1. Prior to any medical, dental or mental health examination, treatment or procedure, the attending physician, 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 (i.e., continued isolation from school population for refusing immunization, etc.)
3. Any refusal of medical, dental or mental health examination, treatment or procedure shall be documented. A facility staff member shall witness and sign the 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 care physician or psychologist prior to actions being taken regarding youth being diagnosed as having significant medical or psychiatric illnesses.

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- a. The nurse, psychologist or primary care physician 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 Director 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 care physician, 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 care physician. 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.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the Superintendent or designee, the qualified health professionals, the Medical and Mental Health Directors or designees, the Regional Director or designee, and, as warranted, the Deputy Commissioner of Operations



**JUSTICE CABINET
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POLICY AND PROCEDURES**

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
1-SJD-4C-05, 35
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

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Continuity of Care	
POLICY NUMBER: DJJ 402.1	
TOTAL PAGES: 3	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

I. POLICY

All 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 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.

III. DEFINITION

Not Applicable.

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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 the registered nurse shall ensure that youth are provided with continuity of care from admission to discharge, including referral to community care when indicated.
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 working 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 or Mental Health Director and the youth's physician 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

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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. 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 may not have access to the Medical Record.
3. In youth development and detention centers, the charge nurse or psychologist shall determine, in accordance with Cabinet 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 charge nurse, 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.
4. Questions or difficulty in determining "need to know" shall be directed to the Medical Director, the Mental Health Director or the General Counsel.
5. 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 and Mental Health Directors or designees, the Regional Director or designee, and, as warranted, the Deputy Commissioner of Operations.



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
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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
1-SJD-4C-39-41
NCCHC Y-H-01, Y-H-02, Y-H-04
thru Y-H-06**

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Medical Records	
POLICY NUMBER: DJJ 403	
TOTAL PAGES: 3	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

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 705.1.

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 102 and 328.

III. DEFINITION

Not Applicable

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.

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- 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.
- 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 charge nurse; L.P.N.; facility qualified health professional; facility qualified mental health professional; facility psychiatrist; Regional Psychologist; Superintendent; Medical Director; Nursing Administrator; Mental Health Director; designated staff of the Division of Quality Assurance; and NCCHC and ACA standards compliance auditors. Specifically requested data shall be made available to the Department of Public Advocacy personnel.
- E. Each DJJ program 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.
- 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 if possible. A Transfer Summary including documentation of least three (3) working days supply of any required medication(s) shall accompany the youth to the receiving facility. If the simultaneous transfer of the Medical Record is not possible, the facility charge nurse or designee shall contact the receiving facility's charge nurse immediately to notify the receiving facility of any special medical problems or prescription information. If this situation occurs, the sending facility shall transfer the Medical Record within 24 hours along with the youth's Individual Client Record.

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- 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.
- 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 the 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 (i.e., parent, guardian, foster home, etc.) via a Discharge Summary. The provision of at least three (3) working 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 audit 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 Record Retention and Disposal Schedule of 1976 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, and the Medical Director or designee, and the Mental Health Director or designee.



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REFERENCES:
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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
1-SJD-4C-18, 28
NCCHC Y-E-02

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A.065

**SUBJECT: Admission Screening for
Physical and Mental Challenges**

POLICY NUMBER: DJJ 404.1

TOTAL PAGES: 3

DATE ISSUED: November 15, 2005

EFFECTIVE DATE: 02/03/06

APPROVAL: Bridget Skaggs Brown

, COMMISSIONER

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 702, 723 and 724.

LIMITED APPLICABILITY

In day treatment programs, medical, dental and mental health needs shall be assessed on the day of admission by health trained staff in accordance with assessment protocols approved by the Medical Director. 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

“Assessment Protocols” means written orders that specify the steps to be taken in appraising a youth’s physical and mental health status.

IV. PROCEDURES

- A. The Initial Health Screening Form shall be completed by the facility charge 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 physician, nurse practitioner or physician’s assistant performing the admission physical examination. The initial screening shall be conducted in accordance to assessment protocol approved by the Medical Director.
- B. When a youth is identified as having an acute medical condition (i.e., severe bleeding, loss of consciousness, or a possible fracture) first aid shall be administered as indicated. The resident shall be placed on one-to-one supervision. 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.
- C. 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 Form. 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.
- D. An instrument approved by the Mental Health Director 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. Reference DJJPP 409.
- E. Assessments shall include the following screenings conducted by a mental health or qualified professional, within 24 hours of arrival: potential vulnerabilities or tendencies of acting out with sexually aggressive behavior, high risk with a history of assaultive behavior, or at risk for sexual victimization. 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 Mental Health Director.

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- F. If the youth is identified as needing further mental health evaluations, this shall occur in accordance with DJJPP 405.3.
- 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.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the facility physician, the facility Registered Nurse, the Medical Director or designee, the Director of Mental Health Services or designee, and the Education/Quality Assurance Branch.



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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	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, 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 physician.

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 702.

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. DEFINITION

Not Applicable

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 physician shall be consulted if results of screening are questionable.

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- C. Youth shall be questioned concerning allergies to ragweed or previous delousing treatments prior to the application of any delousing product.
- D. Females shall be screened for pregnancy using a urine test, unless pregnancy is already established, prior to the application of any delousing product.
- E. If de-lousing is done, a physician'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 physician'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 treatment or ragweed;
 - 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.



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**REFERENCES:
505 KAR 1:120
3-JTS-4C-25, 26
3-JDF-4C-24, 25
3-JCRF-4C-11
1-JBC-4C-25, 26
1-SJD-4C-11, 12, 20, 21
NCCHC Y-E-05, Y-E-05, Y-E-06**

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Health Assessment & Physical Examination	
POLICY NUMBER: DJJ 404.3	
TOTAL PAGES: 4	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

I. POLICY

A health assessment and physical examination shall be performed on each youth in accordance with 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 723.

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

- A. "Health-Trained Staff" may include direct care workers and other personnel without health care licenses who are trained in the use of protocols, collecting health related information, and other limited aspects of health care as determined by the responsible physician. Reference DJJPP 504.
- B. "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.

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- C. “Inter-System Transfer” means a youth entering a DJJ operated youth development center, group home, or detention center from a residential facility, group home or detention center contracted by, or otherwise outside of, the DJJ system.
- D. “Qualified Health Personnel” are 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.

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 attending physician 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 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 facility charge nurse and the facility qualified health professional 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

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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 charge nurse and the facility qualified health professional 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, and psychiatric 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 qualified health professional or the Medical Director.
4. Recording of weight, height, pulse, blood pressure, and temperature.
5. Medical examination (including gynecological assessment of females) with comments about mental and dental status. A nutritional and developmental assessment shall be completed with any restrictions discussed at this time.
6. Results of the examination and tests shall be discussed by the facility qualified health professional with the facility charge nurse and documented on the History and Physical Examination Form in the youth's Medical Record.

D. The youth shall be afforded the opportunity to discuss privately with the facility qualified health professional any health concerns he may have. This shall be communicated to the youth by the facility Registered Nurse.

E. Appropriate security measures shall be taken during this process by facility staff.

F. A protocol defining the extent of the periodic health assessment shall be developed by the primary care physician with consideration given to age, sex and health needs of youth.

G. If the health assessment is completed by a RN, a physician co-signature is required; if the health assessment is completed by a physician assistant or nurse practitioner, the physician shall review significant findings.

H. When appropriate, additional investigation shall be carried out regarding:

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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, such as hepatitis, seizures, traumatic injuries, infections, and liver diseases; and
6. Whether the youth is taking medication for a psychiatric disorder and, if so, what drug(s) and for what disorder.

V. MONITORING MECHANISM

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



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**REFERENCES:
505 KAR 1:120
3-JTS-4C-08, 09, 30
3-JDF-4C-08, 09, 29
1-JBC-4C-08—10
1-SJD-4C-06, 07, 25
NCCHC Y-E-07**

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Sick Call	
POLICY NUMBER: DJJ 404.4	
TOTAL PAGES: 2	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

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 723.

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. DEFINITION

Not Applicable

IV. PROCEDURES

- A. The facility Registered Nurse, L.P.N. or health-trained designee shall conduct sick call at a minimum of five days each week, Monday through Friday, for non-emergency illnesses or injury in accordance with protocol approved by the Medical Director.
- B. When a nurse conducts sick call, vital signs shall be taken and recorded in the Medical Record. A physician shall be available to respond to youth

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complaints 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**

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A.065

SUBJECT: Access to Diagnostic Services

POLICY NUMBER: DJJ 404.5

TOTAL PAGES: 2

DATE ISSUED: July 15, 2005

EFFECTIVE DATE: 02/03/06

APPROVAL: Bridget Skaggs Brown

, COMMISSIONER

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 723.

III. DEFINITION

Not Applicable

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 physician to ensure that these services are available when necessary.

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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 promptly communicated back to the facility for review by the physician 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.



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
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
1-SJD-4C-13, 22, 23
NCCHC Y-E-08**

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A. 065
SUBJECT: Emergency Medical Services	
POLICY NUMBER: DJJ 404.6	
TOTAL PAGES: 3	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

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 723. Reference DJJPP 405.5 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 physician "on call" service.

III. DEFINITION

"Urgent Care Kit" means a portable supply of emergency equipment suitable for controlling a severe hemorrhage, plastic for open chest wounds, and any supplies determined necessary for a medical disaster (varies depending upon geographic area and facility-based activities).

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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 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: (Reference DJJPP 424)
 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 physician, 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. Reference DJJPP 504.
- 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 designated employee as identified in the facility emergency plan shall initiate the call. Transportation shall be coordinated with the Superintendent or designee.

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- G. When a **LIFE-THREATENING EMERGENCY** exists, staff shall call Emergency Medical Services (EMS) by the most direct access, i.e. 911 in areas having this service.
- 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 next of kin.
- 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 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 physician, the facility Registered Nurse, and the Superintendent.



**JUSTICE CABINET
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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
1-SJD-4C-23, 24**

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A. 065
SUBJECT: First Aid and First Aid Kits	
POLICY NUMBER: DJJ 404.7	
TOTAL PAGES: 2	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

I. POLICY

Each DJJ facility shall have qualified staff for the administration of first aid and adequate first aid kits available on all shifts.

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 723 and 724.

III. DEFINITION

Not Applicable

IV. PROCEDURES

- A. Youth Workers, and other personnel as designated, shall complete Life Safety Training including annual skills review. Reference DJJPP 504.
- B. Youth Worker staff present on each shift shall be trained in the facility emergency preparedness plans and certified in emergency first aid procedures, including cardiopulmonary resuscitation (CPR). Reference DJJPP 319 & 424.
- C. Each DJJ program shall have available adequate first aid kits. The contents, number, and procedures for monthly inspections of first aid kits shall be in accordance with protocol approved by the Facility Physician.
- D. At minimum, first aid kits shall:
 1. Be placed in DJJ vehicles.
 2. Accompany youth on outdoor trips or programs.

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3. Be placed in living, education, recreation, work and support areas of DJJ programs.
- E. The Registered Nurse or designee shall inspect first aid kits 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.; and
 - g. 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, and the Medical Director or designee.



**JUSTICE CABINET
DEPARTMENT OF
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POLICY AND PROCEDURES**

**REFERENCES:
3-JTS-4C-04, 34
3-JDF-4C-04, 33
1-JBC-4C-32
1-SJD-4C-03, 38
NCCHC Y-32**

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A.065

SUBJECT: Hospital Care

POLICY NUMBER: DJJ 404.8

TOTAL PAGES: 2

DATE ISSUED: July 15, 2005

EFFECTIVE DATE: 02/03/06

APPROVAL: Bridget Skaggs Brown

, COMMISSIONER

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 723 and 724. Reference DJJPP 405.6 for related data regarding psychiatric hospitalization.

III. DEFINITIONS

Not Applicable

IV. PROCEDURES

- A. Each program shall develop a Memorandum of Understanding (MOU) with each hospital or urgent care center it utilizes for in-patient and out-patient medical/surgical services. A copy of the MOU shall be maintained by the superintendent or designee and a copy forwarded to the Medical Director. 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. This agreement shall state the hospital or center is willing to accept youth from the facility and the requirements of both parties, e.g.:

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1. To be transferred with a summary of the Medical Record;
 2. Procedures for transporting;
 3. Personnel to accompany to the hospital;
 4. Youth to be discharged with a summary of treatment received; and
 5. Terms of payment.
- C. The Medical Director shall approve non-emergency hospital care or outpatient surgery.
- D. Staff shall accompany youth to the hospital and stay with them at least through admission. Youth from secure facilities shall require around-the-clock supervision during their stay at the hospital.
- E. In accordance with DJJPP 411, parents or guardians shall be notified if acute care hospitalization is needed for a youth.
- F. 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.
- G. 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, and the Registered Nurse.



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**REFERENCES:
505 KAR 1:120
3-JTS-4C-31, 32
3-JDF-4C-30, 31
3-JCRF-4C-18
1-JBC-5C-11, 14
1-SJD-4C-30, 32, 34
NCCHC Y-G-01**

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A. 065

SUBJECT: Special Needs Treatment Plans

POLICY NUMBER: DJJ 404.10

TOTAL PAGES: 3

DATE ISSUED: July 15, 2005

EFFECTIVE DATE: 02/03/06

APPROVAL: Bridget Skaggs Brown

, COMMISSIONER

I. POLICY

A written, individualized treatment plan, developed by a physician, 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 723.

III. DEFINITIONS

- A. "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.
- B. "Convalescent Care" means medical service rendered to a youth to assist in the recovery from illness or injury.
- C. "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 short- and long-term 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.

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- D. "Special Medical Program" serves a broad range of health conditions and problems, including seizure disorder, diabetes, potential suicide, pregnancy, chemical dependency, and psychosis.

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 facility qualified health professional shall develop a written medical treatment plan, including short- and long-term goals, that the facility nurses, staff, and the youth shall follow while at the facility for the following conditions:
1. Diabetes;
 2. Seizure disorders;
 3. Pregnancy;
 4. Chemical dependency;
 5. Serious communicable disease;
 6. Physical disabilities/challenges;
 7. Developmental disabilities;
 8. Serious mental health needs;
 9. Terminal illness;
 10. Asthma; or
 11. Any other medical disorder that the facility qualified health professional determines to be of a chronic or convalescent nature.
- E. The medical treatment plan shall 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

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testing and follow-up frequency. The plan shall include responsibilities of nurses and other designated staff.

- 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 facility qualified health professional, and the facility Superintendent.



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**REFERENCES:
505 KAR 1:120
3-JDF-5B-07
1-JBC-4C-34; 5C-09
1-SJD-4C-12
NCCHC Y-G-07**

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A. 065

SUBJECT: Perinatal Care

POLICY NUMBER: DJJ 404.11

TOTAL PAGES: 2

DATE ISSUED: July 15, 2005

EFFECTIVE DATE: 02/03/06

APPROVAL: Bridget Skaggs Brown

, 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 723.

III. DEFINITION

Not Applicable

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 predicated on the advice and counsel of the attending physician. 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. This includes routine medical examinations, advice on appropriate activity levels, safety precautions, nutrition, guidance and counseling as ordered and directed by qualified health

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care professionals, including physicians having obstetrical privileges at the hospital where the delivery is likely to take place.

- 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.



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**REFERENCES:
505 KAR 1:120
3-JTS-4C-26
3-JDF-4C-25
3-JCRF-4C-13
1-JBC-4C-26
1-SJD-4C-21
NCCHC Y-E-06**

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A. 065
SUBJECT: Oral Screening and Oral Care	
POLICY NUMBER: DJJ 404.12	
TOTAL PAGES: 2	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

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 723.

III. DEFINITIONS

Not Applicable

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 within seven (7) days of admission.
- 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 60 days of admission unless documentation exists of a dental examination within the previous six months or the screening reveals an emergency situation and immediate care is needed.

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- E. Dental treatment as determined by the dentist shall be provided when the health of a youth may otherwise be adversely affected. The Medical Director or designee shall approve all orthodontic and non-emergency oral surgical procedures for youth
- F. The Registered Nurse or designee shall maintain documentation of all dental procedures in the youth's Medical Record.
- G. All staff shall be responsible for reporting suspected dental problems for appropriate action, including emergency services.
- H. 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 Dental Director, 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
1-SJD-4B-12—14; 4C-11, 12, 27
NCCHC Y-F-01, Y-F-04

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Preventive Health Care	
POLICY NUMBER: DJJ 404.13	
TOTAL PAGES: 3	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

I. POLICY

DJJ programs 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 702 and 723.

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. DEFINITION

Not applicable

IV. PROCEDURES

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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 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 of childbearing age 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.

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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 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 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.

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, and the Medical Director or designee.

	JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE 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		
DATE ISSUED: July 15, 2005		EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown		, 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 DJJ operated and contracted day treatment centers, group homes and youth development centers.

III. DEFINITION

“Comprehensive family planning” includes education regarding sexuality, pregnancy prevention, and options for those who are pregnant.

IV. PROCEDURES

- A. Education and counseling regarding all aspects of sexuality shall be available in the facility or by referral to appropriate community providers. Upon discharge 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 and the Medical Director or designee.



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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
1-SJD-4C-01, 08, 10, 14, 23
NCCHC Y-A-03, Y-C-01, Y-
C-21, Y-C-09, Y-C-10

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A.065

**SUBJECT: Mental Health Services
Administration & Personnel**

POLICY NUMBER: DJJ 405

TOTAL PAGES: 5

DATE ISSUED: July 15, 2005

**EFFECTIVE DATE:
02/03/06**

APPROVAL: Bridget Skaggs Brown

, COMMISSIONER

I. POLICY

The Department shall employ a Mental Health Director to oversee the provision of appropriate, comprehensive mental health care for youth in DJJ operated or contracted programs. 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

- A. "Psychiatrist" means a physician with a Medical License who has completed an accredited residency in General Psychiatry or an accredited residency or fellowship in Child Psychiatry.
- B. "Psychologist" means a master or doctoral level individual credentialed by the Kentucky Board of Examiners of Psychology who is in an active status.
- C. "Qualified Mental Health Professional" means as defined in KRS 202 A.011.

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IV. PROCEDURES

A. The Mental Health Director 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 Mental Health Director or designee.
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 Agreement (MOA) for mental health services. Review contracts, MOA and mental health care provided by local providers as necessary;
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. The Department shall employ a Doctoral Psychologist to oversee mental health care for youth within each of the designated regions of the state. At minimum, these 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 Masters Degree;
4. Conduct and review Mental Health evaluations of youth as appropriate;
5. Provide treatment as deemed appropriate by the Regional Director and the Mental Health Director;

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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.
- D. Each DJJ Youth Development Center shall have access to an appropriately credentialed psychiatrist either by direct employment or by contract for services. Psychiatrists shall:
1. Provide a minimal average of four hours per week at a youth development center (When providing Telemedical services, services shall be appropriate to fulfill the average of at least four hours per week.); and
 2. Provide services including differential diagnoses, psychiatric evaluation, and prescribing and renewing medications.
- E. Each DJJ Youth Development Center shall be staffed with one master level program psychologist per facility. Other professionals who fall within the parameters of QMHP as defined in KRS 202A.011 (12) may be employed in lieu of a psychologist in rural areas of the state given substantial proof all reasonable effort has been made but has been unsuccessful in recruitment efforts for a psychologist. 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. Reference DJJPP 404.1, 405.2, 702 and 724.

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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 accessed as needed to manage youth with acute and chronic mental illnesses and make referrals to other Mental Health providers outside the facilities as needed.
 5. Refer a juvenile to a Doctoral Psychologist or Psychiatrist when unclear about diagnosis or treatment, when consultation is required in cases of danger to self or others, or for initiation of medication or making
 6. medication changes. If the situation is not an emergency, the treatment team may review the referral.
 7. Provide training on mental health issues to include but not be limited to training on 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. Reference DJJPP 405.6 and 611.1.
 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.
 2. Copies of written contracts and Memorandum of Agreements (MOA) with mental health providers.
- H. TRAINING
1. Staff shall receive training in recognizing the signs and symptoms of acute medical and psychiatric illness including recognizing suicidal intent, psychotic disorder, and chemical dependency and responding to health-related situations within a four-minute response time. Reference DJJPP 504.

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2. All DJJ mental health care professionals in residential programs who have resident contact shall have current training in cardiopulmonary resuscitation (CPR); suicide prevention; bloodborne pathogens including HIV-related issues; universal precautions; Hepatitis B; and exposure control.
3. Continuing Education for mental health professionals shall be in accordance with KRS licensing requirements. Verification of annual continuing education shall be documented for each qualified health care professional.
- I. All protections in regards to access to care, procedures for non-English speakers, grievance procedures for perceived inappropriate care, informed consent, notification of parents, issues of confidentiality, refusal of treatment, and consultations regarding treatment outlined in DJJPP 402 shall apply to mental health services and treatment.

V. MONITORING MECHANISM

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



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
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
1-SJD-4C-18, 32
NCCHC Y-E-05
KRS Chapter 311**

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Mental Health Assessment/Evaluation	
POLICY NUMBER: DJJ 405.1	
TOTAL PAGES: 3	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE:02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

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 702 and 724.

LIMITED APPLICABILITY

In day treatment programs, mental health needs shall be assessed on the day of admission in accordance with protocol approved by the Mental Health Director. 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

A. “Mental Health Evaluation” means procedures designed for the identification of mental health issues conducted by a psychiatrist or by a psychologist.

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- B. “Mental Health Screening” means the administration of a mental health screening tool approved by the Mental Health Director for the identification of potential mental health issues. Positive indicators shall be referred to the facility psychologist or qualified mental health provider for further evaluation.

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 Mental Health Director.
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 the facility physician.
- 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.

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- E. Youth in youth development centers who require mental health services which can be met in the facility shall be addressed in the following manner:
1. If a youth is on medications, a mental health evaluation shall be done at least every six months (more frequently if indicated). The evaluation shall be done within fourteen days of admission if it has not been done in the six months prior to admission.
 2. If a youth is not on medications, a mental health evaluation shall be done at least yearly (more frequently if indicated). The evaluation shall be done within fourteen days of admission if it has not been done in the year prior to admission.
- F. Mental health issues of youth in youth development centers and group homes shall be addressed in the treatment planning process described in DJJPP 302. 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, and the Mental Health Director or Designee.



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
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
1-SJD-4C-35
NCCHC Y-I-02, Y-I-04, Y-I-05

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Forced Psychotropic Medications	
POLICY NUMBER: DJJ 405.2	
TOTAL PAGES: 2	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE:02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

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 KRS 202A, KRS 645, and DJJPP 402.

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. DEFINITION

“Psychotropic Medications” means any medication that is used to treat disorders of mood, thinking or behavior.

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 405.6 or 611.1 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.

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C. Once the order is obtained and the youth is returned to DJJ, the forced order shall be continued at the discretion of the Mental Health Director or designee.

V. MONITORING MECHANISM

The Regional Psychologist and Director of Mental Health Services shall monitor the use of forced medications quarterly.



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
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
1-SJD-4C-32; 5B-03
NCCHC Y-E-05**

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Referral for Mental Health Services	
POLICY NUMBER: DJJ 405.3	
TOTAL PAGES: 2	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

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 611 and shall govern the actions of detention centers in complying with applicable sections of DJJPP 724.

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. DEFINITION

"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.

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IV. PROCEDURES

- A. Referral to the QMHP shall be made in writing, complete with date, time, and signature according to format approved by the Mental Health Director or designee.
- 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) working days.
- C. The QMHP shall conduct an evaluation sufficient in scope to reasonably assess the needs of the youth. The evaluation shall include a face to face interview.
- 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 in order to head off a psychiatric emergency.
- 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 in a timely manner. At the discretion of the mental health professional, a copy may also be placed in the Individual Client Record in order to assist staff in caring for the youth.
- F. The youth's assigned counselor shall be copied on all mental health referrals for youth in a group home or youth development center. In youth development centers, the facility psychologists shall also be copied on 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 Mental Health Director, 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
1-SJD-4C-18, 19, 28, 32
NCCHC Y-G-05**

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A.065

SUBJECT: Suicide Prevention/Intervention

POLICY NUMBER: DJJ 405.4

TOTAL PAGES: 3

DATE ISSUED: July 15, 2005

EFFECTIVE DATE: 02/03/06

APPROVAL: Bridget Skaggs Brown

, COMMISSIONER

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 702 and 724.

III. DEFINITION

“One-to-One Supervision” means when youth are required to stay within very close proximity to staff to ensure constant supervision and immediate intervention if needed for safety reasons.

IV. PROCEDURES

- A. Youth shall be screened upon admission by a Qualified Mental Health Professional (QMHP) or trained designee for suicide risk factors. Reference DJJPP 404.1, 405.1, 702 and 724.
- 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. Reference DJJPP 504.
- C. The designated QMHP shall be informed if a youth is noted to have risk factors, has expressed any intent to harm himself or has actually made an attempt at self-harm. The youth shall be kept safe on one-to-one supervision

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until evaluated by a QMHP. The facility charge nurse shall be contacted in the event of a suicide attempt.

D. The QMHP shall assign one of the following levels of precaution:

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. In level 5 facilities, for youth who cannot be managed in the general population, the room may be locked and the youth watched through the room's video camera. Interactive contact shall be made at 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 every 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 329. The Observation Log/Addendum form shall be used to document, at 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, documentation on the

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Observation Log shall be made at intervals of no more than 15 minutes and shall involve personal contact with the youth.

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 shall 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 based on consultation with the QMHP with notification to the superintendent and/or Administrative Duty Officer (ADO).
 - G. Youth in youth development centers shall not be placed in isolation if they are considered a suicide risk. Youth shall be removed from the isolation if he/she becomes suicidal.
 - 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 405.6.
 - I. Suicide and suicide attempts shall be documented on a Critical Incident Report in accordance with DJJPP 321 or 715. In the event of a completed suicide, reference DJJPP 147 for procedural instructions.

V. MONITORING MECHANISM

The Mental Health Director or designee, Regional and facility-based psychologists, 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
1-SJD-4C-22,23, 32; 5B-03
NCCHC Y-E-08**

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A.065

SUBJECT: Mental Health Emergencies

POLICY NUMBER: DJJ 405.5

TOTAL PAGES: 2

DATE ISSUED: July 15, 2005

EFFECTIVE DATE:02/03/06

APPROVAL: Bridget Skaggs Brown

, COMMISSIONER

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 724. Reference DJJPP 404.6 for related data regarding medical emergency services.

III. DEFINITIONS

Not Applicable

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 (loss of consciousness, bleeding, evidence of overdose, etc.), 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

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of not having self-control. At times a situation may arise in which urgent action is necessary. Examples may include acute onset of hallucinations, flashbacks, or incapacitating fear or withdrawal from others. Staff shall monitor the youth in order to maintain safety as the notification process proceeds.

3. In youth development centers the facility psychologist shall assess the situation, either by phone or after a visit to the facility, and determine a course of action. The facility psychologist may elect to notify the psychiatrist for consultation in determining the course of action. The facility Psychologist shall inform the Superintendent of the planned interventions.
 4. In detention centers and group homes, the Superintendent or designee shall assess the situation and may elect to notify the contract mental health provider for consultation in determining a course of action. See DJJPP 405.4 for levels of precaution.
 5. If the situation is complicated or still unclear, the Regional Psychologist shall be contacted.
- 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: (Reference DJJPP404.6)
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.

V. MONITORING MECHANISM

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



**JUSTICE CABINET
DEPARTMENT OF
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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
1-SJD-4C-03, 26, 32, 38
NCCHC Y-A-12, Y-E-08, Y-E-10

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Psychiatric Hospitalization	
POLICY NUMBER: DJJ 405.6	
TOTAL PAGES: 3	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

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 724.

Reference DJJPP 611.1 for related Community Services policy. Reference DJJPP 404.6 for related data regarding medical/surgical hospitalization.

III. DEFINITIONS

Not Applicable

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. The Director of Mental Health Services or designee shall develop a Memorandum of Agreement 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.

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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 to prepare and provide a discharge summary outlining progress made during the hospital stay and the recommended course of treatment. In addition, copies of admission summaries, evaluation reports and other documents related to the treatment of the youth while in the hospital shall be provided to the Superintendent or designee. For hospitalizations that exceed one month, a progress report shall be submitted to the Superintendent or designee on a monthly basis.
- C. Staff shall accompany youth to hospital and stay with him at least through admission.
- D. In accordance with DJJPP 411, parents or guardians and the Juvenile Service Worker shall be notified as soon as possible if hospitalization is needed for a youth.
- E. Within 24 hours of admission, excluding weekends and holidays, the Superintendent or designee shall notify the Regional Psychologist and the Regional Manager or Regional Facilities Administrator and provide a written summary of the reason for the admission. At minimum, the following information shall be provided: name of the hospital; the date of admission; reason for the admission; name of the hospital contact; medical/Medicaid coverage; and the estimated length of stay.
- F. Designated program staff shall maintain contact with the hospital on at least weekly basis. It shall be the intent for the source of the original referral to maintain the ongoing contact. This contact may consist of a phone call. Attendance at hospital treatment team meetings shall be encouraged.
- G. Within five (5) working days of admission, excluding weekends and holidays, the Superintendent or designee shall insure that a discharge placement plan for the youth has been completed and forwarded to the appropriate Regional Manager or Regional Facilities Administrator with copy to the Regional Psychologist.

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1. 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.
 2. DJJ shall consider the hospital's recommendations regarding discharge placement; however, DJJ shall have ultimate responsibility for placement.
- H. During the hospitalization, the youth shall be discharged if one of the following conditions exists:
1. The youth is not mentally ill.
 2. The youth cannot benefit from treatment in the hospital.
 3. A less restrictive placement is available in which the youth's treatment needs may be met with equal effectiveness.
- I. 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.
- J. When a youth is admitted or returned to a DJJ facility from a psychiatric facility the facility psychologist, Registered Nurse or designee(s) shall be contacted, and shall provide direction for follow-up care. Discharge summary information shall be reviewed by the facility QMHP or Superintendent. The Superintendent or designee shall assure the availability of adequate staffing, including health-trained staff, to provide the required level of observation and continuity of care.
- K. The Superintendent or designee shall notify the Regional Psychologist and the Regional Manager or Regional Facilities Administrator within 24 hours of discharge, excluding weekends and holidays.
- L. A written Discharge Summary shall be required from the provider within ninety (90) days of discharge and shall be placed in the youth's medical record upon receipt.

V. MONITORING MECHANISM

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

	JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES	REFERENCES: 505 KAR 1:120 NCCHC Y-I-01
CHAPTER: Health & Safety Services		AUTHORITY: KRS 15A.065
SUBJECT: Therapeutic Restraints		
POLICY NUMBER: 406		
TOTAL PAGES: 5		
DATE ISSUED: November 15, 2005		EFFECTIVE DATE:02/03/06
APPROVAL: Bridget Skaggs Brown		, COMMISSIONER

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.

III. DEFINITIONS

- A. "Chemical Agent" means an active substance, such as tear gas, used to deter activities that might cause personal injury or property damage."
- B. "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.
- C. "Fixed Restraint" means the restraining of a youth to a bed or other stationary objects. This technique is commonly referred to as "**4- or 5-point restraint**".
- D. "Restraint Chair" A chair device used, within the constraint of using the minimum physical control measures required, to restrict

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movement of a youth displaying self-destructive behaviors, self-mutilating behaviors, suicidal behaviors or severe property destruction.

- E. "Therapeutic Restraint" means an intervention specifically ordered by a psychiatrist, physician, psychologist, treatment director, or psychiatric clinical nurse for youth with mental health problems whose behavior presents an imminent threat to the safety of self or others such as self-destructive behaviors, self-mutilating behaviors, suicidal behaviors or severe property destruction.
- F. "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.

IV. PROCEDURES

- A. Therapeutic Restraints shall only be utilized after an order from the treatment director, regional psychologist, director of medical services, or director of mental health services.
- B. The order shall indicate the date and time of the order, type of therapeutic restraint used, and how proper peripheral circulation is maintained, maximum duration of the order, and criteria for release as soon as possible.
- C. The facility superintendent and Regional Facilities Administrator shall be notified within fifteen (15) minutes of any use of therapeutic restraints.
- D. DJJ staff that are trained by the Training Branch in approved methods of restraint may apply the restraints upon a youth.
- 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.
- 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, i.e. youth's behavior extremely disruptive or out of control. In this case the search should take place as soon as possible after the restraints are applied.

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- 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 (e.g., face down, spread eagle, hog tied). 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/or 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. In using a restraint chair, the following procedures shall be followed:
1. Youth placed in a restraint chair shall be visually monitored at all times. Video camera monitoring, by itself, is not acceptable.
 2. The chair shall be located a safe distance from walls, doors, and furniture to prevent head banging.
 3. The use of the restraint chair shall also be videotaped throughout the entire incident. The Superintendent shall ensure that proper procedures are in place to secure the videotapes.
 4. Youth shall be placed on suicide watch after release from the restraint chair until the facility psychologist, regional psychologist, director of medical services, director of mental health services determines the watch is no longer necessary.

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- O. When no change in the youth's behavior occurs within the first 30 minutes, the facility psychologist or regional psychologist shall begin the evaluation of the youth for possible referral to appropriate resources.
- P. If the youth is not to be referred and transferred to an appropriate resource, approval for continued use of the therapeutic restraints beyond one (1) hour shall be obtained from the DJJ Medical or Mental Health Director.
- Q. Re-evaluation of the need for therapeutic restraints shall occur in person at least every hour by the facility psychologist, regional psychologist, director of medical services, or director of mental health services.
- R. Maximum duration for the use of therapeutic restraints shall be no more than two (2) hours.
- S. At the discretion of the ordering clinician, the youth shall be released from the therapeutic restraints if he/she remains calm for 30 continuous minutes. If the youth requests the therapeutic restraints be removed, upon concurrence of the ordering clinician, the therapeutic restraints may be removed.
- T. Youth shall be evaluated after the removal of the therapeutic restraints by the facility psychologist, regional psychologist, director of medical services, director of mental health services to address the continued care of the youth.
- U. The event shall be documented on an incident report form. 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 321 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.
- V. 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.
- W. If an injury occurs in the course of use of therapeutic restraints, it shall be fully documented. Prompt medical attention shall be

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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.

X. Therapeutic Restraint Equipment Inventory

1. The availability, control, and use of therapeutic restraint equipment shall be the responsibility of the Superintendent, or the Regional Manager.
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 Regional Manager or designees shall review the therapeutic restraint inventory and use records monthly and ascertain that equipment listed is secured in the locations noted.
4. Reusable restraint equipment shall not be used on another person until it is properly cleaned and disinfected. Commercial products shall be available for disinfecting.

V. MONITORING MECHANISM

The Regional Manager or Regional Facilities Administrator, Director 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
1-SJD-4C-16, 17
NCCHC Y-22, 29**

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Pharmaceuticals	
POLICY NUMBER: DJJ 407	
TOTAL PAGES: 4	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

I. POLICY

Each Department of Juvenile Justice program 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, the Department of Juvenile Justice.

III. DEFINITIONS

- A. “Dispensing” means the issuance of one or more doses of a prescribed medication in containers that are correctly labeled to indicate the name of the patient, the contents of the container, and all other vital information needed to facilitate correct drug administration. **State law controls the scope or authority of a physician or other clinicians dispensing medications.**
- B. “Disposal” means the destruction of medication upon the discharge of the user from the facility or the provision of the discharged youth with the medication prescribed, in line with the continuity-of-care principle. When the facility uses the sealed, prepackaged unit dose system, unused portions shall be returned to the pharmacy.
- C. “Formulary” means a written list of prescription and non-prescription medications available to authorized prescribers. This shall not restrict prescriptions of medication generated by community health care providers;

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however, these shall be subject to review and approval by the responsible physician.

- D. "Medication Administration" means the act in which a single dose of an identified drug is given to a patient.
- E. "Medication Distribution" means the system for delivering, storing, and accounting for drugs from the source of supply to the nursing station point where they are administered to the patient.
- F. "Procurement" means the system for ordering medications for the facility.

IV. PROCEDURES

- A. Each prescription ordered by the facility physician or Advanced Registered Nurse Practitioner shall be filled by a registered pharmacist using the unit dose system.
- B. Medication, whether over-the-counter or prescription, shall be picked up by the charge nurse or designee or delivered by the pharmacy.
- C. Upon arrival at the facility, the medication shall be counted by the Registered Nurse or designee to determine the correctness of the order. Inventory of all prescription medications shall be conducted at least weekly by the charge nurse or designee. Discrepancies shall be investigated and an incident report completed for unaccounted medication. Serious discrepancies shall be reported to the Medical Director or designee. Documentation shall be maintained by the Registered Nurse or designee.
- D. The Registered Nurse or designee shall record the prescription information (dosage, time, etc.) on the Medication Administration Record (MAR). 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 physician, Advanced Registered Nurse Practitioner or Physician Assistant. The nurse shall inform the prescriber prior to expiration dates.
- E. The facility Registered Nurse shall be responsible for all aspects of medication administration including handling, measuring, and storing all medications. Youth Workers may assist in the limited role of administering medications.
- F. In the absence of the facility nurse, only staff trained in the Health Services Protocol shall give medications and write on the MAR. The Health Service Protocol training is a forty (40) hour Protocol training course approved by the

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Kentucky Board of Nursing, which includes the administration of medications and common side effects. Health-trained staff shall receive an annual medication update at a minimum of two (2) hours. Additionally, health-trained staff shall receive certification in Red Cross approved Standard First aid and CPR. Reference DJJPP 504.

- G. The assigned health-trained staff shall sign out the keys to the medications, establishing accountability for security and administration of medications.
- H. Youth Workers shall not repackage or dispense medications and shall be supervised by the facility Registered Nurse.
- I. Staff administering medication shall initial the MAR each time a dose is administered. The signature of each person administering medication to a particular youth shall be maintained either on the MAR itself or on a master list.
- J. Known side effects of medication shall be listed with the MAR for staff 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 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. The Registered Nurse or L.P.N. shall monitor and oversee the use of all pharmaceuticals in the facility by the following methods:
 - 1. Verifying the medication on hand.
 - 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 as part of the Continuous Quality Assurance Program.
- N. The facility nurse shall ensure that controlled substances are double locked and counted daily on the Controlled Substance Log.
- O. Any unused controlled substances shall be disposed of by returning them to the pharmacy. The Registered Nurse or designee shall make a list of the drugs to be disposed of and have that list verified by participating pharmacist.

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- P. The disposal of non-controlled substances, including outdated, discontinued or recalled medication shall be accomplished in the same fashion as controlled substances.
- Q. Psychotropic drugs shall be used only under the direction of the psychiatrist and only if clinically indicated as one facet of a program of therapy. Documentation of administration of psychotropic drugs shall be performed in the same manner as with all prescription medication. Psychotropic medications shall not be prescribed for disciplinary reasons.
- R. Youth shall not prepare, dispense or administer medication, except for: 1) self medication programs approved by the Medical Director, the Registered Nurse and the facility Superintendent; or 2) medication necessary for the emergency management of a condition.
- S. In accordance with DJJPP 427.1, the use of needles and syringes for any reason shall be documented. A perpetual inventory shall be maintained for accountability. The inventory shall be audited weekly to ensure accuracy.
- T. A registered pharmacist shall conduct pharmacy audits at each DJJ facility annually.
- U. 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 (MSD) sheets shall be available in areas where overdoses or toxicological emergencies are likely (Reference DJJPP 428).

V. MONITORING MECHANISM

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



**JUSTICE CABINET
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POLICY AND PROCEDURES**

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

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A. 065

SUBJECT: Forensic Information

POLICY NUMBER: DJJ 408.1

TOTAL PAGES: 2

DATE ISSUED: July 15, 2005

EFFECTIVE DATE: 02/03/06

APPROVAL: Bridget Skaggs Brown

, COMMISSIONER

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. DEFINITION

- A. "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.
- B. "Psychological Evaluations for Use in Adversarial Proceedings" means a psychological evaluation performed specifically for the prosecution or defense of a case in a court of justice.

IV. PROCEDURES

- A. DJJ staff other than licensed health care personnel may administer drug and alcohol testing in accordance with DJJPP 322. 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.

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- B. If a youth is suspected of concealing contraband in a body cavity, in accordance with DJJPP 325.1 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. DJJ health care personnel may collect forensic information (i.e., DNA testing) to comply with state laws that require blood samples or saliva samples from juveniles, with the consent of the juvenile. Health care personnel shall not be involved in punitive action taken as a result of non-participation in the collection process. Reference NCCHC Y-I-03, KRS 17.170, 17.171, 17.172, 17.173 and 17.174.
- D. 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.
- E. Questions concerning appropriate providers or payment for such evaluation may be referred to the DJJ Medical Director, Mental Health Director and/or Office of Counsel.
- F. 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.



**JUSTICE CABINET
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POLICY AND PROCEDURES**

**REFERENCES:
505 KAR 1:120
3-JTS-4C-42, 43
3-JDF-4C-40, 41
1-JBC-5C-10, 11, 13, 14
1-SJD-4C-33, 34
NCCHC Y-G-07, Y-G-08**

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A. 065
SUBJECT: Substance Abuse and Chemical Dependency	
POLICY NUMBER: DJJ 409	
TOTAL PAGES: 2	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

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 702 and 724.

III. DEFINITIONS

- A. "Chemically dependent" means the state of physiological or psychological dependence on alcohol or other drugs.
- B. "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. Detoxification in alcohol-dependent individuals does not involve administering decreasing doses of alcohol; it involves administering decreasing doses of drugs that are cross-tolerant to it.

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IV. PROCEDURES

- A. In accordance with DJJPP 404.1 and 404.3, the nurse or health trained staff shall make inquires 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 intoxicification or 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.
- B. An instrument approved by the Mental Health Director 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. Reference DJJPP 404.1.
- C. In accordance with DJJPP 302, identified substance abuse and chemical dependency issues shall be considered in the development of the youth's Individual Treatment Plan.
- D. Relapse prevention education shall be provided. Aftercare plans shall include referral to specified community resources upon release when appropriate.

V. MONITORING MECHANISM

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

	<p align="center">JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</p>	<p>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</p>
<p>CHAPTER: Health and Safety Services</p>		<p>AUTHORITY: KRS 15A. 065</p>
<p>SUBJECT: Orthoses, Prostheses and Other Aids to Impairment</p>		
<p>POLICY NUMBER: DJJ 410</p>		
<p>TOTAL PAGES: 2</p>		
<p>DATE ISSUED: July 15, 2005</p>		<p>EFFECTIVE DATE: 02/03/06</p>
<p>APPROVAL: Bridget Skaggs Brown</p>		<p>, COMMISSIONER</p>

I. POLICY

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

II. APPLICABILITY

This policy shall apply to all DJJ operated or contract group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP 723.

III. DEFINITIONS

- A. "Orthoses" means specialized mechanical devices used to support or supplement weakened or abnormal joints or limbs, such as braces, foot inserts, or hand splints.
- B. "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.

IV. PROCEDURES

- A. The facility Registered Nurse in conjunction with the facility physician shall monitor all youth in 24-hour residential programs to assess the need for any medical or dental orthoses or prostheses.
- B. If the monitoring and assessment process identifies a youth in need of orthoses or prostheses, the facility Registered Nurse shall arrange with the facility

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physician or dentist to have the youth fitted with an appropriate device or make a referral to an appropriate provider.

- C. If the need for orthoses or prostheses is beyond the normal tooth or eyeglass type, the facility Registered Nurse shall contact the Medical Director or the Dental Director.
- D. A youth may incur replacement costs for an orthosis or prosthesis lost or damaged by willful action of the youth. When the health of the youth would be adversely effected without the replacement device, as determined by the responsible physician or dentist, the replacement device shall be provided and charges applied to the youth's personal account in accordance with procedures outlined in DJJPP 315.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the facility physician, the facility Registered Nurse, the facility dentist, the Medical Director or designee and the Dental Director.



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**REFERENCES:
505 KAR 1:120
3-JTS-4C-47
3-JDF-4C-45
3-JCRF-4C-27
1-JDTP-3B-19
1-JBC-4C-42
1-SJD-4C-38
NCCHC Y-A-10, Y-A-11**

CHAPTER: Health and Safety Services	AUTHORITY: KRS
SUBJECT: Notification in Emergencies	
POLICY NUMBER: DJJ 411	
TOTAL PAGES: 2	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

I. POLICY

If a youth is seriously injured, seriously ill, attempts suicide, or dies, the youth's next of kin, legal guardian, appropriate personnel within DJJ, and agent of the committing authority 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. DEFINITION

"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.

IV. PROCEDURES

A. In case of serious illness, surgery, injury, attempted suicide or death, 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 Juvenile Service Worker shall immediately notify the parents or closest relative. The Deputy Commissioner of Operations and Commissioner shall be notified immediately through the normal chain of command.

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- B. When a youth in a DJJ operated or contracted program is hospitalized, the next of kin, legal guardian or agent of the committing authority and the Juvenile Service Worker shall be provided the name, address and telephone numbers of the treating facility. The name of the attending physician (if appropriate) shall also be provided.
- C. The program Charge Nurse, Health Care Coordinator 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 (Reference DJJPP 321 and 600.11). 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 147 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 NCCHC Y-G-09
CHAPTER: Health and Safety Services		AUTHORITY: KRS 15A. 065
SUBJECT: Sexual Assault		
POLICY NUMBER: 412		
TOTAL PAGES: 2		
DATE ISSUED: July 15, 2005		EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown		, COMMISSIONER

I. POLICY

Victims of sexual assault shall be referred under appropriate security provisions to a community facility such as an emergency room for evaluation, treatment, and collection of evidence.

II. APPLICABILITY

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

III. DEFINITION

“Sexual Assault” means a sexual act that is coercive or assaultive in nature, and where there is the use of threat of force.

IV. PROCEDURES

- A. The nurse, if available, or the health-trained staff person shall screen the youth for injury and provide only treatment for life threatening conditions. Treatment shall be deferred to the local emergency room.
- B. The nurse on duty and the Superintendent shall be informed immediately. Area of alleged assault shall be secured. The Superintendent shall notify law enforcement officials of the alleged assault.
- C. Youth shall be transported to the local medical facility by DJJ staff and the youth shall be examined by qualified medical staff. The DJJ staff shall not leave the medical facility until law enforcement completes an initial interview with the medical staff and the youth.

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- D. Immediate notification shall be made to the Office of Investigation. Day treatment programs, private childcare and community programs shall provide immediate notification to the local DCBS office. Reference DJJPP 140. Parents and/or guardians shall also be immediately notified.
- E. A critical incident report shall be immediately completed in compliance with DJJPP 321.
- F. On return from medical evaluation and treatment, the Superintendent shall make a decision regarding housing or group assignment arrangements for the alleged victim.
- G. On return from medical evaluation and treatment, the alleged victim shall be evaluated by a qualified mental health professional for appropriate counseling or treatment.
- H. Physical injuries shall be referred to the facility nurse or health-trained staff and documented for appropriate continued care.
- I. The Office of Investigation shall open a file for each alleged claim of sexual abuse or assault. Claims of sexual abuse or assault, including, but not limited to, related incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling, shall be retained in accordance with an established schedule maintained by the Office of Investigation.
- J. Chain of custody procedures shall be followed and documented in accordance with DJJPP 422 for evidence gathered that may be presented as evidence in a court of law.

V. MONITORING MECHANISM

Monitoring shall be accomplished by facility Superintendent, nurse, qualified health professional, the Medical Director or designee, the Director of Mental Health Services or designee, and the Education/Quality Assurance Branch.



**JUSTICE CABINET
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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
1-SJD-2C-08; 4B-01—14
NCCHC Y-B-02
OSHA 1910-1030

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A.065

SUBJECT: Environmental Health And Safety

POLICY NUMBER: DJJ 414

TOTAL PAGES: 3

DATE ISSUED: July 15, 2005

EFFECTIVE DATE: 02/03/06

APPROVAL: Bridget Skaggs Brown

, COMMISSIONER

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.

III. DEFINITIONS

- A. "Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- B. "Personal Protective Equipment" is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- C. "Sharps" means any object that can penetrate the skin including, but not limited to, needles, disposable syringes, scalpels, razors, broken glass, or nail clips.
- D. "Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

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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 Health Department.
 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.
 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.
 - 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.

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- 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
1-SJD-4C-29**

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Occupational Exposure to Bloodborne Pathogens	
POLICY NUMBER: DJJ 415	
TOTAL PAGES: 4	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

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 Department of Juvenile Justice 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. DEFINITION

- A. "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.
- B. "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.

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IV. PROCEDURES

- A. The DJJ Medical Director shall issue and implement a written departmental “Exposure Control Plan”.
- B. The DJJ Medical Director shall appoint a Departmental OSHA Regulations Coordinator whose duties shall include but not be limited to:
 - 1. Collaborates with the In-Service and Regional Training Branch Manager in the development of an annual training plan for staff. Reference DJJPP 502.
 - 2. Serves as liaison between the Department and OSHA on all matters related to occupational exposure to bloodborne pathogens.
 - 3. Monitors compliance with posting and maintenance of the Bureau of Labor Statistics Log and Summary of Occupational Injuries and Illnesses at each DJJ facility and office (OSHA Form # 200)., i.e.:
 - a. The log shall 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. All recordable cases of occupational injuries and illnesses shall be entered on the log within six (6) workdays after learning of its occurrence.
 - c. This log shall be maintained and retained for five (5) years following the end of the calendar year to which they relate.
 - d. Logs shall 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.

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- 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 at least 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
 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 but not be limited to:
 1. Coordinates the provision of site-based annual training for staff in Universal Precautions, including AIDS, Bloodborne or Airborne Pathogens. (Reference DJJPP 504.)
 2. Serves as a liaison to the DJJ OSHA Regulations Coordinator;

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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 Staff 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
1-SJD-4C-29, 30
NCCHC Y-B-01**

CHAPTER: Health and Safety Services

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

SUBJECT: Bloodborne Pathogens, HIV/AIDS

POLICY NUMBER: DJJ 416

TOTAL PAGES: 4

DATE ISSUED: July 15, 2005

EFFECTIVE DATE: 02/03/06

APPROVAL: Bridget Skaggs Brown

, COMMISSIONER

I. POLICY

The Department of Juvenile Justice shall not discriminate against youth receiving services who have HBV, HIV OR AIDS. 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 well being of all.

II. APPLICABILITY

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

III. DEFINITIONS

A. "AIDS" means Acquired Immunodeficiency Syndrome. AIDS is a disorder in which the body's natural immune system has been compromised, reducing the ability to fight off infections and diseases. As a result, persons with AIDS may develop rare forms of cancer, pneumonia and other serious infections or diseases which generally do not affect healthy individuals.

B. "HBV" means Hepatitis B Virus.

C. "HIGH-RISK BEHAVIORS" means those behaviors which include unprotected sexual contact and use of injected drugs which are behaviors causing the greatest transmission of HIV and HBV infection.

1. Other behaviors on which transmission of HIV and HBV are associated are:

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- a. Unprotected sexual contacts: male to male;
 - b. Use of injectable drugs;
 - c. Unprotected sexual contacts: male to female and female to male;
 - d. Treatment of Hemophilia;
 - e. Hemodialysis (HBV only);
 - f. Perinatal transmission (HIV); and
 - g. Prostitution: male and female.
2. Those who are at High-Risk of HBV include:
- a. Persons with current clinical evidence of infection;
 - b. Immigrants/refugees from areas of high endemicity for HIV/HBV;
 - c. Youth who have been in institutions for the mentally retarded (HBV only); and
 - d. Household contacts of HBV carriers (HBV only).
- D. "HIV" means Human Immunodeficiency Virus. This is the causative agent of AIDS.
- E. "SPECIALIZED HIV/AIDS COUNSELING" means counseling provided by a designated staff person who has received training in the subject matter.
- F. "UNIVERSAL PRECAUTIONS" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV/HBV, and other Bloodborne pathogens.

IV. PROCEDURES

- A. Staff in community offices shall receive information concerning HIV/AIDS/HBV 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/HBV 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

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education for the prevention of STD and bloodborne diseases shall be provided to youth and 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. Education, counseling, diagnosis, and treatment of sexually transmitted diseases (STD) and bloodborne diseases shall be made available to all youth in DJJ operated or contracted detention centers, group homes and youth development centers.
1. All staff shall receive information concerning HIV/AIDS/HBV and exposure control plans.
 2. Testing and detection of STD and bloodborne diseases 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 STD and bloodborne diseases 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/HBV 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/HBV, 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

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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

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
1-SJD-4C-11, 30, 31
NCCHC Y-B-01**

SUBJECT: Infection Control

AUTHORITY: KRS 15A.065

POLICY NUMBER: 416.1

TOTAL PAGES: 6

DATE ISSUED: July 15, 2005

EFFECTIVE DATE: 02/03/06

APPROVAL: Bridget Skaggs Brown

, 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.

I. 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 723.

LIMITED APPLICABILITY

Youth Workers in DJJ operated day treatment programs shall undergo a pre-employment physical as part of the Basic Academy completion requirements and shall be offered the Hepatitis B Vaccine. Staff in DJJ operated day treatment programs whose responsibilities include contact with youth or other individuals identified by risk assessment as potentially at risk for occupational exposure to tuberculosis, including clerical and maintenance staff, shall be screened for tuberculosis, with documentation of screening maintained, in accordance with this policy. An exposure to blood; or a youth has engaged in, or is suspected of, High Risk Behavior shall be reported to the Superintendent or designee as soon as possible for necessary testing and follow-up. All serious infections occurring in day treatment programs shall be reported as required by KRS 214.010 and local laws.

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I. DEFINITIONS

- A. “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.
- B. “Employee Exposure Control Kit” means an informational packet on procedures to follow after an occupational exposure to a possible infectious disease.
- C. “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.
- D. “Mantoux Tuberculosis Skin Test” means an intradermal injection in the surface of the forearm of 0.1 ml purified protein derivative (PPD) containing five (5) tuberculin units.
- E. “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.
- F. “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, but is not limited to, protective gloves, masks, protective shields, eye protection, mouthpiece or gown.
- G. “Serious Infectious Disease” means Tuberculosis, HIV or AIDS, Hepatitis or other communicable disease that may pose a significant health risk.
- H. “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. The disease is manifested through clinical symptoms and evaluated by diagnostic measures including skin testing, mycobacteriologic and radiographic diagnostic testing results indicative of clinically active TB Disease.
- I. “TB Infection” means a condition in which living tubercle bacilli are present in the body, but the disease is not clinically active. An infected person usually has a positive tuberculin reaction, but he does not have any symptoms related to the infection and is not infectious; however, he shall remain at lifelong risk for developing the disease unless preventive therapy is given.

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- J. “Universal Precautions’ means an approach to infection control that treats all human blood and certain human fluids, including semen and vaginal fluids, as if these are infected with HIV, Hepatitis B, Hepatitis C or other Bloodborne Pathogens.

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.
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 charge nurse or designee in the employee health record.
3. All DJJ employees whose responsibilities include contact with youth or other individuals identified by risk assessment as potentially at risk for occupational exposure to tuberculosis, including clerical and maintenance staff, 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.
 - 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) working 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).

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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 charge nurse 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 charge nurse 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 in compliance with DJJPP 404.1 or 702.
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. Reference DJJPP 404.13.
3. Youth shall be offered the Hepatitis B vaccinations series. Reference DJJPP 404.13.
4. A TB test and a physical exam shall be completed within seven (7) days of admission and annually thereafter. Reference DJJPP 404.3 & 404.13.
5. When a youth is suspected of being in a situation involving a high risk of exposure to a Serious Infectious 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.

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7. If a youth is diagnosed with a Serious Infectious 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 a Serious Infectious 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 care physician 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.
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 Facility Superintendent and the charge nurse 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. Reference DJJPP 414.

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2. Youth shall receive training in Hepatitis B, Universal Precautions, STDs and general hygiene provided by a nurse, physician or health educator. Records of health-related education shall be maintained in the Medical Record. Reference DJJPP 404.13.
3. Staff shall receive training as required in KRS 196.171. This shall include training in bloodborne and airborne pathogens, including the hazards of TB disease transmission, signs and symptoms, surveillance, therapy and site-specific procedures including the purposes and use of Universal Precautions and infection control techniques. Such training shall be documented in the employee's Training Record. Reference DJJPP 501 & 504.
4. If an employee has an Occupational Exposure to a possible Serious Infectious 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 charge nurse. Reference DJJPP 400.

A. 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
1-SJD-2A-03; 3B-01, 02, 06—10;
4C-22, 23
NCCHC Y-A-07

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A.065

SUBJECT: Emergency Plans

POLICY NUMBER: DJJ 424

TOTAL PAGES: 6

DATE ISSUED: July 15, 2005

EFFECTIVE DATE: 02/03/06

APPROVAL: Bridget Skaggs Brown

, COMMISSIONER

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.

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III. DEFINITIONS

- A. “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.
- B. “Qualified Departmental Staff Member” means the facility staff member who has received training in, and is familiar with, the fire safety and sanitation requirements/standards. Training may be provided by the qualified fire safety officer.
- C. “Qualified 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.
- D. “Qualified Independent Inspector” means the qualified contracted specialist who provides inspections of various fire and safety systems.
- E. “Safe area” means a designated space including an enclosed area with no windows, a basement or the lowest floor using the interior hallway or rooms, or taking shelter under sturdy furniture.

IV. PROCEDURES

- A. Each program shall have a written Emergency Plan. The Plan shall include at least the following:
 - 1. Provisions for emergency equipment and supplies to include but not be limited to:
 - 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, and a kitchen suppression system in youth development and detention centers, that is inspected quarterly 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 tested at least every

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two weeks 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 publicly posted in each building of the facility and in all areas where youth and staff routinely congregate. This includes but is not limited to, classrooms, dining area, recreation area, gymnasiums, administrative area and housing units/areas.
 - 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. 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 facility, the emergency, and security of the premises. 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 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, detention centers and group homes with a school program in the facility 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 that do not have a school program in the facility

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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 and Earthquake Drills

(1) Youth development centers, detention centers and group homes shall conduct monthly 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 group homes having a school in the facility, shall designate at least four (4) drills as tornado drills and conduct the tornado drills during the school day in the first month of the school year and in February, March and April.

(3) Day treatment programs shall conduct quarterly earthquake and tornado drills. Drills designated as tornado drills shall be conducted during the school day in the first month of the school year and in February, March and April.

(4) Programs shall have Standard Operating Procedures for tornado and earthquake drills that detail the use of a drop procedure and a safe area. Reference KRS 158.163.

c. Provisions for immediate release of juveniles from locked area. 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 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. Routine fire drills or drills which do not involve mobilization of health staff shall not meet compliance.

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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 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.

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- c. At least once every calendar year (January-December), 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 whenever changes are made, but at least once every three years.

V. MONITORING MECHANISM

The facility Fire Safety Office and the Program Superintendent shall monitor this activity. The Division of Program Services shall conduct at least annual quality assurance monitoring audits.



**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
1-SJD-4A-01—14
NCCHC Y-B-03, Y-F-02**

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Dietary Services	
POLICY NUMBER: DJJ 426	
TOTAL PAGES: 3	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, COMMISSIONER

I. POLICY

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. DEFINITION

Not applicable

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.

B. A registered dietician shall develop menus for regular diets. Menus shall be

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planned in writing, posted and followed within each program. 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 Head Cook shall maintain and follow menus provided by a Registered Dietician to ensure the special nutritional needs of adolescence are being met.
- D. Accurate records shall be maintained by the Head Cook or designee for all meals served. Documentation of menu changes shall be maintained in the Food Services office including the reason for the change. Purchase and accounting of food and food service supplies shall be in accordance with DJJ Fiscal Branch 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 the Registered Nurse or designee to the kitchen staff as well as to Youth Workers and other direct care staff.
- G. Dietary restrictions relating to the youth's religious beliefs shall be provided.
- H. Each facility shall have a procedure for ensuring that the right youth receives the right diet. The Registered 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.
- K. Available dietary staff and additional facility staff shall provide supervision of residents during all meals provided by the facility.

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- L. Meals and snacks 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. (Reference DJJPP 414.) 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.
- 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. Reference DJJPP 416.1.
- P. Daily sanitation and safety inspections of all food service areas, including dining and food preparation areas and equipment shall be conducted by the Head Cook 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. Reference DJJPP 414.
- 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 basis. Deficiencies, if any, shall be corrected and documentation of corrective action provided to the Superintendent or designee. Reference DJJPP 414.

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	
DATE ISSUED: July 15, 2005	EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown	, 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. DEFINITION

Not applicable

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.

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- F. The plan shall be reviewed annually and updated as needed.
- 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**

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A. 065

SUBJECT: Control and Use of Tools and Sharps

POLICY NUMBER: DJJ 427.1

TOTAL PAGES: 3

DATE ISSUED: July 15, 2005

EFFECTIVE DATE: 02/03/06

APPROVAL: Bridget Skaggs Brown

, COMMISSIONER

I. POLICY

Each DJJ program shall provide for the safety, security, control, management and storage of tools and sharps, including culinary and medical/dental equipment.

II. APPLICABILITY

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

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

A. "Class A" Hazardous Tools – Tools that can be used by youth either in effecting an escape or cause death or serious injury. These tools include but are not limited to the following:

1. Ladders
2. Jacks
3. Hacksaw blades
4. Pipe wrenches
5. Metal cutting equipment
6. Wire cutters over 6 inches
7. Files
8. Acetylene cutting tips

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- 9. Pipe cutters
- 10. Other sharps, tools or implements, including culinary and medical/dental instruments, that can be used by youth either in effecting an escape or cause serious injury or death. Common judgement and intelligence are to be applied in ensuring that no tool is overlooked in this category. If in doubt, it is to be placed in this category.
- B. "Class B" Tools – Less restricted tools (non-hazardous) are those tools not listed as "Class A" tools.
- C. "Sharps" include kitchen knives and 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.

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, including tools and sharps in storage or otherwise not currently in use.
 - 2. A tool control system that includes but is not limited to:
 - 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.

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- 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: 7

DATE ISSUED: July 15, 2005

EFFECTIVE DATE:02/03/06

APPROVAL: Bridget Skaggs Brown

, 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.

II. APPLICABILITY

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

LIMITED APPLICABILITY

- A. *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.*
- B. *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.*
- C. *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.*

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III. DEFINITIONS

- A. “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.
- B. “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.
- C. “Combustible” means a substance with a flash point at or above 100° Fahrenheit.
- D. “Flammable” means a substance with a flash point below 100° Fahrenheit.
- E. “Flammables Storage Room” means a room of fire resistant construction designed to store flammable liquids. This room shall be equipped with:
 - 1. A self-closing door.
 - 2. Electrical devices conforming to the National Electrical Code as specifically designed for use in flammable storage area, such as explosion proof lighting, outlets and switches.
 - 3. A “blast panel” designed to funnel the destructive force of any explosion outside of the area and building.
 - 4. Ventilation equipment within twelve (12) inches of the floor designed to exchange the air with fresh at least 6 times per hour.
 - 5. Dike (four-inch sill and four inch depressed floor for inside storage) that will hold liquid spills from flowing under the door or into drains.
- F. “Flash Point” means the minimum temperature required for a substance to ignite.
- G. “FTC Materials” means all reference to Flammable, Toxic and Caustic substances.
- H. Material Safety Data Sheet (MSDS) means a document required by government regulation for all hazardous chemical substances produced or sold

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in the United States. MSDS sheets contain the following information: the identity used on the label, physical and chemical characteristic (vapor pressure, flash point, and so forth), physical and health hazards, primary routes of entry, exposure limits, precautions for safe handling and use, control measures, emergency and first aid procedures, and the chemical manufacturer's name, address, and telephone number.

- I. "Secondary Container" means a portable container into which chemicals are transferred for use.
- J. "Storage Cabinet" means a properly constructed and securely locked cabinet specifically designed to hold flammable materials. This cabinet must be conspicuously labeled "Flammable-Keep Fire Away". Used to store no more than sixty (60) gallons of flammable or combustible liquids.
- K. "Toxic Material" means a substance that may cause illness or death when eaten, drank, or absorbed even in relatively small quantities.

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.

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- 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 but not be limited to:
 - 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.
 - 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.
 - b. Amounts
 - (1) Storage amounts shall be limited to reasonable levels.

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(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.

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.

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- 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.

	<p align="center">JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</p>	<p>REFERENCES: 505 KAR 1:120</p>
<p>CHAPTER: Health and Safety Services</p>		<p>AUTHORITY: KRS 15A. 065</p>
<p>SUBJECT: Pets and Domestic Animals</p>		
<p>POLICY NUMBER: DJJ 430</p>		
<p>TOTAL PAGES: 2</p>		
<p>DATE ISSUED: July 15, 2005</p>		<p>EFFECTIVE DATE: 02/03/06</p>
<p>APPROVAL: Bridget Skaggs Brown</p>		<p>, COMMISSIONER</p>

I. POLICY

DJJ programs housing animals shall have a written plan of care, which includes staff responsibilities.

II. APPLICABILITY

This policy shall apply to all DJJ operated or contract day treatment programs, group homes and youth development centers.

The housing of animals shall be prohibited at detention centers.

III. DEFINITION

Not Applicable

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

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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.
- 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.

V. MONITORING MECHANISM

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