


CHAPTER 4. Health and Safety Services

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 4-JDF-4C-01, 18, 33-1 3-JCRF-3B-18 1-JDTP-3B-18 4-JCF-4C-28, 47 |
| CHAPTER: Health and Safety Services | | AUTHORITY: KRS 15A.065 |
| SUBJECT: Health Services Definitions | | |
| POLICY NUMBER: DJJ 400 | | |
| TOTAL PAGES: 8 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

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

II. APPLICABILITY

This policy shall apply to all DJJ staff.

III. DEFINITIONS

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

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

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

- S. “Detoxification” means the process by which an individual is gradually withdrawn from a drug by the administration of decreasing doses of the drug upon which the person is physiologically dependent, one that is cross-tolerant (antagonistic) to it, or one that has demonstrated to be effective on the basis of medical research.
- T. “Dispensing” is defined by KRS 315.010(8).
- U. “Disposal” means the returning of unused portions of medications to a pharmacy.
- V. “Drop procedure” means an activity by which each student and staff member takes cover under a table or desk, dropping to his or her knees, with the head protected by the arms, and the back to the windows.
- W. “Emergency Medical Treatment” means medical situations which require immediate care.
- X. “Employee Exposure Control Kit” means an informational packet on procedures to follow after an occupational exposure to a possible infectious disease.
- Y. “Flammable” means a substance with a flash point below 100° Fahrenheit.
- Z. “Flammables Storage Room” means a room of fire resistant construction designed to store flammable liquids.

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- AA. “Flash Point” means the minimum temperature required for a substance to ignite.
- BB. “Fire Safety Officer” means the facility staff person who has received training in the application of fire, safety and sanitation requirements/standards from a qualified source such as representatives from the state or local fire authority, state and local college or university.
- CC. “Fixed Restraint” means the restraining of an individual to a bed or any stationary object. This technique is commonly referred to as “four/five-point restraint”.
- DD. “Formulary” means a written list of prescription and non-prescription medications available to authorized prescribers. This shall not restrict prescriptions of medication generated by health care providers;
- EE. “Forensic Purposes” means issues relating to courts of law. Examples of forensic purposes are body cavity searches, drug screening, DNA testing, and psychological evaluations for use in adversarial proceedings.
- FF. “Health Authority” means a registered nurse with local responsibility for health care services pursuant to a written agreement, contract, or job description.
- GG. “Health Care Provider” is defined by KRS 304.17A-005.
- HH. “Health Care Coordinator” means, in DJJ programs without a full-time registered nurse, a health-trained staff identified to coordinate the provision of health care.
- II. “Health Trained Staff” means staff members who have completed CPR and First Aid certification and the Health Services Protocol training. These staff shall provide emergency care as needed and other health services within the guidelines of their training that need not be carried out by nurses and/or physicians, however, at the direction of a physician or nurse. Reference DJJPP Chapter 5.
- JJ. “High Risk Behavior” means behavior which creates the possibility of transmitting a serious infectious disease, including tattooing, sexual contact, needle use, fighting or assaultive behavior, self-mutilation and body piercing.

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- KK. “Informed Consent” means the agreement by the youth or guardian to a medical examination or procedure after the youth receives the material facts regarding the nature, consequences, risks, and alternatives concerning the proposed treatment, examination, or procedure.
- LL. “Intra-System Transfer” means a youth entering a DJJ operated youth development center, group home, or detention center directly from another DJJ operated youth development center, group home or detention center.
- MM. “Licensed Practical Nurse (LPN)” is defined by KRS 314.011(9).
- NN. “Safety Data Sheet” (SDS) means a document required by government regulation for all hazardous chemical substances produced or sold in the United States.
- OO. “Medical Director” means a licensed physician who plans and oversees all aspects of medical policy, procedure and services provided for youth in the Department of Juvenile Justice.
- PP. “Medical Treatment Plan” means a series of written statements that specify the particular course of therapy and the roles of medical and non-medical personnel in carrying it out. It is individualized and based on an assessment of the youth’s needs, and it includes a statement of goals as well as the methods to reach these goals. When clinically indicated, the treatment plan provides youth with access to a range of supportive and rehabilitative services as the physician deems appropriate.
- QQ. “Mental Health Evaluation” means procedures designed for the identification of mental health issues conducted by a Qualified Mental Health Professional.
- RR. “Mental Health Referral” means the process by which any staff member alerts the designated Qualified Mental Health Professional (QMHP) that a mental health need has been identified or suspected in a youth.
- SS. “Mental Health Screening” means the administration of a mental health screening tool approved by the Chief of Mental Health Services for the identification of potential mental health issues.
- TT. “Nurse Shift Program Supervisor (NSPS)” means the registered nurse responsible for supervising the delivery of health care, the carrying out of medical orders and nursing directives, and for arranging for all levels of health services for youth in youth development facilities. The NSPS

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supervises the work of all nursing staff and provides clinical supervision of the care provided by youth workers and health trained staff.

- UU. “Occupational Exposure” means a specific eye, mouth, or other mucous membrane, non-intact skin or wound which comes in contact with blood or other potentially infectious material that may occur in the performance of an employee’s duties.
- VV. “One-to-One Supervision” means when an individual staff member is assigned to directly supervise no more than one (1) youth. The staff shall stay within very close proximity to ensure constant supervision and immediate intervention if needed for safety reasons.
- WW. “Orientation Training” means mandatory department and departmental practices familiarization training for newly hired staff.
- XX. “Ortheses” means specialized mechanical devices used to support or supplement weakened or abnormal joints or limbs, such as braces, foot inserts, or hand splints.
- YY. “Personal Protective Equipment” (PPE) means specialized clothing or equipment which does not permit blood or other potential infectious material to pass through or reach the employee’s clothes or body and may include, protective gloves, masks, protective shields, eye protection, mouthpiece or gown.
- ZZ. “Primary Health Care Provider” means licensed individual who evaluates the youth’s total health needs and provides medical care.
- AAA. “Prostheses” means artificial devices to replace body parts or compensate for defective body functions. They include such items as artificial limbs, eyeglasses, and full and partial dental plates.
- BBB. “Psychologist” is defined by KRS 319.010.
- CCC. “Psychotropic Medications” means any medication that is used to treat disorders of mood, thinking, or behavior.
- DDD. “Qualified Health Personnel” means physicians, physicians assistants, dentists, nurses, nurse practitioners, psychologists, and other professionals and technical workers who by state law engage in activities that support, compliment, or supplement the functions of physicians or dentists who are licensed, registered or certified as appropriate to their qualifications to

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practice; further, they practice within the parameters of their license, certification, or registration.

- EEE. “Qualified Independent Inspector” means the qualified contracted specialist who provides inspections of various fire and safety systems.
- FFF. “Qualified Mental Health Professional” is defined by KRS 202A.011.
- GGG. “Registered Nurse” is defined by KRS 314.011(5)
- HHH. “Safe area” means a designated space used to protect individuals during an emergency or hostile situation.
- III. “Secondary Container” means a portable container into which chemicals are transferred for use.
- JJJ. “Serious Infectious Disease” means Tuberculosis, HIV or AIDS, Hepatitis (A, B, C), Methicillin-Resistant Staphylococcus Aureus (MRSA), or other communicable disease that may pose a significant health risk.
- KKK. “Sharps” means any object that can penetrate the skin including culinary equipment, scissors, medical/dental instruments, arts and craft implements and other instruments with a sharp edge or point capable of inflicting serious injury or death.
- LLL. “Skilled Nursing Or Infirmary Care” means in-patient bed care by or under the supervision of a registered nurse for an illness or diagnosis that requires limited therapy, assistance, observation and management and does not require admission to a licensed hospital.
- MMM. “Special Medical Program” means a program that serves a broad range of health conditions and problems, including seizure disorder, diabetes, potential suicide, pregnancy, chemical dependency, and psychosis.
- NNN. “Specialized HIV/AIDS Counseling” means counseling provided by a qualified person who has received training in the subject matter.
- OOO. “Standing Orders” means written orders that specify the same course of treatment for each youth suspected of having a given condition.
- PPP. “Storage Cabinet” means a properly constructed and securely locked cabinet specifically designed to hold flammable materials. .

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QQQ. “TB Disease” means recent infection or reactivated growth of tubercle bacilli from a dormant lesion, which produce tissue necrosis accompanied by fibrosis in any body location it attacks.

RRR. “TB Infection” means a condition in which living tubercle bacilli are present in the body, but the disease is not clinically active.

SSS. “Therapeutic Restraints” means fleece-lined leather, canvas or soft leather cuff or anklets, or foam helmet. All equipment purchased shall have prior approval of either the Medical or Mental Health Director.

TTT. “Toxic Material” means a substance that may cause illness or death when ingested or absorbed even in relatively small quantities.

UUU. “Tuberculosis Skin Test” means an intradermal injection in the surface of the forearm of a purified protein derivative (PPD).

VVV. “Universal Precautions” means an approach to infection control in which all body fluids are treated as if known to be infectious.

WWW. “Urgent Care Kit” means a portable supply of emergency equipment suitable for a medical disaster (varies depending upon geographic area and facility-based activities).



**JUSTICE CABINET
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**REFERENCES:
505 KAR 1:120
4-JDF-4C-01—03, 05, 06, 14—
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3-JCRF-4C-01, 04, 05, 07
1-JDTP-3B-18
1-JBC-4C-01—06, 12, 13, 15,
16, 23
4-JCF-4C-10, 37-39, 57, 60
NCCHC Y-A-02, Y-A-04, Y-C-
08, Y-D-03**

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| CHAPTER: Health and Safety Services | AUTHORITY: KRS 15A.065 |
| SUBJECT: Health Services | KRS 610.310 |
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| APPROVAL: Carey D. Cockerell | , COMMISSIONER |

I. POLICY

Each Department of Juvenile Justice (DJJ) operated or contracted program shall provide comprehensive health care by qualified personnel to protect the health and wellbeing of the youth. Adequate staff, space, equipment, supplies, materials, and publications shall be provided for the performance of health care delivery as determined by the health authority. Religious beliefs and practices of youth and parent or caregiver may be taken into consideration when conducting medical services.

II. APPLICABILITY

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

LIMITED APPLICABILITY

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

III. DEFINITIONS

Refer to Chapter 400

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IV. PROCEDURES

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

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

2. If females receive medical services at the facility, equipment appropriate for pelvic examinations and gynecological reference books shall be available.
 3. If behavioral health services are provided in the facility, a private interviewing space shall be available.
- I. Security regulations that are applicable to the facility personnel shall also apply to health personnel.
 - J. In DJJ programs without a full-time registered nurse, a health-trained staff shall be identified to coordinate the provision of health care. The facility primary health care provider, Superintendent, and the DJJ Nurse Administrator or designee shall supervise the health-related aspects of this employee's job duties.
 - K. DJJ youth development center (YDC) and detention center's administrative and health staff shall meet quarterly to discuss health care issues including: behavioral health; continuous quality improvement (CQI); infection control; youth grievances; and environmental inspection reports. The responsible health care professional, QMHP, superintendent, and the NSPS shall attend these meetings. Minutes shall be recorded and shall be maintained by the NSPS in the medical department.
 - L. DJJ group homes' administrative and health staff shall meet quarterly to discuss health care issues including: behavioral health; continuous quality improvement (CQI); infection control; youth grievances; and environmental inspection reports. The responsible health care professional, QMHP or designee, superintendent, and the Nurse Administrator or facility contract nurse shall attend these meetings. Minutes shall be recorded and shall be maintained by the Nurse Administrator or facility contract nurse in the facility.
 - M. In YDCs and detention centers, a quarterly and annual statistical report shall be completed by the NSPS or designee and a copy forwarded to the Medical Director or designee and the facility superintendent. In group homes, a quarterly and annual statistical report shall be completed by the Nurse Administrator, facility contract nurse, or designee and a copy forwarded to the Medical Director or designee and the facility superintendent. These reports shall be used to monitor trends in the delivery of health care, including service volume, types of services and incidence of certain illnesses, referral to specialists, medication usage, laboratory and x-ray test results, convalescent admissions, hospital admissions, suicide attempts, deaths, off-site transports, and diseases and injuries targeted for risk management. These reports shall also assist in administrative planning for staffing, space, and equipment needs. Any condition that poses a danger to staff or juvenile health and safety is reported immediately to the facility superintendent.

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- N. Each DJJ operated program, except day treatment, shall have a comprehensive quality improvement program.
1. The Nurse Administrator shall conduct a medical audit at each DJJ program annually. The medical audit shall be documented and forwarded to the Medical Director, Nurse Services Administrator, Quality Assurance, facility NSPS or designee, superintendent, Facility Regional Administrator, and Regional Director.
 2. Incident reports involving health and safety issues shall be monitored by the NSPS, Nurse Administrator, facility contract nurse, or designee to identify patterns of recurring medical problems, high risk and high volume areas.
 3. Continuous Quality Improvement issues shall be discussed in the quarterly medical/administrative meeting and may include: hospitalizations, medical emergencies and conditions requiring off-grounds medical services.
- O. DJJ youth are prohibited from providing any type of health care services or cleaning and maintaining medical areas.

V. MONITORING MECHANISM

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



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REFERENCES:
505 KAR 1:120
4-JDF-4C-01, 02, 10, 12, 17,
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3-JCRF-4C-01, 03, 07, 15
1-JDTP- 3B-03, 04
1-JBC-4C-01, 11, 13, 20, 28
4-JCF-4C-10, 11, 34, 51-54
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Y-C-09

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| CHAPTER: Health and Safety Services | AUTHORITY: KRS 15A.065 |
| SUBJECT: Health Services Administration & Personnel | |
| POLICY NUMBER: DJJ 401 | |
| TOTAL PAGES: 5 | |
| EFFECTIVE DATE: October 5, 2018 | |
| APPROVAL: Carey D. Cockerell , COMMISSIONER | |

I. POLICY

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

II. APPLICABILITY

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

LIMITED APPLICABILITY

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

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

- A. The Commissioner shall appoint a Medical Director who shall report directly to the Commissioner or the designee. The Medical Director shall:
1. Ensure adequate administrative structures for the provision of health care services are defined, mandated and provided.

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- 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.
 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. Review contracts, Memoranda of Agreement (MOA), and medical care provided by local health care providers, dentists and emergency health care providers as necessary.
 6. Approve all non-emergency hospitalizations and outpatient surgical procedures, including all elective procedures, for youth.
 7. Approve all directives from consulting health care providers. This duty may be delegated to the facility health care professional; however, the Medical Director shall maintain ultimate responsibility and authority.
 8. Per directive of the Commissioner, represent the Department on various Commissions, Boards, or workgroups to address statewide planning and implementation of health services.
 9. Provide direct supervision to the Clinical Supervisor of Nursing.
 10. Determine the essential health-care positions (primary health care provider, dentist, psychiatrist, health-care practitioner, nurse) needed to perform the scope of health-care services. There shall be an annual review of the staffing plan by the Medical Director to determine if the number and type of staff is adequate.
- B. The Nurse Service Administrator 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.

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5. Provide clinical supervision to nursing staff, and health-trained staff in DJJ programs without a full-time registered nurse (RN), 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 interim and year-end performance evaluation of registered nursing staff.
 7. In collaboration with the Division of Professional Development, provide orientation and training to nursing staff, including compliance with security regulations by health care personnel.
- C. Nurse Administrators shall:
1. Monitor assigned programs for compliance with nursing and medical policies, procedures, and accreditation standards;
 2. Provide clinical supervision to DJJ program nurses and administrative support for the DJJ Nurse Service Administrator;
 3. Assist in the planning, development, and evaluation of DJJ nursing services. Collects and analyzes data and drafts reports;
 4. Provide consultation on the care of juveniles with special medical needs; and,
 5. Conduct in-service training programs on nursing topics.
- D. The Registered Nurse shall:
1. Act as the facility's Health Authority.
 2. Arrange for all levels of health care and ensure quality and accessibility for all health services provided to youth.
 3. Meet with the Superintendent at least quarterly to coordinate specific health needs.
 4. Prepare a health services monthly report and forward it to the Superintendent.
 5. Delegate and supervise selected health care tasks to health trained staff.
 6. Ensure that staff have completed the required health related training and that documentation of this training is maintained.
 7. Administer Hepatitis B vaccine and TB skin tests to staff.
 8. In group homes the contract facility nurse shall be responsible for carrying out medical orders and for arranging for all levels of health services.
 9. Participate in the development of the facility's operational-health policies and procedures.


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10. Assure that the scope of services is provided and properly monitored.
- E. The licensed practical nurse (LPN) shall perform nursing duties as delegated by the RN. 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 consult with the NSPS, Nurse Administrator, Primary Health Care Provider, behavioral health provider, or Medical Director as indicated.
- F. The Superintendent or designee of each DJJ program shall provide administrative supervision to health care staff. Concerns about incompetence and professional misconduct shall be managed in accordance with state law, agency policy, and relevant professional ethical codes. The superintendent shall maintain on file:
1. A current copy of professional licenses, certifications, and restrictions of primary health care providers and nurses who provide services to youth in their program.
 2. Copies of written contracts and Memorandum of Agreements (MOA) with health providers.
 3. A current job description.
- G. Health-trained staff shall perform health services in the facility under the joint supervision of a RN and the Superintendent or designee. The health trained staff member shall:
1. Successfully complete the health services protocol training under the supervision of a RN.
 2. Collect and document medical information and report to the nurse, primary health care provider, or dentist.
 3. Follow the medical treatment plan as written by the physician or RN.
 4. Complete initial screening forms.
- H. In DJJ group homes a health-trained staff shall be identified as the health care coordinator. The facility primary health care provider, Superintendent, Nurse Administrator, and contract facility nurse shall supervise the health-related aspects of the health care coordinator's duties. The health care coordinator shall:
1. Schedule clinic appointments, if necessary and ensure appointments have been kept;
 2. Review all initial screening forms; and,
 3. Ensure the primary health care provider's orders are followed.
- I. 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.
- J. Medical staff shall not have sole determination for disciplining youth.

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V. MONITORING MECHANISM

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

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 4 -JDF-4C-07, 42 3-JCRF-4C-02, 25, 27—29 1-JDTP-3B-09, 19 4-JCF-4C-05, 40, 44, 49; 4D-01 1-JBC-4C-07, 39 NCCHC Y-A-01, Y-A-08, Y-A-12, Y-E-01, Y-H-003, Y-I-04 |
| CHAPTER: Health and Safety Services | | AUTHORITY: KRS 15A.065 |
| SUBJECT: Access to Treatment and Continuity of Care | | KRS 610.310 |
| POLICY NUMBER: DJJ 402 | | |
| TOTAL PAGES: 5 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

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

No youth shall be denied the right to medical care or be disciplined for requesting medical care. Youth shall receive informed consent prior to invasive procedures or examinations. Youth shall have the right to refuse medical, dental and behavioral health examinations and/or procedures. Youth shall have the right to file a formal grievance under provisions of DJJPP Chapter 3 and Chapter 7(Grievance Procedure).

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 behavioral health screening and emergency treatment is vested through KRS 605.110.
 - 2. Medical Discharge of a youth from detention is at the sole discretion of the court.

LIMITED APPLICABILITY

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

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III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

A. Access to Medical Treatment

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

B. Consent for Medical Treatment

1. As part of the admission process, each DJJ program (except detention centers) shall seek the consent of each youth's parent or legal guardian for medical, dental and behavioral health treatment on the DJJ Parental Consent Authorization Form. The parent, guardian, or legal custodian shall be informed about medical care in a language that is easily understood.

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2. In the event the parent or guardian fails to return the Consent Authorization Form, a second copy of the form shall be forwarded to the parent. The NSPS or designee shall maintain documentation that the second request was forwarded. In the event the parent or legal guardian fails to return the consent form, the NSPS or designee shall maintain documentation of notification efforts.
 3. The Emergency Medical Consent Authorization Form shall also be completed for each youth and signed by the superintendent or designee. This form shall be filed in the Medical Record and a copy placed in a designated area for accompaniment to an emergency medical center if such medical, dental or behavioral 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 surgery or hospitalization is indicated, the parent or guardian and Juvenile Service Worker shall be notified. The parent or guardian shall be informed of the need for the procedure, the benefits and risks of the procedure, and any existing alternatives to the procedure. A specific consent for invasive procedures shall be obtained from the parent or guardian and the Superintendent. The Consent Authorization Form signed by the parent or guardian shall also accompany the youth to the hospital. If the parent or guardian cannot be reached, notification efforts shall be documented in the Medical Record. Consent is implied in life-threatening situations.
 6. Non-Emergency medical care.
 - a. Consent authorization form shall be completed and signed by the superintendent or designee for committed youth.
 - b. Judicial authorization shall be used for non-committed youth in detention centers, if judicial authorization is not available, the superintendent or designee shall complete the consent authorization.
- C. Informed Consent and Refusal of Medical Treatment
1. Prior to any medical, dental or behavioral health examination, treatment or procedure, the attending primary health care provider, behavioral 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. Rectal or pelvic examinations, when indicated, shall be completed with the verbal consent of the youth.
 2. In the event that a youth refuses any medical, dental or behavioral health protocol and this refusal may adversely affect the health of the youth as

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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.


3. Any refusal of medical, dental, or behavioral health examination, treatment or procedure shall be documented. A facility staff member shall witness and sign a declination form if the youth declines to sign the form.
 4. Documentation of refusals shall be maintained in the youth's Medical Record.
 5. The Treatment Team, Superintendent of the detention center, Medical Director, or Chief of Mental Health Services and parent or guardian, shall be informed of the youth's refusal when the refusal may seriously impact the youth's physical or behavioral health.
- D. Consultations/Decision Making Regarding Special Medical Problems**
1. Consultation shall occur between the Superintendent, the nurse and the primary health care provider or Qualified Mental Health Professional (QMHP) prior to actions being taken regarding youth being diagnosed as having significant medical or psychiatric illnesses.
 - a. The nurse, QMHP or primary health care provider shall initiate the consultation with the superintendent regarding significant medical or psychiatric conditions.
 - b. The following areas shall be considered for residents with significant health conditions:
 - (1) Suitability for travel;
 - (2) Preparation of a transfer or discharge summary and pertinent health records;
 - (3) Instructions to transporting personnel regarding medication or treatment required in route;
 - (4) Availability of resources;
 - (5) Intellectual or develop mental 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, QMHP and the Superintendent, the Medical Director, Regional Psychologist, or Chief of Mental Health Services shall be consulted to facilitate an acceptable solution to the situation.

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2. If medical treatment is recommended by someone other than the primary health care provider, a copy of the recommendation shall be placed in the youth's Medical Record. The decision to implement recommendations shall be made by the primary health care provider. The final decision to implement recommendations shall be made by the Medical Director when there is a question of the overall therapeutic outcome to the youth.
3. The nurse shall maintain documentation of such consultations.

V. MONITORING MECHANISM

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

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|  | <p>JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</p> | <p>REFERENCES: 505 KAR 1:120 3-JDF-4C-07, 42 4-JCRF-4C-02, 25, 27—29 1-JDTP-3B-09, 19 1-JBC-4C-07, 39 NCCHC Y-A-01, Y-A-08, Y-A-12, Y-E-01, Y-E-12</p> |
| <p>CHAPTER: Health and Safety Services</p> | | <p>AUTHORITY: KRS 15A.065</p> |
| <p>SUBJECT: Continuity of Care and Medical Discharge</p> | | |
| <p>POLICY NUMBER: DJJ 402.1</p> | | |
| <p>TOTAL PAGES: 3</p> | | |
| <p>EFFECTIVE DATE: October 5, 2018</p> | | |
| <p>APPROVAL: Carey D. Cockerell</p> | | <p>, COMMISSIONER</p> |

I. POLICY

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

II. APPLICABILITY

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

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

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

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homes and detention centers, the Superintendent and a registered nurse shall ensure that youth are provided with continuity of care from admission to discharge, including referral to community care when indicated.

3. Youth identified with having long-term or potentially serious physical or behavioral 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 DJJ facility shall be provided a minimum of 3 business days supply of prescription medication(s).

B. Medical Discharge

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

C. Sharing Health Information


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

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4. In youth development and detention centers, the Nurse Shift Program Supervisor (NSPS) or QMHP shall determine the confidentiality and the need to know information concerning a youth's condition which may be relevant to preserve the health and safety of DJJ youth and staff. The nurse, QMHP, and superintendent shall determine the most appropriate way to convey this information.
5. Questions or difficulty in determining a need to know shall be directed to the Medical Director, the Chief of Mental Health Services, or the General Counsel.
6. QMHP from outside agencies providing direct or consultative physical or behavioral 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 QMHP, the Medical Director or designee, Chief of Mental Health Services, or designee, the Regional Director or designee, Quality Assurance Branch, and as warranted, the Deputy Commissioner of Operations.

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 4-JDF-46—48 3-JCRF-4C-28, 29 4-JCF-4C-08, 09, 22,31-33; 4D-08 1-JBC-4C-44—46 NCCHC Y-H-01, Y-H-02, Y-H-04 thru Y-H-05 |
| CHAPTER: Health and Safety Services | | AUTHORITY: KRS 15A.065 |
| SUBJECT: Medical Records | | |
| POLICY NUMBER: DJJ 403 | | |
| TOTAL PAGES: 3 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , 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, detention centers, and youth development centers.

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 Chapter 3 for inclusion in the youth's Individual Client Record. Security and confidentiality of information shall be maintained in accordance with DJJPP Chapter 1 (Employee Code of Ethics) and Chapter 3 (Individual Records).

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

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

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- C. The Medical Record shall be marked as confidential, and secured unless in use. Confidentiality shall be maintained in accordance with DJJPP Chapter 1. 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. Behavioral health information shall not be released to any person unless a release signed by the youth and guardian specifically states that behavioral health information may be released. Reference Chapter 1 (Records Request).
- D. Access to Medical Records shall be available only to the facility Nurse Shift Program Supervisor (NSPS); RN, L.P.N.; qualified health professional; qualified mental health professional (QMHP); psychiatrist; Regional Psychologist; Superintendent; Medical Director; Nurse Administrator; Chief of Mental Health Services; designated staff of the Quality Assurance Branch; and ACA standards compliance auditors. Specifically requested data shall be made available to the Department of Public Advocacy personnel.
- E. DJJ programs shall develop procedures which ensure availability of Medical Records for review and for documentation to its health care providers, including the QMHP and the psychiatrist.
- F. A medical summary shall accompany youth to off-site health care providers or when released from the facility.
- G. Behavioral health records shall be maintained with the Medical Record.
- H. Transfer of Medical Records and information to agencies outside DJJ shall require written authorization by the youth, and parent or guardian. Reference Chapter 1.
- I. If a youth is transferred from a DJJ program to another DJJ program, the youth's original Medical Record shall be transferred with the youth in a sealed envelope. When a juvenile is transferred, the following is required:
 1. Confidentiality of health record shall be maintained;
 2. Medically sensitive conditions and specific precautions to be taken by transportation officers shall be addressed and documented prior to transport; and,
 3. Written instructions regarding medication and health interventions required in route shall be provided to transporting officers and shall be separate from medical records.
- J. If the transfer 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. Upon discharge, a discharge summary shall be forwarded to the Juvenile Service Worker, medical provider (as needed), and a copy forwarded to the parent. If the youth is eighteen (18) years of age or older, the youth shall be provided a copy of a discharge summary. A copy shall be maintained in the Medical Record.

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- L. Upon discharge of a youth from a DJJ program, the RN shall review the Medical Record for completion of documentation and signatures. Any incomplete documentation shall be completed if possible and a late entry shall be included and identified when applicable.
- M. Original Medical Records shall be maintained at the program and disposed of according to the Kentucky Department for Libraries and Archives Record Retention Schedule or any revisions thereafter. Retained Medical Records shall be identified as confidential.
- N. If a youth returns to a DJJ program, the Medical Record shall be re-activated.

V. MONITORING MECHANISM

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



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

REFERENCES:
505 KAR 1:120
3-JTS-2C-02-1, 09-1, 2; 4C-22-24, 41; 5B-02-2
4 -JDF-4C-21—23, 39
4-JCF-4C-01, 02, 07, 19, 35;
4D-02, 06; 5B-03, 05
3-JCRF-4C-09
1-JDTP-3B-02
4-JCF-4C-03, 02, 07, 35; 4D-02; 5B-03, 05
1-JBC-4C-21, 22, 24; 5C-10, 11, 14NCCHC Y-E-02, Y-E-03, Y-E-05

CHAPTER: Health and Safety Services

**AUTHORITY: KRS
15A.065**

**SUBJECT: Admission Screening for
Physical and Behavioral Health Challenges**

POLICY NUMBER: DJJ 404.1

TOTAL PAGES: 4

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell , COMMISSIONER

I. POLICY

All youth shall have an initial screening, which includes substance abuse screening, upon admission to identify any physical and behavioral 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 may be transferred to a facility where such care is available.

II. APPLICABILITY

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

LIMITED APPLICABILITY

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

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III. DEFINITION

Refer to Chapter 400.

IV. PROCEDURES

A. The Initial Health Screening Form shall be completed by the facility registered nurse (RN), 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 RN. It shall also be made available to the primary health care provider. The initial screening shall be conducted in accordance to assessment protocol approved by the Medical Director. The responsible health care practitioner in cooperation with the health authority and superintendent establishes written procedures and health-screening protocols. All findings are recorded on a health-screening form approved by the health authority. The health screening shall include at least the following:

1. Inquiry into:

- a. History of chronic illnesses and serious infectious or communicable diseases, including symptoms and treatment;
- b. Obstetrical/gynecological history and current pregnancy status;
- c. Use of alcohol and other drugs including type(s) of drugs used, mode of use, amount used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions);
- d. Current illness and health problems, including infectious or communicable diseases;
- e. Current medications;
- f. Current dental problems;
- g. Recording of height and weight;
- h. Other health problems designated by the responsible primary health care provider;
- i. History of self-injurious and suicidal behavior;
- j. History of inpatient and outpatient psychiatric treatment;
- k. History of treatment for alcohol and other drug use;
- l. Current suicidal ideation;
- m. Current mental health complaint; and,
- n. Current treatment for mental health problems.

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| POLICY NUMBER DJJ 404.1 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 3 of 4 |
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2. Observations of the following:
 - a. Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating;
 - b. Signs of intoxication or withdrawal including: slurred speech, staggering walk, shakes, profuse sweating, nausea, vomiting, abdominal cramps, diarrhea, dilated pupils, agitation, hallucinations;
 - c. Body deformities and ease of movement;
 - d. Conditions of the skin including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos and needle marks or other indications of drug use; and,
 - e. Current symptoms of psychosis, depression, anxiety and/or aggression.
3. Medical disposition of the juvenile:
 - a. Cleared for general population;
 - b. Cleared for general population with a referral to appropriate health care service; and,
 - c. Referral to appropriate health care service for emergency treatment. When juveniles are referred for emergency treatment, their admission or return to the facility shall be predicated on written medical clearance.
- B. Juveniles identified with disabilities who can be safely maintained in the facility, shall be provided the following services:
 1. Housing that provides for their safety and security;
 2. Rooms or housing units designed for their use that provide for integration with other juveniles;
 3. Programs and services that are modified and/or specifically accessible to them; and,
 4. Education, equipment, facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment.
- C. When a youth is identified as having an acute medical condition first aid shall be administered as indicated. The resident shall be placed on one-to-one supervision if indicated. The Superintendent and RN or designees shall be consulted for further directives. If treatment is to be provided in the facility, the Superintendent, or designee shall assure the availability of adequate staffing, including health-trained staff, to provide care and close observation.
- D. After the initial health screening is completed, upon admission the facility Qualified Mental Health Professional (QMHP) or a staff member trained in the use of the screening instrument shall complete the initial mental health screening. In Youth Development Centers, it shall be reviewed and signed by the

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- facility QMHP; in group homes and detention centers it shall be reviewed and signed by the superintendent or designee.
- E. An instrument approved by the Chief of Mental Health Services shall be administered to each youth to provide further screening for behavioral health issues.
1. This screening tool shall be completed by trained staff within twenty-four (24) hours of admission. In Youth Development Centers, the completed mental health screening shall be reviewed and signed by the Treatment Director. In Group Homes and Detention Centers the completed mental health screening shall be reviewed and signed by the trained counselor or Superintendent. Any significant results from the screening shall be followed up by the qualified staff.
 2. Further assessment shall screen for the following items:
 - a. Potential vulnerabilities or tendencies of acting out with sexually aggressive behavior;
 - b. High risk with a history of assaultive behavior; or
 - c. At risk for sexual victimization.
- F. If the youth is identified as needing further behavioral health evaluations, this shall occur in accordance with DJJ Chapter 4 (Referral for Mental Health Services).
- G. Upon identification of an acute psychiatric condition, appropriate personnel shall be informed. The Superintendent and the QMHP 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 RN 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 RN and the facility QMHP shall maintain a list of other major sub-specialty medical and behavioral health providers that can be accessed as needed to manage youth with acute and chronic medical and mental illnesses. The list of resources shall be reviewed and updated as needed, but at least annually.

V. MONITORING MECHANISM

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

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 NCCHC Y-B-01, Y-B-04 |
| CHAPTER: Health and Safety Services | | AUTHORITY: KRS 15A.065 |
| SUBJECT: Ectoparasite Control | | |
| POLICY NUMBER: DJJ 404.2 | | |
| TOTAL PAGES: 2 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

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

II. APPLICABILITY

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

LIMITED APPLICABILITY

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

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES


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

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| POLICY NUMBER DJJ 404.2 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 2 |
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- E. De-lousing is performed per the Medical Director's admission order. All other ectoparasite treatments shall be performed per primary health care provider's order. Package instructions shall be followed.
- F. If environmental treatment is needed, all clothing and linen shall be carefully removed and laundered in hot, soapy water, and dried in the dryer.
- G. Upholstered furniture and rugs may be sprayed with a product designed for that use.
- H. Youth exposed shall be treated with a pediculicide according to primary health care provider's orders.
- I. A youth shall be exempt from this treatment if any of the following conditions are present;
 - 1. Documented allergy to previous delousing ingredients or precautions as listed by manufacturer;
 - 2. Skin rash over a significant portion of the body;
 - 3. Open lesions (a small open lesion may be covered with an occlusive/waterproof bandage.); or
 - 4. Pregnancy (a urine test shall be given prior to treatment).
- J. A careful inspection of the youth's hair and body for lice shall be done for any youth not treated due to any of the previously stated conditions.
- K. Treatment procedures for ectoparasite control beyond those stated above shall require advance approval by the Medical Director or designee.

V. MONITORING MECHANISM

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

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 4 -JDF-4C-24, 25 3-JCRF-4C-11 4-JCF-4C-03, 04, 19; 4D-03 1-JBC-4C-25, 26 NCCHC Y-E-04 , 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 | | |
| EFFECTIVE DATE: October 5. 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

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

II. APPLICABILITY

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

LIMITED APPLICABILITY

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

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

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

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- B. The health assessment, appraisal of behavioral health status, and physical examination shall be completed within the first seven (7) 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 RN and the primary care provider and examinations updated as needed. The physical examination shall be required to be repeated if the previous physical examination is over ninety (90) days old or if written documentation of the previous examination is not provided.
 3. Youth entering as an intra-system transfer from another DJJ residential program or detention center within one year of the last health assessment and physical examination shall not be required to repeat the process. The prior assessment shall be reviewed by the facility RN and the primary care provider and the protocol for annual health assessment shall be followed.
- C. The assessment and appraisal shall include:
1. Review of available records of inpatient-and-outpatient mental health, and alcohol and other drug treatment;
 2. Inquiry into prior mental health and alcohol and other drug treatment;
 3. Inquiry into history of emotional, physical, and sexual abuse;
 4. Inquiry into educational history;
 5. Assessment of current mental status;
 6. Assessment of current suicidal and self-injury potential;
 7. Assessment of violence potential;
 8. Assessment of alcohol and other drug abuse and/or addiction;
 9. Use of additional assessment tools or referral for a mental health evaluation, as indicated based on need as determined by the mental health authority or provider;
 10. Referral for treatment, as indicated;
 11. Recommendations concerning housing and program participation; and
 12. Other areas as needed.
- D. The Health Assessment shall include:
1. A review of the initial health screening completed upon admission;
 2. Collection of additional data to complete the medical, dental, psychiatric, and immunization histories;
 3. Necessary laboratory or diagnostic tests to detect communicable diseases including sexually transmitted diseases and tuberculosis. (Minimum testing may include urinalysis, gonorrhea culture, chlamydia, RPR, and TB skin

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tests. Additional tests shall be determined by the primary care provider or the Medical Director);

4. Recording of weight, height, pulse, blood pressure, respiration, and temperature;
 5. Medical examination (including gynecological assessment when needed) with comments about mental and dental status. A nutritional and developmental assessment shall be completed with any restrictions discussed at this time;
 6. The initiation of therapy, when required; and,
 7. The development and implementation of a treatment plan, including recommendations concerning housing and program participation.
- E. Results of the examination and tests shall be discussed by the facility qualified health professional with the RN and documented on the History and Physical Examination Form in the youth's Medical Record.
- F. The youth shall be afforded the opportunity to discuss privately with the primary care provider any health concerns he may have. This shall be communicated to the youth by the facility RN.
- G. Appropriate security measures shall be taken during this process by facility staff.
- H. A protocol defining the extent of the periodic health assessment shall be developed by the primary health care provider with consideration given to age, sex, and health needs of youth.
- I. If the health history is completed by a RN, a primary health care provider shall review and sign.
- J. Additional investigation shall be carried out regarding:
1. The use of alcohol/drugs, including the type(s) of substance used, mode(s) of use, amounts used, frequency of use and date or time of last use;
 2. Current or previous treatment for alcohol or drug use, including, when and where treatment was provided;
 3. Whether the youth is taking any medication for an alcohol or drug use problem;
 4. Any history of violence, including child and domestic abuse, sexual abuse, and any personal victimization;
 5. Current or past illnesses and health problems related to substance abuse; and
 6. Whether the youth is taking medication for a psychiatric disorder and indications for use.
- K. The Staff shall conduct initial health and behavioral health assessment in an area that provides confidentiality for all parties and protects the privacy of the youth.

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| POLICY NUMBER DJJ 404.3 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 4 of 4 |
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V. MONITORING MECHANISM

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

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 4-JDF-4C-08, 09, 29 1-JBC-4C-08—10 4-JCF-4C-06 NCCHC Y-E-07 |
| CHAPTER: Health and Safety Services | | AUTHORITY: KRS 15A.065 |
| SUBJECT: Sick Call | | |
| POLICY NUMBER: DJJ 404.4 | | |
| TOTAL PAGES: 2 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

Youth shall have an unimpeded method of communicating their medical, dental and behavioral 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, detention centers, and youth development centers.

LIMITED APPLICABILITY

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

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES


A. The facility registered nurse (RN), licensed practical nurse (LPN) or health-trained designee shall conduct sick call daily, for non-emergency illnesses or injury in accordance with protocol approved by the Medical Director. Health care requests are triaged by a qualified health care professional or health trained personnel. A priority system shall be used to schedule health care services and shall address routine, urgent, and emergent juvenile health care requests and conditions.

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| POLICY NUMBER DJJ 404.4 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 2 |
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- B. When a nurse conducts sick call, vital signs shall be taken and recorded in the Medical Record. A primary health care provider shall be available to respond to youth complaints (at least once per week) in accordance with protocol approved by the Medical Director.
- C. The nurse, or health trained staff under the direction and review of the nurse, shall document each sick call request and subsequent action taken on the youth's Medical Progress Form in accordance with protocol approved by the Medical Director or designee.
- D. In facilities without a full-time RN or at any time when the RN or LPN are not available, health trained staff shall respond to medical complaints and if necessary contact the RN 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.

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE 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 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , 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, detention centers, and youth development centers.

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES


- A. Each DJJ facility shall have access to laboratory and diagnostic services to support the level of care provided to youth. The DJJ Medical Director shall approve all providers in advance unless there is an emergency. If there is an emergency, the facility registered nurse (RN) 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 RN or licensed practical nurse (LPN) shall coordinate the delivery of laboratory and diagnostic services from approved providers. In group homes, the health care coordinator shall work cooperatively with the RN and primary health care provider to ensure that these services are available when necessary.
- D. Records of all tests and diagnoses shall be maintained in the youth's Medical Record. The RN or designee shall ensure that results be promptly communicated back to the facility for review by the primary health care provider and placement

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| POLICY NUMBER DJJ 404.5 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 2 |
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in the youth's Medical Record. Abnormal results shall be communicated in a timely manner.

V. MONITORING MECHANISM

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

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 4 -JDF-4C-26, 27 3-JCRF-2C-11, 4C-14, 15 1-JDTP-2C-11; 3B-01, 05 4-JCF-4C-12, 21, 54 1-JBC-4C-27, 28 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 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , 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, detention centers, and youth development centers. Reference DJJPP Chapter 4 (Behavioral Health Emergencies) for related data regarding psychiatric emergency services.

LIMITED APPLICABILITY

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

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

A. Each DJJ program shall make arrangements in advance for providing in-patient and emergency care for medical conditions. A memorandum of understanding shall exist between the program and one or more local hospitals, emergency and urgent care centers providing medical or dental care which cannot be provided at

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| POLICY NUMBER DJJ 404.6 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 3 |
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- the program. A copy of each memorandum of understanding shall be forwarded to the Medical Director.
- B. Each program shall prepare a plan to provide emergency medical and dental care by outlining the necessary actions to be taken by staff in the following situations:
 1. Emergency evacuation of the youth from the facility;
 2. Use of an emergency medical vehicle;
 3. Use of one or more designated hospital emergency department(s) or other appropriate health facility;
 4. Emergency on-call primary health care provider, dentist, and mental health services when the emergency health facility is not located nearby;
 5. On-site emergency first aid and crisis intervention; and
 6. Security procedures that provide for the emergency transfer of youth when appropriate.
 - C. Youth Workers, and other personnel as designated, shall complete Life Safety Training including annual skills review.
 - D. The registered nurse (RN) 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, youth living areas, and work areas. Each DJJ program shall have an urgent care kit available in a central location.
 - F. In all circumstances, with the exception of a life-threatening emergency, the facility RN or designee shall be contacted and initiate the call for medical assistance. If unavailable, a facility supervisor shall initiate the call. Transportation shall be coordinated with the Superintendent or designee.
 - G. When a life-threatening emergency exists, staff shall call Emergency Medical Services (EMS) by the most direct access.
 - H. At least one state vehicle shall be kept on grounds at all times at 24-hour facilities located in areas where ambulance service is not readily available for the transfer of a youth for medical care.
 - I. The Superintendent and any other appropriate personnel shall be contacted as soon as possible for notification of the youth's parent or legal guardian.
 - J. The facility RN or Director of Medical Services 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 ensure the availability of adequate staffing, including health-trained staff, to provide continuity of care.

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V. MONITORING MECHANISM

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



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**REFERENCES:
505 KAR 1:120
4 -JDF-4C-27, 28
3-JCRF-3B-08, 4C-15, 16
1-JDTP-3B-07, 08
4-JCF-4C-59
1-JBC-4C-28, 29, 30**

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| CHAPTER: Health and Safety Services | AUTHORITY: KRS 15A. 065 |
| SUBJECT: First Aid, AED, and First Aid Kits | |
| POLICY NUMBER: DJJ 404.7 | |
| TOTAL PAGES: 2 | |
| EFFECTIVE DATE: October 5, 2018 | |
| APPROVAL: Carey D. Cockerell | , COMMISSIONER |

I. POLICY

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

II. APPLICABILITY

This policy shall apply to day treatment programs, group homes, detention centers, and youth development centers.

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

- A. Youth Workers and designated personnel shall complete Life Safety Training including annual skills review. Reference DJJ Chapter 5.
- B. Youth Workers and designated personnel shall be trained in the facility emergency preparedness plans, first aid, cardiopulmonary resuscitation (CPR), and Automatic External Defibrillator (AED).
- C. Each DJJ program shall have available first aid kits and one AED machine at designated areas of the facility as determined by the health authority and the superintendent. The health authority shall ensure annual training and updates for the use of first aid kits and AED by non-medical staff. The contents, number, and procedures for monthly inspections of first aid kits and the AED shall be in accordance with protocol approved by the primary health care provider or designee.
- D. First aid kits shall be placed in living, education, recreation, work, DJJ vehicles, and support areas of DJJ programs. A first aid kit shall accompany youth including all off campus activities.

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- E. The Registered Nurse (RN) or designee shall inspect first aid kits and AED monthly, replace missing or expired supplies, and maintain an inspection log. In programs without a full-time RN, this activity may be conducted by a health-trained staff.
- F. All staff members shall be informed and prepared to administer first aid while waiting for medical personnel to arrive.

The first aid action may include:

1. Maintaining an airway;
 2. Controlling bleeding;
 3. Preventing and treating shock;
 4. Protecting a wound with sterile or a clean dressing;
 5. Keeping the injured youth lying down and covered when necessary;
 6. Continuously observing and evaluating youth until professional medical help arrives;
 7. The use of an Automated External Defibrillator (AED); and,
 8. Immediately administer CPR.
- G. When an admitted youth is suspected or observed of ingesting chemicals, Poison Control Center shall be contacted immediately. Care shall be provided per Poison Control Center instructions. Youth shall be transported by EMS or for non-emergency situations by facility vehicles. The youth shall be continuously observed by staff for breathing, color, and temperature of skin until youth is in the care of a medical facility. Any observed abnormalities shall be reported for further instructions. These checks shall be documented at least every fifteen (15) minutes.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the Registered Nurse or designated health-trained staff, the Superintendent, The Nurse Administrator, and the Medical Director or designee quarterly. The Quality Assurance Branch shall monitor this policy annually.

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|  | <p align="center">JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</p> | <p>REFERENCES: 4 -JDF-4C-04, 33 1-JBC-4C-32 NCCHC Y-32</p> |
| <p>CHAPTER: Health and Safety Services</p> | | <p>AUTHORITY: KRS 15A.065</p> |
| <p>SUBJECT: Hospital Care</p> | | |
| <p>POLICY NUMBER: DJJ 404.8</p> | | |
| <p>TOTAL PAGES: 2</p> | | |
| <p>EFFECTIVE DATE: October 5, 2018</p> | | |
| <p>APPROVAL: Carey D. Cockerell</p> | | <p>, COMMISSIONER</p> |

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, detention centers, and youth development centers.

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES


- A. DJJ programs shall have an agreement with each hospital or urgent care center it utilizes for in-patient and out-patient medical/surgical services. The agreement shall state the medical facility shall accept facility youth. A copy of the agreement letter shall be maintained by the superintendent or designee. All staff shall be aware of the facilities to be utilized in a non-emergency situation. These agreements shall be reviewed as necessary by the responsible parties. The agreement is ongoing unless canceled by one or both parties with 30 days notice.
- B. DJJ facilities shall develop procedures for the transfer of DJJ youth to a hospital or urgent care facility. The procedures shall include:
 - 1. Transferring a summary of the Medical Record;
 - 2. Transporting of youth;
 - 3. The requirement of personnel to accompany youth to the medical facility; and,
 - 4. Receiving a summary of treatment.
- C. The Medical Director shall approve non-emergency hospital care or outpatient surgery.

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- D. Staff shall accompany youth to the hospital and stay with them through admission. Upon admission, youth shall require around-the-clock supervision during their stay at the hospital. When warranted, a medical escort will accompany transporting staff.
- E. An incident report shall be completed any time a youth is taken to a hospital or emergency medical care facility for acute medical care. The Superintendent or designee shall notify the DJJ Fiscal Branch Manager via email whenever a youth is admitted to a hospital for any reason. Notification shall occur within one business day of admission and shall include:
 - 1. The youth's name;
 - 2. Date of Birth;
 - 3. Social Security number;
 - 4. County of Residence;
 - 5. Insurance Coverage prior to admission to DJJ facility;
 - 6. The name of the hospital;
 - 7. A general description of the youth's condition; and,
 - 8. An expected discharge date (if available).
- F. The facility Superintendent or designee shall maintain contact with the Fiscal Branch Manager when a youth is hospitalized, and shall notify the Fiscal Branch of any anticipated major expenses as a result of treatment. The Fiscal Branch Manager shall be notified of any post-discharge medical treatment or follow-up care that could result in significant cost to DJJ which would not be covered by Medicaid.
- G. Parents or legal guardians shall be notified of hospitalization of a youth.
- H. A discharge summary from the medical facility shall be obtained prior to returning to a DJJ facility. The discharge summary shall be placed in the youth's medical record for review.
- I. The facility Registered Nurse, the Nurse Administrator, or Director of Medical Services shall be contacted upon return of the youth from the hospital. Follow up care shall be coordinated with the primary care provider. If treatment is to be provided in the facility, the Superintendent or designee shall ensure the availability of adequate staffing, including health-trained staff, to provide continuity of care.

V. MONITORING MECHANISM

The Medical Director or designee, the facility Superintendent or designee, the Quality Assurance Branch, the Nurse Administrator, and the Registered Nurse, shall accomplish monitoring.

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 4-JDF-4C-30, 31 3-JCRF-4C-18 4-JCF-4C-16, 17 1-JBC-5C-11, 14 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: 2 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

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

II. APPLICABILITY

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

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

- A. Initial screening, health assessment and physical examination shall be completed in accordance with DJJPP 404.1, 404.3, and 405.1, to identify health conditions that require a special medical program for chronic or convalescent care.
- B. When 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 (RN) shall assess the level of knowledge the youth has of the condition.
- D. The primary health care provider shall develop a written medical treatment plan, including short- and long-term goals, which the facility nurses, staff, and the youth shall follow while at the facility for the following conditions:
 - 1. Diabetes;
 - 2. Seizure disorders;
 - 3. Pregnancy;

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

V. MONITORING MECHANISM

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



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**REFERENCES:
505 KAR 1:120
4-JDF-4C-21-1; 5B-07
4-JCF-2A-18-1; 4C-19
1-JBC-4C-34; 5C-09
NCCHC Y-G-07**

CHAPTER: Health and Safety Services

**AUTHORITY: KRS 15A.
065**

SUBJECT: Perinatal Care

POLICY NUMBER: DJJ 404.11

TOTAL PAGES: 2

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell , COMMISSIONER

I. POLICY

In recognition of the high-risk nature of adolescent pregnancy, perinatal medical care shall be provided for pregnant youth.

II. APPLICABILITY

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

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

- A. As a part of the physical assessment and examination process, all females entering a DJJ facility shall have a pregnancy test upon admission.
- B. If the youth tests positive, the continued placement of that youth in a DJJ group home or youth development center shall be based upon the advice and counsel of the DJJ Medical Director. Upon completion of the second trimester, continuation in the DJJ facility shall be determined by the DJJ Medical Director.
- C. Pregnant youth shall receive regular pre-natal and post-natal care, to include care and management of chemically addicted juveniles, excluding detoxification for which a youth will be referred to an appropriate treatment and detoxification center. This includes routine medical examinations, advice on appropriate activity levels, safety precautions, nutrition, guidance and counseling as ordered and directed by qualified health care professionals, including physicians having obstetrical privileges at the hospital where the delivery is likely to take place.

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- D. Health trained, behavioral health, and medical staff shall counsel pregnant youth on importance of informing staff of drug use, any symptoms of drug withdrawal, and any physical or mental issues.
- E. Pregnant females shall receive education regarding possible adverse effects on the fetus associated with tobacco, alcohol and other drug use.
- F. Health trained, behavioral health, and medical staff shall address any substance abuse issues, physical, or emotional issues of pregnant youth.
- G. Medical staff shall facilitate a relationship with an O/B provider for prenatal care of the youth for continuous medical treatment while in a DJJ facility and to ensure smooth transitioning back to the community.
- H. All pregnant youth and expecting fathers shall be offered parenting education.

V. MONITORING MECHANISM

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



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

**REFERENCES:
505 KAR 1:120
4-JDF-4C-25
3-JCRF-4C-13
4-JCF-4C-15
1-JBC-4C-26
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: 3

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell

, COMMISSIONER

I. POLICY

DJJ facilities shall provide dental care services for each youth.

II. APPLICABILITY

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

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

- A. Routine and emergency dental care shall be provided under the direction and supervision of a licensed dentist. A copy of the dentist license shall be obtained each year and kept on file by the facility health authority.
- B. A dental screening for each youth shall occur upon admission by trained nursing staff.
- C. A licensed dentist, registered nurse (RN), or designee shall provide oral hygiene instruction and dental health education within 14 days of admission.
- D. A dental examination shall occur within 7 days, if indicated by the screening, for youth in regional detention centers.
- E. Youth Development Centers;
 1. The RN or designee shall ensure a youth receives a dental examination by a dentist licensed in Kentucky within 14 days of admission.
 2. A dental examination shall not be required if documentation exists of an exam within the previous six months or the screening reveals an emergency situation and immediate care is needed.

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| POLICY NUMBER DJJ 404.12 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 2 |
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3. Diagnostic x-rays shall be provided as necessary.
4. Dental re-examinations with diagnostic radiographs and oral prophylaxis shall be provided on an annual basis.

F. Group Homes:

1. The RN or designee shall ensure a youth receives a dental examination by a dentist licensed in Kentucky within 60 days of admission, except when:
 - a. Documentation exists of a dental examination within the previous six months.
 - b. The screening reveals an emergency situation and immediate care is needed.
2. Diagnostic x-rays shall be provided as necessary.
3. Dental re-examinations with diagnostic radiographs and oral prophylaxis shall be provided on an annual basis.

G. Detention Centers:

1. The RN or designee shall ensure a youth receives a dental hygiene services within 14 days of admission.
2. Dental examination shall occur within 7 days, when indicated.
3. Dental treatment, not limited to extractions, when the health of the youth would otherwise be affected.
4. Dental re-examinations with diagnostic radiographs and oral prophylaxis shall be provided on an annual basis.

H. Dental treatment as determined by the dentist shall be provided when the health of a youth may otherwise be adversely affected, to include an individualized dental treatment plan, consultation, and referral to dental specialists. The Medical Director or designee shall approve all orthodontic and non-emergency oral surgical procedures for youth, as indicated.

I. The RN or designee shall maintain documentation of all dental procedures in the youth's Medical Record.

J. All staff shall be responsible for reporting suspected dental problems for appropriate action, including emergency services.

K. 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 Quality Assurance Branch, the Nurse Administrator, and the Medical Director or designee.



**JUSTICE CABINET
DEPARTMENT OF
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POLICY AND PROCEDURES**

REFERENCES:
505 KAR 1:120
3-JTS-4B-13—15; 4C-14, 36
4 -JDF-4B-13—15 ; 4C-13, 34
3-JCRF-3B-15; 4B-09; 4C- 20,
21
1-JDTP-3B-06, 15
4-JCF-4B-01,02, 10; 4C-19, 27
1-JBC-4B-11—13; 4C-14, 36
NCCHC Y-F-01, Y-F-04

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| CHAPTER: Health and Safety Services | AUTHORITY: KRS 15A.065 |
| SUBJECT: Preventive Health Care | |
| POLICY NUMBER: DJJ 404.13 | |
| TOTAL PAGES: 3 | |
| EFFECTIVE DATE: October 5, 2018 | |
| APPROVAL: Carey D. Cockerell | , COMMISSIONER |

I. POLICY

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

II. APPLICABILITY

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

LIMITED APPLICABILITY

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

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

A. Immunizations

1. Youth shall be immunized according to Kentucky Revised Statutes within 30 days of admission to a DJJ program. When a youth enters a DJJ program the Registered Nurse (RN) or designee shall obtain the youth's immunization

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| POLICY NUMBER DJJ 404.13 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 3 |
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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 RN or designee shall ensure that all necessary vaccines are received by the youth.
3. When immunization records are not available, and all efforts to obtain these records have failed, the youth shall begin a new immunization series.
4. Dates of previous immunizations shall be included on the immunization certificate.
5. A pregnancy test shall be completed on all females before any immunization is given.

B. Communicable Diseases

1. When a youth enters a DJJ facility, the RN 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, youth acknowledges a positive result on the tuberculosis questionnaire, or positive pregnancy test. In this case, the RN 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 facilities.

C. General Health Monitoring

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

D. Personal Hygiene

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

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

E. Health Education

1. The RN in DJJ 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 infections (STIs) including HIV/AIDs; tuberculosis and other communicable diseases; the use and danger of self-medication; family planning including, as appropriate, both services and referrals; physical fitness; and chronic diseases and disabilities as may relate to individual youth.
3. Written documentation shall be maintained relating to the health education and personal hygiene instruction given to youth.

V. MONITORING MECHANISM

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

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 4-JCF-4D-07 1-JBC-4C-15 NCCHC Y-G-08 |
| CHAPTER: Health and Safety Services | | AUTHORITY: KRS 15A. 065 |
| SUBJECT: Family Planning Services | | |
| POLICY NUMBER: DJJ 404.14 | | |
| TOTAL PAGES: 1 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

Comprehensive family planning information and counseling shall be available in the overall treatment and education program.

II. APPLICABILITY

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

III. DEFINITIONS


Refer to Chapter 400

IV. PROCEDURES

- A. Education and counseling regarding aspects of sexuality shall be available in the facility or by referral to appropriate community providers. Upon discharge youth may 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 may provide family planning publications and pamphlets for youth.
- D. Audio-visual and printed publications shall be age-appropriate.

V. MONITORING MECHANISM

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

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 4-JDF-4C-01, 10, 12, 16, 27 3-JCRF-4C-01, 03, 05, 15 1-JDTP-3B-03 4-JCF-4D-01; 5B-05; 5C- 01 1-JBC-4C-01, 11, 13, 17, 28; 5C-04 NCCHC Y-A-03, Y-C-01, Y-C-21, Y-C-09, Y-C- 10 |
| CHAPTER: Health and Safety Services | | AUTHORITY: KRS 15A.065 |
| SUBJECT: Behavioral Health Services Administration & Personnel | | |
| POLICY NUMBER: DJJ 405 | | |
| TOTAL PAGES: 4 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

The Department of Juvenile Justice (DJJ) shall employ a Chief of Mental Health Services and licensed behavioral health professionals, these individuals shall oversee the provision of appropriate behavioral health care for youth in DJJ operated or contracted programs.

II. APPLICABILITY

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

III. DEFINITIONS

Refer to Chapter 400

IV. PROCEDURES

A. The Chief of Mental Health Services shall:

1. Be afforded the opportunity to interview prospective behavioral health service personnel and provide information to the Division Directors or designees.
2. Approve written job descriptions defining the specific duties and responsibilities of personnel who provide behavioral health care services

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within DJJ. These job descriptions shall be reviewed and updated as necessary at minimum every two years by the Chief of Mental Health Services or designee.

3. Review and recommend for approval all departmental behavioral health and treatment policies and procedures annually;
 4. Approve behavioral health and treatment related forms;
 5. Approve the training content of behavioral health care topics;
 6. Approve contracts and Memoranda of Understanding (MOU) for behavioral health services;
 7. Review statistical reports of behavioral 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 behavioral health services.
- B. DJJ shall employ doctoral level psychologists to serve as Regional Psychologists and oversee behavioral health care for youth within DJJ. The Regional Psychologists shall:
1. Monitor behavioral health and treatment services in day treatments, detentions, group homes and community based programs;
 2. Provide administrative and clinical supervision to the regional Mental Health Branch;
 3. Provide professional oversight to facility based Qualified Mental Health Professionals (QMHP);
 4. Conduct and review behavioral health evaluations of youth as appropriate;
 5. Provide treatment as deemed appropriate by the Regional Directors and the Chief of Mental Health Services;
 6. Develop working relationships with local behavioral health care providers and facilitate access to needed services;
 7. Review and approve policies and procedures about behavioral -health care of youth; and
 8. In collaboration with the Division of Professional Development, provide or facilitate staff training on behavioral health care topics.
- C. Under the supervision of the Doctoral Psychologists, employees within the Mental Health Branch shall:
1. Provide therapeutic counseling services to youth with behavioral health needs in community based programs;
 2. Provide consultation as requested by DJJ program; and,

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3. Provide training and technical assistance to DJJ staff in regards to the behavioral health needs of youth.
- D. DJJ group homes, youth development, and detention centers shall have access to a psychiatrist either by direct employment or by contract for services. Psychiatrists shall:
1. Provide services as needed in person or by teleconference;
 2. Provide consultation as requested by DJJ programs; and,
 3. Provide services including differential diagnoses, psychiatric evaluation, and prescribing and renewing medications.
- E. DJJ Youth Development Centers shall be staffed with a minimum of one QMHP per facility. The facility QMHP shall:
1. Serve as the Treatment Director overseeing the provision of behavioral health services, coordinating and supervising the treatment program in accordance with DJJPP Chapter 3 (Treatment Team Composition, Function, and Responsibility).
 2. Review, complete and sign medical and behavioral health screening and assessment forms.
 3. Perform a behavioral health evaluation.
 4. Maintain a list of behavioral health providers that can be referral sources.
 5. Refer a juvenile to a Doctoral Psychologist or Psychiatrist when unclear about diagnosis, treatment, or management.
 6. Inform treatment team of any behavioral health management issues;
 7. Provide training on behavioral health issues to include suicide prevention and intervention.
 8. Provide clinical and administrative oversight of counseling staff. If a conflict of interest or exigent circumstance, the administrative oversight shall be provided by facility Superintendent or designee.
- F. DJJ Detention Centers shall be staffed with a minimum of one QMHP per facility. The facility QMHP shall:
1. Serve as the Behavioral Health Manager overseeing the provision of behavioral health services, coordinating, and supervising the treatment program;
 2. Review, complete and sign medical, and behavioral health screening and assessment forms;
 3. Perform a crisis management, behavioral management plans, and crisis intervention;
 4. Maintain a list of behavioral health providers that can be referral sources.

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5. Refer a juvenile to a Psychiatrist or Regional Psychologist when clinical consultation is needed;
 6. Conduct interviews and assessment for disturbances in mental status on youth placed in isolation;
 7. Organize and facilitate individual youth case management weekly meeting to communicate any issues regarding youth in detention;
 8. Provide training on behavioral health issues to include suicide prevention and intervention; and
 9. Provide clinical and administrative oversight of counseling staff. If a conflict of interest or exigent circumstance, the administrative oversight shall be provided by facility Superintendent or designee.
- G. The Superintendent or designee of each facility shall maintain on file:
1. A current copy of professional licenses, certifications, and restrictions of behavioral health providers who provide services to youth in their program.
 2. Copies of written contracts and Memoranda of Understanding (MOU) with departmental funded behavioral health providers.
 3. A copy of continuing education certifications in accordance with KRS licensing requirements.

V. MONITORING MECHANISM

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



**JUSTICE CABINET
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POLICY AND PROCEDURES**

**REFERENCES:
505 KAR 1:120
4-JDF-4C-21, 23, 39
3-JCRF-4C-09
4-JCF-4D-03-06
1-JBC-4C-22, 24
KRS Chapter 319**

CHAPTER: Health and Safety Services

**AUTHORITY: KRS
15A.065**

**SUBJECT: Behavioral Health Screening and
Evaluation**

KRS Chapter 311

POLICY NUMBER: DJJ 405.1

TOTAL PAGES: 3

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell , COMMISSIONER

I. POLICY

Behavioral health screening shall be provided to youth. Behavioral evaluation shall be provided for youth within youth development centers. Evaluations at group homes and detention centers may be provided as appropriate.

II. APPLICABILITY

This policy shall be applicable to group homes, detention centers, and youth development centers.

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

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

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 behavioral health screening forms.
2. In detention centers the screening shall be completed by the facility Qualified Mental Health Professional (QMHP) or trained designee. After the initial

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screening is completed, the facility QMHP shall review and sign both the medical and behavioral health screening forms.


3. In group homes, staff trained in use of the screening instrument shall complete behavioral health screening. The screening form shall be reviewed and signed by a counselor or Superintendent.
- B. The behavioral health screening shall determine if a youth may join the general population or be referred for immediate evaluation by a QMHP.
 - C. In youth development centers, detention centers, and group homes upon identification of an acute psychiatric condition, the Registered Nurse (RN), the Qualified Mental Health Professional (QMHP), or designees shall be informed. The QMHP, the RN, and the Superintendent or designee shall be notified of all suicidal threats or attempts. 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 behavioral health treatment or review, the QMHP in consultation with the Superintendent or designee shall arrange for the youth to obtain such treatment. If hospital admission is indicated, the QMHP, the Regional Psychologist, and the Superintendent or designee, shall coordinate admissions to psychiatric facilities.
 - D. The RN and Regional Psychologist or designee shall maintain a list of other major sub-specialty medical and behavioral health providers that can be accessed as needed to manage youth with acute and chronic medical and mental illnesses.
 - E. Youth in youth development centers shall have an evaluation within 14 days of admission and annually thereafter. The evaluation shall include:
 1. Review of mental-health-screening and appraisal data;
 2. Review of the individual's behavioral health history;
 3. Direct observation of behavior;
 4. Collection and review of additional data from individual diagnostic interviews and tests, as appropriate, assessing personality, intellect, and coping abilities; and
 5. Recommendations for treatment with appropriate referral to include transfer to a specialized unit or appropriate mental-health facility when psychiatric needs exceed the treatment capability of the facility or agency.
 - F. In day treatment programs, upon identification of behavioral health concerns youth shall be referred to behavioral health providers in the community for assessment, consultation, and treatment.
 - G. A behavioral health treatment plan shall be developed for juveniles being treated on an ongoing basis by a QMHP. The plan will be developed within 30 days of initiation of treatment and revised as needed. Treatment plans will include juvenile participation to the extent that is possible. Each youth's Individual

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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 Psychologist and QMHP, the Quality Assurance Branch, and the Chief of Mental Health Services or Designee.

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 4-JDF-4C-42 1-JCRF-4C-25 1-JDTP_3B-09 4-JCF-4C-45 1-JBC-4C-39 NCCHC Y-I-02, Y-I-04, Y-I-05 |
| CHAPTER: Health and Safety Services | | AUTHORITY: KRS 15A.065 |
| SUBJECT: Forced Psychotropic Medications | | KRS 202A, KRS 645 |
| POLICY NUMBER: DJJ 405.2 | | |
| TOTAL PAGES: 2 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , 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 DJJPP Chapter 4 (Access to Treatment).

II. APPLICABILITY

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

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES


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

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2. There shall be specific details about why, when, where, and how the medication is to be administered;
3. The Registered Nurse shall monitor for any adverse reactions and side effects; and,
4. Less restrictive treatment plan alternatives shall be prepared as soon as possible.

V. MONITORING MECHANISM

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

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 4-JDF-4C-39; 5B-05 3-JCRF-5C-05 1-JDTP-3B-02 4-JCF-4D-06 1-JBC-5C-07 NCCHC Y-E-05 |
| CHAPTER: Health and Safety Services | | AUTHORITY: KRS 15A.065 |
| SUBJECT: Referral for Behavioral Mental Health Services | | |
| POLICY NUMBER: DJJ 405.3 | | |
| TOTAL PAGES: 2 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

The Department of Juvenile Justice shall establish a process for referrals regarding behavioral health concerns of a youth to a Qualified Mental Health Professional (QMHP), Regional Psychologist, or designee.

II. APPLICABILITY

This policy shall apply to all group homes, youth development centers, and detention centers. This policy shall govern the actions of community service offices in complying with applicable sections of DJJPP Chapter 6.

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 behavioral health referrals. Each referral shall be reviewed in the youth's next scheduled Treatment Team meeting.

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

A. DJJ staff shall make a non-emergent referral to a Qualified Mental Health Professional (QMHP), Regional Psychologist, or designee regarding the behavioral health concerns of a youth.

B. Non-emergent referrals to the QMHP, Regional Psychologist, or designee shall be made in writing or electronically, complete with date and time. These referrals shall include a description of the concerns.

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- C. The DJJ QMHP, Regional Psychologist, or designee, who receives the non-emergent referral shall respond within three (3) business days.
- D. The DJJ QMHP, Regional Psychologist, or designee shall conduct an evaluation sufficient in scope to reasonably assess the needs of the youth. The evaluation shall be in person or by teleconference.
- E. The DJJ QMHP, Regional Psychologist, or designee may refer the youth for outpatient mental health services when services may not be available within the facility.
- F. All documentation related to the referral, evaluation, and intervention shall be placed in the youth's Medical Record. At the discretion of the QMHP, Regional Psychologist, or designee, information regarding safety and security may be placed in the Individual Client Record in order to facilitate continuing care for the youth.
- G. The youth's assigned counselor shall be notified of all behavioral health referrals for youth in a DJJ facility. In youth development centers, the treatment director shall also be notified of all referrals for behavioral services. Each referral shall be reviewed in the youth's next scheduled Treatment Team meeting.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the Chief of Mental Health Services, Regional Psychologists and facility QMHP, and the Quality Assurance Branch.



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

**REFERENCES:
505 KAR 1:120
4 -JDF-4C-21, 22, 35, 39
3-JCRF-4C-06, 09
1-JBC-4C-22, 24, 35
4-JCF-3C-03; 4D-07
NCCHC Y-G-05**

CHAPTER: Health and Safety Services

**AUTHORITY: KRS
15A.065**

SUBJECT: Suicide Prevention and Intervention

POLICY NUMBER: DJJ 405.4

TOTAL PAGES: 5

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell , 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, detention centers, and group homes.

Limited Applicability

This policy shall also govern the development of Standard Operating Procedures for Suicide Prevention and Intervention in day treatment programs.

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

- A. Youth shall be screened upon admission by a Qualified Mental Health Professional (QMHP) or trained designee for suicide risk factors.
- B. Qualified Mental Health Professional (QMHP) shall train facility staff annually 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.
 1. Identifying the warning signs and symptoms of suicidal behavior;
 2. Understanding the demographic and cultural parameters of suicidal behavior, including incidence and precipitating factors;

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3. Responding to suicidal and depressed juveniles;
 4. Improving communication between correctional, direct care, and health care personnel;
 5. Understanding referral procedures;
 6. Understanding any special housing, juvenile observations, and suicide watch-level procedures and requirements; and,
 7. Follow-up monitoring of juveniles who make a suicide attempt.
- C. The designated QMHP, the facility nursing staff, youth counselor, and Superintendent shall be informed immediately if a youth is noted to have suicidal ideation, has expressed any intent to self-harm or has actually made an attempt at self-harm. The youth shall be kept on one-to-one supervision until face-to-face evaluation with a QMHP or Independently Licensed Mental Health Provider.
- D. The QMHP or Independently Licensed Mental Health Provider shall assign one of the following levels of precaution:
1. HIGH-LEVEL OBSERVATION
 - a. The youth shall be assigned one-to-one supervision and placed in an area designated as safe. A youth may also be within arm's length of a staff member at all times.
 - b. One-to-one supervision shall be required until determined by a QMHP or Independently Licensed Mental Health Provider.
 - c. The door to a room that is occupied by a High Level risk youth shall remain open.
 - d. Staff shall remain ready to intervene rapidly in the event of an emergency.
 - e. Detention Center youth may be watched through the room's video camera during sleeping hours after a behavioral health evaluation and the approval of a QMHP or Independently Licensed Mental Health Provider.
 - f. 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. Reference Chapter 3 and Chapter 4 (Searches).
 - g. In cases where a youth has used clothing to make a suicide attempt, the youth's clothing may be removed and the youth placed in a suicide smock or paper gown.
 - h. Youth shall be placed on no sharps precautions and finger food.
 - i. Staff shall search the toilet and bathing areas for potentially harmful objects prior to use. When a youth is using the toilet or bathing area:
 - i. Same sex staff shall be standing nearby and maintain verbal contact with the youth.

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| POLICY NUMBER DJJ 405.4 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 3 of 5 |
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- ii. The door should be left ajar for toileting.
 - iii. When showering, same sex staff shall hand the youth items as they are needed.
 - j. Transfer to an acute psychiatric setting shall be considered.
 - k. If the youth verbalizes intent to harm themselves with bedding, bedding shall be removed. A suicide blanket shall be provided.
2. MODERATE-LEVEL OBSERVATION
- a. Searches as described under High-Level Observation shall be conducted.
 - b. Youth may be placed on no sharps precautions and finger food.
 - c. The door to a room that is occupied by a Moderate Level risk youth shall remain open.
 - d. Same sex staff shall search the toilet and bathing areas for potentially harmful objects prior to use. When a youth is using the toilet or bathing area:
 - i. Same sex staff shall be standing nearby and maintain verbal contact with the youth.
 - ii. The door should be left ajar for toileting.
 - iii. When showering, same sex staff shall hand the youth items as they are needed.
 - e. If the situation deteriorates or the youth verbalizes intent to harm, the youth shall be placed on High-Level Observation.
- E. High-Level or Moderate-Level Observations of a youth shall be made at staggered intervals of no more than 15 minutes.
- 1. Observations during waking hours shall be an interactive contact.
 - 2. Observations during sleeping hours shall be conducted to ensure residents' health and welfare. The observations shall include the following:
 - a. The resident's presence is known;
 - b. The resident's head is uncovered;
 - c. No apparent item secured around the resident's neck;
 - d. The resident is in no apparent distress;
 - e. There is no visual contraband in the youth's room; and
 - f. Any other observations that raise concern.
 - 3. Staff shall accurately document all observations, including actual time the staff conducted the check on the resident. Information recorded shall include:
 - a. Checks of the youth conducted; including notation of bruises or other trauma markings.

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| POLICY NUMBER DJJ 405.4 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 4 of 5 |
|-----------------------------------|-------------------------------------|------------------------------|

- b. The notation of behavioral observations and problems on the observation log. Significant concerns, as defined by the QMHP or Independently Licensed Mental Health Provider, shall immediately be relayed by the supervisor to the superintendent or designee. The supervisor shall be notified of any existing problems.
- F. Documentation of the placement on suicide precaution shall be made in the youth's progress notes on the date of the incident by the attending youth worker.
- G. Suicide precautions may be discontinued or lowered by the QMHP or Independently Licensed Mental Health Provider.
- H. A youth who is suicidal may only be placed in or remain on isolation if they present an immediate assault risk to staff or other youth as evidenced by physical actions and other less restrictive interventions have failed or are not appropriate. Initial authorization shall be given by the facility mental health professional or the Regional Psychologist in consultation with the Chief of Mental Health Services.
 - 1. One-to-one supervision shall be required until a QMHP or Independently Licensed Mental Health Provider has conducted a mental health evaluation. The QMHP or Independently Licensed Mental Health Provider shall determine if a juvenile may be observed via the use of video cameras. Staff shall follow protocol for dealing with mental health emergencies and suicide intervention and prevention for youth who have been placed in isolation and expresses suicidal ideation.
 - 2. Authorization for continued confinement shall be obtained, every four (4) hours during waking hours, from the Superintendent, QMHP, and the Facilities Regional Administrator (FRA) immediately following the safe securing of the youth.
 - 3. The staff conducting the professional review shall determine when the isolation placement shall be ended. Suicidal precautions shall continue until removed by a QMHP or Independently Licensed Mental Health Provider.
- I. In the event of staffing shortages or facility emergencies, supervision of the youth on suicide precaution shall take priority. The Superintendent shall be notified immediately of the need for additional staffing. Youth requiring inpatient psychiatric care shall be referred for hospitalization in accordance with DJJPP Chapter 4.
- J. Suicide and suicide attempts shall be documented on an incident report in accordance with DJJPP Chapter 3 or Chapter 7. In the event of a completed suicide, reference DJJPP Chapter 1 (Death of a Youth) for procedural instructions.

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| POLICY NUMBER DJJ 405.4 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 5 of 5 |
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V. MONITORING MECHANISM

The Chief of Mental Health Services or designee, QMHPs, the Quality Assurance Branch, and the Division of Program Services shall monitor this activity.



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

**REFERENCES:
505 KAR 1:120
3-JTS-4C-27, 28, 41; 5C-06
4-JDF-4C-26, 27, 39; 5B-05
3-JCRF-4C-14, 15; 5C-03
4-JCF-4C-12; 4D-01,06
1-JBC-4C-27, 28; 5C-07
NCCHC Y-E-08**

CHAPTER: Health and Safety Services

**AUTHORITY: KRS
15A.065**

SUBJECT: Behavioral Health Emergencies

POLICY NUMBER: DJJ 405.5

TOTAL PAGES: 2

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell

, COMMISSIONER

I. POLICY

Behavioral 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, youth development centers, and detention centers.

III. DEFINITIONS

Refer to Chapter 1100.

IV. PROCEDURES

A. PROTOCOL FOR DEALING WITH MENTAL HEALTH EMERGENCIES


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

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| POLICY NUMBER DJJ 405.5 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 2 |
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4. In detention centers and group homes without a QMHP, the Superintendent or designee shall assess the situation and consult with the Regional Psychologist or contract mental health provider in determining a course of action.
- B. Each program shall prepare a plan to provide emergency mental health care by outlining the necessary actions to be taken by staff in the following situations:
1. Emergency transportation;
 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;
 5. Security procedures that provide for the emergency transfer of youth when appropriate; and
 6. Procedures for notification of a transfer to the court the next business day.
- C. In the event of a behavioral health emergency the QMHP, Superintendent, or Chief of Mental Health Services shall contact the parent or caregiver to advise them of the situation of the respective youth.

V. MONITORING MECHANISM

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

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 4-JDF-4C-04, 33, 39, 45 3-JCRF-4C-14, 27 1-JBC-4C-27, 32, 42 NCCHC Y-A-12, Y-E-08, Y-E-10 |
| CHAPTER: Health and Safety Services | | AUTHORITY: KRS 15A.065 |
| SUBJECT: Psychiatric Hospitalization | | |
| POLICY NUMBER: DJJ 405.6 | | |
| TOTAL PAGES: 3 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

Department of Juvenile Justice staff shall arrange for psychiatric hospitalization for youth in need of care.

II. APPLICABILITY

This policy shall apply to all group homes, detention centers, and youth development centers. Reference DJJPP Chapter 6 (Mental Health Services, Referrals, and Psychiatric Hospitalization) for related Community Services policy.

III. DEFINITIONS

Refer to Chapter 1100.

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 by the Superintendent, qualified mental health professional, Regional Psychologist, or designee, for inpatient psychiatric care.
- B. The QMHP or counselor shall consult with a Regional Psychologist or Chief of Mental Health Services to discuss a possible hospitalization.
- C. A DJJ Regional Psychologist, the Director for the Division of Community and Mental Health Services, or the Chief of Mental Health Services may approve and accept financial responsibility for an emergency hospitalization on the behalf of the Department. This approval may be made by phone or electronic faxed signature on the appropriate forms for each hospital.

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| POLICY NUMBER DJJ 405.6 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 3 |
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- D. No other DJJ staff shall sign financial responsibility forms for a psychiatric hospitalization for a DJJ youth.
- E. Staff shall accompany youth to the hospital and provide supervision as required per DJJ policy and procedure.
- F. The Fiscal Branch shall develop and have approved by The Chief of Mental Health Services or designee a Memorandum of Understanding with each hospital or urgent care center DJJ utilizes for in-patient and emergency psychiatric services.
 - 1. The hospital shall be required to contact the Superintendent for pre-approval for any off-ground services.
 - 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. An incident report shall be completed by a DJJ staff member per DJJPP Chapter 3, 6, and 7.
 - 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 facility nurse, QMHP, or counselor shall request the hospital records at the return of the youth to DJJ.
- G. Parents or legal guardians and the Juvenile Service Worker (JSW) shall be notified as soon as possible if hospitalization is needed for a youth.
- I. In facilities with a QMHP, the Treatment Director shall notify the JSW who shall contact the benefits worker concerning medical/MEDICAID coverage.
- J. In facilities without a QMHP and group homes, the Superintendent or designee shall contact the benefits worker concerning medical/MEDICAID coverage.
- K. The youth shall be returned to the pre-hospitalization placement unless there are extenuating circumstances for a placement adjustment. The Superintendent, the Regional Manager, or Residential Facilities Administrator shall work with the Classification Branch Manager if a placement adjustment is required.
- L. 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.
- M. When a youth is returned to a DJJ facility from a psychiatric facility the youth's discharge summary shall be incorporated into the treatment plan or medical care plan.

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| POLICY NUMBER DJJ 405.6 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 3 of 3 |
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V. MONITORING MECHANISM

Monitoring shall be accomplished by the Chief of Mental Health Services or designee 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: 1

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell, COMMISSIONER

I. POLICY

Therapeutic restraint equipment shall be prohibited for use in Department of Juvenile Justice facilities. The use of chemical restraints, chemical agents, and fixed restraints shall be prohibited.

II. APPLICABILITY

This policy shall apply to Youth Development Centers, Group Homes, and Detention facilities providing services to youth placed in or committed to the Department of Juvenile Justice (DJJ).

III. DEFINITIONS


Refer to DJJPP 400.

IV. PROCEDURES

The Department prohibits the use of therapeutic restraints, chemical restraints, chemical agents, and fixed restraints.

V. MONITORING MECHANISM

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

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 3-JTS-4C-19—21; 46 4 JDF-4C-18—20; 44 3-JCRF-3B-12, 13; 4C-08 1-JDTP-3B-12, 13 4-JCF-4C-28,29,30; 4D-01 1-JBC-4C-18—20 NCCHC Y-22, 29 |
| CHAPTER: Health and Safety Services | | AUTHORITY: KRS 15A.065 |
| SUBJECT: Pharmaceuticals | | |
| POLICY NUMBER: DJJ 407 | | |
| TOTAL PAGES: 4 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

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

II. APPLICABILITY

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

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

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

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| POLICY NUMBER DJJ 407 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 3 |
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- D. A nurse or designee shall record the prescription information on the Medication Administration Record (MAR). The information shall include name of the medication, dosage, time, and route. The MAR has the name of the youth, allergies, and other related information written on the MAR form including the start and stop dates. Unless otherwise stated, medication orders shall be reviewed every 30 days by the health care provider. A nurse shall inform the prescriber prior to the stop dates.
- E. The facility nurse shall be responsible for all aspects of medication administration including handling, measuring, and storing all medications. Health trained staff, approved by a registered nurse (RN), may assist in the limited role of administering medications.
- F. In the absence of a nurse, only staff trained in the Health Services Protocol shall administer medications. The Health Service Protocol (HSP) training is a protocol training course approved by the Kentucky Board of Nursing. Health-trained staff shall receive an annual HSP update at a minimum of two (2) hours.
- G. A nurse or health trained staff shall follow key control procedures-
- H. Health trained staff shall not repackage or dispense medications and shall be supervised by a facility RN.
- I. Staff administering medication shall initial the MAR each time a dose is administered. The name, signature, and initials of staff administering medication shall be maintained on a master signature list.
- J. Medication information shall be available with the MAR for staff and youth knowledge.
- K. Drugs requiring refrigeration shall be kept in a refrigerator in the area of the facility where medication is stored. This area shall be kept locked at all times except when administering that particular medication. The temperature in the refrigerator shall be logged twice daily.
- L. All medications shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Drugs for topical use shall be kept separate from the medication administered for ingestion.
- M. A nurse shall monitor and oversee the use of all pharmaceuticals in the facility by the following methods:
 - 1. Verifying the medication on hand.
 - 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, approved by a RN.
 - 3. Conducting and recording a daily MAR review.
- N. Controlled substances are double locked and counted and recorded each time the medication keys change hands.

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| POLICY NUMBER DJJ 407 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 3 of 3 |
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- O. Any unused medications shall be disposed of by returning them to the pharmacy. Controlled substances shall be disposed of in a manner as mandated by a pharmacy. A nurse or designee shall make a list of disposed drugs.
- P. Psychotropic drugs, such as antipsychotics or antidepressants and other drugs used for psychiatric purposes, requiring parenteral administration are prescribed only by a health care provider and then only following an established treatment plan. Stimulants, tranquilizers, or psychotropic drugs shall not be administered for purposes of discipline, security, control, or experimental research.
- Q. Youth shall not prepare, dispense, or administer medication, except for:
 - 1. self medication programs approved by the Medical Director, the Nurse Administrator, the NSPS, and the facility Superintendent; or
 - 2. medication necessary for the emergency management of a condition.
- R. The use of needles and syringes for any reason shall be documented. A daily inventory shall be maintained for accountability.
- S. A registered pharmacist shall conduct pharmacy audits at each DJJ facility quarterly.
- T. An adequate and proper supply of antidotes and other emergency medications shall be readily available. The poison control center telephone number shall be posted in conspicuous areas throughout the facility. Safety Data Sheets shall be available in areas where overdoses or toxicological emergencies are likely.

V. MONITORING MECHANISM

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



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

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

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A. 065

SUBJECT: Forensic Information

POLICY NUMBER: DJJ 408.1

TOTAL PAGES: 2

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell, 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. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES


- A. DJJ staff other than licensed health care personnel may administer drug and alcohol testing in accordance with DJJPP Chapter 3. If the results of drug and alcohol testing may be entered into evidence in court proceedings, the Medical Director or designee in conjunction with the Superintendent or Juvenile Service District Supervisor (JSDS) shall arrange for the testing to be done by qualified outside providers.
- B. If a youth is suspected of concealing contraband in a body cavity, youth shall be referred to an emergency room for evaluation.
- C. Medical staff shall not perform searches.
- D. DJJ health care personnel may collect forensic information to comply with state laws that require blood samples or saliva samples from juveniles, with the consent of the juvenile. Health care personnel shall not be involved in punitive action taken as a result of non-participation in the collection process.

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| POLICY NUMBER DJJ 408.1 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 2 |
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- E. If need for forensic information is related to a psychological evaluation, a qualified outside provider of that type service shall be contacted to perform this service.
- F. Questions concerning appropriate providers or payment for such evaluation may be referred to the DJJ Medical Director, Chief of Mental Health Services, or Office of Counsel.
- G. The collection of Forensic Information 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.

V. MONITORING MECHANISM

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

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 4 -JDF-4C-21-2, 40, 41 4-JCF-4C-13; 4E-01, 02, 07 1-JBC-5C-10, 11, 13, 14 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 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

The Department of Juvenile Justice (DJJ) shall not admit youth that have severe drug or alcohol problems requiring detoxification under medical supervision. After detoxification, DJJ 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, detention centers, and youth development centers.

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

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

Youth who demonstrates signs of intoxication or withdrawal shall be transferred for medical clearance prior to admission per the direction of the Medical Director or designee.


B. An instrument approved by the Chief of Mental Health Services shall be administered to each youth to screen for drug and alcohol abuse. This instrument shall be administered within one (1) day of admission by the facility psychologist or a person trained to administer the test.

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| POLICY NUMBER DJJ 409 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 2 |
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- C. Identified substance abuse and chemical dependency issues shall be considered in the development of the youth's treatment plan.
- D. Relapse prevention education shall be provided. Aftercare plans shall include referral to specified community resources upon release when appropriate.
- E. The assessment process shall include documentation of the following:
 - 1. Medical assessment for referral to a drug and alcohol crisis intervention-program appropriate to the needs of the juvenile;
 - 2. Drug and alcohol assessment, when necessary, for program placement needs;
and
 - 3. Reassessment, if indicated clinically.

V. MONITORING MECHANISM

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

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|  | <p align="center">JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</p> | <p>REFERENCES: 505 KAR 1:120 3-JTS-4C-33 4-JDF-4C-32 3-JCRF-4C-19 4-JCF-4C-20 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 Reduce the Effects of Impairment</p> | | |
| <p>POLICY NUMBER: DJJ 410</p> | | |
| <p>TOTAL PAGES: 2</p> | | |
| <p>EFFECTIVE DATE: October 5, 2018</p> | | |
| <p>APPROVAL: Carey D. Cockerell</p> | | <p>, COMMISSIONER</p> |

I. POLICY

Medical and dental orthoses, prostheses, or other aids (including augmentative devices) to reduce the effects of impairment shall be provided to youth when the health of the youth would otherwise be adversely affected, as determined by the responsible health care provider.

II. APPLICABILITY

This policy shall apply to all Department of Juvenile Justice (DJJ) group homes, detention centers, and youth development centers.

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

- A. The facility registered nurse (RN) in conjunction with the primary health care provider shall monitor all youth 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, prostheses, or other aids (including augmentative devices). The facility RN shall:
 - 1. Gain approval from the Medical Director;
 - 2. Notify the Superintendent;
 - 3. Make arrangements with the primary health care provider or dentist; and,
 - 4. Obtain the appropriate device.

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| POLICY NUMBER DJJ 410 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 2 |
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- C. A youth may incur replacement costs for an orthoses, prosthesis, or other aid to reduce the effects of impairment, including augmentative devices lost or damaged by willful action of the youth. When the health of the youth would be adversely affected without the replacement device, as determined by the responsible health care provider or dentist, the replacement device shall be provided and charges applied to the youth's personal account in accordance with procedures outlined in DJJPP Chapter 1.

V. MONITORING MECHANISM

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



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

**REFERENCES:
505 KAR 1:120
4-JDF-4C-45
3-JCRF-2B-03; 4C-27
1-JDTP-3B-19
4-JCF-4C-28-30; 4D-01
1-SJD-4C-38
NCCHC Y-A-10, Y-A-11**

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| CHAPTER: Health and Safety Services | AUTHORITY: KRS |
| SUBJECT: Notification in Emergencies | |
| POLICY NUMBER: DJJ 411 | |
| TOTAL PAGES: 2 | |
| EFFECTIVE DATE: October 5, 2018 | |
| APPROVAL: Carey D. Cockerell | , COMMISSIONER |

I. POLICY

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

II. APPLICABILITY

This policy shall apply to all DJJ operated or contract programs.

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

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


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| POLICY NUMBER DJJ 411 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 2 |
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D. Except for serious illness, an incident report shall be completed and sent to the Regional Facilities Administrator or Regional Manager. A notation shall be made on the incident report stating who was notified and the date and time of each notification.

E. In the case of death, refer to DJJPP Chapter 1 for further instructions.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the Nurse Shift Program Supervisor where applicable, the Superintendent or Juvenile Services District Supervisor, and the Medical Director or designee.

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|  | <p align="center">JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</p> | <p>REFERENCES: 505 KAR 1:120 4-JDF-2C-08; 4B-01—15 3-JCRF-2B-02; 2C-05; 4B-01—09 1-JDTP-2A-03, 2B-01—03 4-JCF-1A-07; 1B-05; 4C-62 1-JBC-2C-06; 4B-01—13 NCCHC Y-B-02 OSHA 1910-1030</p> |
| <p>CHAPTER: Health and Safety Services</p> | | <p>AUTHORITY: KRS 15A.065</p> |
| <p>SUBJECT: Environmental Health And Safety</p> | | |
| <p>POLICY NUMBER: DJJ 414</p> | | |
| <p>TOTAL PAGES: 3</p> | | |
| <p>EFFECTIVE DATE: October 5, 2018</p> | | |
| <p>APPROVAL: Carey D. Cockerell</p> | | <p>, COMMISSIONER</p> |

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.

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

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

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

V. MONITORING MECHANISM

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



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

**REFERENCES:
505 KAR 1:120
4-JDF-4C-37
3-JCRF-4C-21
1-JDTP-3B-06
4-JCF-4C-22
1-JBC-4C-37**

CHAPTER: Health and Safety Services

AUTHORITY: KRS 15A.065

**SUBJECT: Occupational Exposure to Bloodborne
Pathogens**

POLICY NUMBER: DJJ 415

TOTAL PAGES: 3

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell , 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 DJJ employees, offices, and programs and shall govern the policy of contract programs and agencies in regards to occupational exposure to bloodborne pathogens. All employees shall be considered to have occupational exposure to bloodborne pathogens.

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

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

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| POLICY NUMBER DJJ 415 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 3 |
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3. Monitors compliance with posting and maintenance of the Bureau of Labor Statistics Log and Summary of Occupational Injuries and Illnesses (OSHA Form #200) at each DJJ facility and office. The log shall:
 - a. Be posted in a place or places where notices to employees are customarily posted no later than February 1 of each year and shall remain in place until March 1 of the following year. Access to logs shall also be provided to employees, former employees, or their representatives;
 - b. Record all occupational injuries and illnesses incidents, each incident shall be entered within six (6) business days after learning of its occurrence;
 - c. Be maintained and retained for five (5) years following the end of the calendar year to which they relate; and,
 - d. Be available for inspection and copying by representatives of the U.S. Department of Labor, or the U.S. Department of Health and Human Services.
 4. Distributes current information related to bloodborne pathogens exposure control to facilities.
 5. Provides technical assistance to exposure control officers in programs regarding compliance with OSHA standards, as requested.
 6. Serves as an advisor to the DJJ Management Team.
- C. The Superintendent of each DJJ Day Treatment Program, Day Treatment Center, Group Homes, Youth Development Center and Detention Center shall be required to prepare and implement a written “Exposure Control Plan” specific to the individual facility or program.
- D. The Regional Managers, for community services, shall be required to prepare and implement a written “Exposure Control Plan” specific to that service area.
- E. The “Exposure Control Plan” shall become part of the standard operating procedures and cover the following:
1. Appointment of an Exposure Control Officer to coordinate and monitor compliance with the plan;
 2. Work practice and personal practice controls including protective equipment and procedures to minimize exposure;
 3. Appropriate engineering controls, including disposal of contaminated needles, handling and transporting specimens of blood, disposal of contaminated materials and accessibility of protective equipment;
 4. Housekeeping controls including methods of decontamination, appropriate written schedules and laundry procedures;
 5. Procedures relating to vaccination for Hepatitis B (HBV) virus, post exposure evaluation and follow-up and record keeping;

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| POLICY NUMBER DJJ 415 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 3 of 3 |
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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 incidents. Evaluations shall include the circumstances under which the exposure took place.
 8. Procedures for posting and maintenance of the Bureau of Labor Statistics Log and Summary of Occupational Injuries and Illnesses (OSHA Form # 200).
- F. All Exposure Control Plans shall be reviewed and updated annually. The plan shall be accessible to all employees and to OSHA.
- G. The duties of the “Exposure Control Officer” shall include:
1. Coordinates the provision of site-based annual training for staff in Universal Precautions, including AIDS, Bloodborne or Airborne Pathogens.
 2. Serves as a liaison to the DJJ OSHA Regulations Coordinator;
 3. Distributes current information related to bloodborne pathogens exposure control;
 4. Provides technical assistance to staff regarding compliance with OSHA standards, as requested;
 5. Serves as an advisor to the management team;
 6. Makes referrals to appropriate agencies and resources as requested by facilities and staff; and
 7. Monitors compliance with the requirement for posting and maintenance of the Bureau of Labor Statistics Log and Summary Occupational Injuries and Illnesses (OSHA Form # 200) at their assigned DJJ program or office.
- H. The Division of Professional Development shall implement a plan for annual training based upon content specified by OSHA and the Department OSHA Regulations Coordinator. Provisions for inclusion of basic training related to exposure control against bloodborne pathogens shall be included in the Youth Worker 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
4-JDF-4C-36, 37
3-JCRF-1C-14; 4C-21, 22,
36, 37
1-JDTP-3B-06
1-JBC-4C-36, 37
NCCHC Y-B-01**

CHAPTER: Health and Safety Services

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

SUBJECT: HIV/AIDS/STI

POLICY NUMBER: DJJ 416

TOTAL PAGES: 2

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell

, COMMISSIONER

I. POLICY

The Department of Juvenile Justice (DJJ) shall not discriminate against youth with Human Immunodeficiency Virus, Acquired Immunodeficiency Syndrome, or Sexually Transmitted Infection (HIV/AIDS/STIs). The Department shall maintain the safety and wellbeing of youth and staff.

II. APPLICABILITY

This policy shall apply to all DJJ and shall govern the policy of contract programs.

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

A. Staff in community offices shall receive information concerning HIV/AIDS/STIs 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/STIs 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 STIs, previous high-risk behaviors, and current symptoms of STIs. Age-appropriate education for the prevention of STI and bloodborne diseases shall be provided to youth and specialized counseling shall be provided to those youth exhibiting a

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- 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 STI and bloodborne diseases shall be written by the youth's counselor who shall make referrals for the implementation.
- C. Staff in DJJ operated or contracted detention centers, youth development centers, and group homes shall make available HIV/AIDS/STIs education, counseling, diagnosis, and treatment to all youth.
1. All staff shall receive information concerning HIV/AIDS/STIs and exposure control plans.
 2. Testing and detection of STIs shall be available for all youth. All youth shall be screened for a history of STIs, previous high-risk behaviors, and current symptoms of STIs. 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. Youth may receive HIV testing with pre and post counseling from the local health department.
 3. A medical, psychological and social support plan for the care, treatment, and referral of youth testing positive for HIV/AIDS/STIs 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/STIs information involving a youth. . 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/STIs, the following factors may assist in determining whether to continue placement in a facility: the ability of the youth to manage aggressive or sexual behaviors; the maturity and ability of other youth in the facility to protect themselves from infection, and the availability medical treatment as needed. 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 health care provider, and the Nurse Shift Program Supervisor. 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
4-JDF-4C-13, 37, 38
3-JCRF-1C-17; 3B-06,11,
19; 4C-12, 21
1-JDTP-3B-06, 11
4-JCF-4C-22-26; 6C-06
1-JBC-4C-14, 37, 38
NCCHC Y-B-01

SUBJECT: Infectious Communicable Disease

**AUTHORITY: KRS 15A.
065**

POLICY NUMBER: 416.1

TOTAL PAGES: 4

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell , COMMISSIONER

I. POLICY

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

II. APPLICABILITY

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

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

A. Employee Screening For Communicable and Serious Infectious Diseases

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

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and TB Disease in accordance with procedures approved by the Medical Director.

- a. Pregnancy shall not exclude a female employee from being skin tested as part of the initial, annual, or contact follow-up skin testing program, unless exempt as listed below.
 - b. An exemption to TB Disease skin testing of a new employee and annual testing includes anyone with a documented history of a positive skin test reading, adequate treatment of TB Disease and considered cured, or adequate preventive therapy for TB Infection; however, an exempt case for skin testing shall be screened initially and annually for signs and symptoms suggestive of tuberculosis, using a TB questionnaire. DJJ staff testing positive for TB in the past shall have a chest x-ray at least every 10 years. Documentation stating the individual is medically cleared to return to work shall be filed in the staff's medical file.
 - 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 or primary health care provider, verifying they have been examined and are free of infectious TB. An employee failing to comply within ten (10) business days shall not be permitted to work in the facility and may be placed on directed sick leave as specified in 101 KAR 2:102, Section 2 (2).
4. The screening of employees at contract programs shall be in compliance with state and local laws and in accordance with terms of contract.
 5. Confidential Management of Employee Health Records
 - a. The NSPS or designee shall schedule and conduct an annual risk assessment for each employee.
 - b. Employee TB screening, testing, treatment, work restrictions, counseling, exposure to TB disease, immune status or voluntary job reassignment shall be maintained. The employee confidential TB records and OSHA 200 logs shall be maintained. Every effort shall be made to contain sensitive information. Communication shall be limited to an individual who has to make a decision based on accurate information.
 - c. The NSPS or designee in all programs shall report all serious infections as required by KRS 214.010 and local laws.
- B. Screening of Youth for Communicable and Serious Infectious Diseases
1. Upon admission, an initial screening shall be completed.
 2. Youth shall receive immunizations as required by state law (KRS 158.035, 158.037) and KY Vaccine Program regulations, except in certain limited

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| POLICY NUMBER DJJ 416.1 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 3 of 4 |
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circumstances when such immunizations may be determined as harmful to the youth or to the unborn.

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

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

11. The registered nurse or designee in all programs shall report all serious infections as required by KRS 214.010 and local laws.
12. Youth medical records shall be marked as confidential, and secured unless in use. Confidentiality shall be maintained in accordance with DJJPP Chapter 1 (Employee Code of Ethics). Information in the medical records shall not be released to any person unless a release, signed by the youth and guardian, states specifically that medical information may be released.

C. Infection Control

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

V. MONITORING MECHANISM

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



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

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

CHAPTER: Health and Safety Services

AUTHORITY: KRS
15A.065

SUBJECT: Emergency Plans

POLICY NUMBER: DJJ 424

TOTAL PAGES: 6

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell , **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.

III. DEFINITIONS

Refer to DJJPP 400.

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| POLICY NUMBER DJJ 424 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 6 |
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IV. PROCEDURES

- A. Each program shall have a written Emergency Plan. The Plan shall include the following:
1. Provisions for emergency equipment and supplies to include:
 - a. Access to building/room floor plans.
 - b. Fire Extinguishers that are kept in fully charged and operable condition. Every extinguisher shall have a current valid inspection tag securely attached showing last maintenance or recharge date.
 - c. A fire alarm system including all heat and smoke detectors, sprinkler system, and a kitchen suppression system in youth development and detention centers, that are inspected quarterly unless otherwise indicated in federal, state, or local regulations, by a qualified outside vendor. The Fire Safety Officer shall maintain copies of these inspections.
 - d. A communications system within the facility and between the facility and community if conventional means of communications are disrupted.
 - e. Emergency lighting shall be tested on a monthly basis.
 - f. Alternative power sources or power generators shall be inspected weekly and ran under load monthly 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.
 - g. Exit signs and directional arrows for traffic flow.
 - h. Emergency food service and refrigeration.
 - i. National Oceanic and Atmospheric Administration (NOAA) Weather Radio capable of broadcasting official Weather Service warnings, watches, forecasts and other hazard.
 2. Evacuation plans, including primary and secondary routes, publicly posted in each building of the facility and in all areas where youth and staff routinely congregate.
 - a. The Fire Safety Officer shall ensure the emergency evacuation plans have been approved by an individual or local fire jurisdiction trained in the appropriate 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 individual or local fire jurisdiction trained in the appropriate codes.
 3. Authority during an emergency situation shall remain with the highest ranking staff member in the facility at the time of the emergency. This staff

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| POLICY NUMBER DJJ 424 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 3 of 6 |
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member shall have absolute and total authority for decisions affecting the facility, DJJ employees, the emergency, and security of the premises. If a higher-ranking staff member arrives at the facility after a staff member has assumed control, the authority shall shift to the higher-ranking staff. The highest ranking staff member shall meet with arriving emergency services personnel and form a joint command. Emergency strategies and tactics concerning juveniles shall be determined by DJJ member in control. Emergency Services shall retain the ultimate control and authority over its personnel and their use during any emergency. Notice to the superintendent shall be immediate upon completing evacuation of all residents and staff.

4. Procedures for notification to law enforcement and emergency medical personnel.
5. Conduct fire, earthquake, lockdown, and severe weather drills in various locations of the facility. Documentation of all drills including the scenario, staff response, identified problems and a corrective action plan shall be maintained.
 - a. Fire Drills
 - (1) Youth development centers and detention centers shall conduct five (5) fire drills per quarter. A fire drill shall be conducted each month during the school day. A fire drill shall be conducted on each remaining shift to include one per quarter during sleep time.
 - (2) Group homes shall conduct three (3) fire drills per quarter. A fire drill shall be conducted on each shift to include one per quarter during sleep time.
 - (3) Day treatment centers shall conduct monthly fire drills during the school day.
 - b. Severe Weather, Lockdown, and Earthquake Drills
 - (1) Youth development centers, detention centers and group homes shall conduct earthquake and severe weather drills in such a manner that there is one (1) drill per shift per quarter to include one per quarter during sleep time.
 - (2) Youth development centers, detention centers, and day treatments shall conduct emergency response drills, during the school day, to include one (1) severe weather, one (1) earthquake, and one (1) lockdown drill within the first thirty (30) instructional days of each school year and during the month of January. Youth development centers, detention centers, and day treatments shall conduct one (1) severe weather drill, during the school day, in the months of February, March, and April.
 - (3) Group homes shall conduct one (1) lockdown drill within the first thirty (30) instructional days of each school year and during the month of January. The drills shall be conducted at the facility during non-school hours.

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| POLICY NUMBER DJJ 424 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 4 of 6 |
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- (4) Programs shall have Standard Operating Procedures for severe weather, lockdown, and earthquake drills that detail the use of a drop procedure and safe areas. Reference KRS 158.162.
- c. Provisions for immediate release of juveniles from locked area. There shall be instructions for the evacuation of incapacitated and disabled juveniles. Padlocks shall not to be used on isolation room doors. Unless there are overriding security or safety issues, staff shall escort youth from isolation to the evacuation area during any emergency drill. If it is necessary to leave a youth in isolation during a drill because of overriding circumstances, the Youth Worker Supervisor shall authorize this action and designate a staff member to remain in the isolation area with the youth.
 - d. Procedures for a head count of all residents and staff. Youth shall be evacuated to a pre-designated safe area where a count will be conducted as soon as possible following evacuation. Any youth or staff not accounted for shall be reported immediately to the staff in charge. All youth and staff shall remain in the pre-designated safe area until directed otherwise by the local fire department personnel.
 - e. The health aspects of Emergency Preparedness Plans shall be practiced, documented and critiqued at least annually. Emergency drills which do not involve mobilization of health staff shall not meet compliance.
6. Provision for medical care and emergency transportation for injured juveniles and staff to include:
- 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.

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| POLICY NUMBER DJJ 424 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 5 of 6 |
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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.
 - c. At least once each calendar year, the facility shall request an inspection from the State Fire Marshall's Office (SFM).
 - (1) Two months prior to the month of the last annual fire safety inspection, the facility Fire Safety Officer shall advise in writing the SFM regarding requirements for annual fire safety inspection. In the event that the SFM has not conducted this inspection by the anniversary date of the last inspection, the facility Fire Safety Officer shall submit a "Second Request for Inspection" letter through the Superintendent requesting an inspection. A copy of this letter shall be copied to the Regional Director.
 - (2) The Fire Safety Officer is responsible for developing a Corrective Action Plan (subject to review and approval by the Superintendent), timetables for completion on any deficiency noted and return to the office of the State Fire Marshall.
- B. The program's designated health authority, Qualified Fire Safety Officer, the Superintendent, and the local fire authority shall approve the Emergency Plan.
- C. The superintendent shall ensure that all personnel are trained in the implementation of the Emergency Plan. Familiarity with the Emergency Plan and the procedures to be followed in the event of a fire or other emergency shall be included in the orientation process for all new staff. The Emergency Plan shall be available for staff's review at all times.
- D. The superintendent shall ensure the inclusion of Emergency Procedures in the Resident Orientation Handbook.

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| POLICY NUMBER DJJ 424 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 6 of 6 |
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E. The Superintendent shall ensure that the Emergency Plan is reviewed annually by the Fire Safety Officer in collaboration with the local/state fire authority, updated as necessary and issued to the local fire jurisdiction and other responding agencies.

V. MONITORING MECHANISM

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



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

**AUTHORITY and
REFERENCES:**

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| CHAPTER: Health and Safety Services | AUTHORITY: |
| SUBJECT: Emergency Plans for Central Office | KRS 15A.065 |
| POLICY NUMBER: 424.1 | |
| TOTAL PAGES: 3 | |
| EFFECTIVE DATE: October 5, 2018 | |
| APPROVAL: Carey D. Cockerell , COMMISSIONER | |

I. POLICY

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

II. APPLICABILITY

This policy shall apply to the DJJ Central Office.

III. DEFINITIONS

Reference DJJPP 400.

IV. PROCEDURES

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

1. Provisions for emergency equipment and supplies shall include:
 - a. Access to building and room floor plans.
 - b. Fire Extinguishers that are kept in fully charged and operable condition. Every extinguisher shall have a current valid inspection tag securely attached showing last maintenance or recharge date.
 - c. A fire alarm system including all heat and smoke detectors and a sprinkler system that is inspected by a qualified outside vendor per federal, state, or local regulations. The Fire Safety Officer (FSO) staff member shall maintain copies of these inspections.
 - d. A communications system within the Central Office (CO) and community based services, if conventional means of communications are disrupted.
 - e. Emergency lighting shall be inspected monthly. Documentation of these tests shall be submitted to the FSO.
 - f. Exit signs and directional arrows for traffic flow.

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| POLICY NUMBER DJJ 424.1 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 3 |
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2. Evacuation plans shall be conspicuously posted in all areas where visitors and staff routinely congregate.
 - a. Evacuation plans shall include the following items:
 - i. Primary and secondary routes of escape shall be noted with each type of route clearly marked; and
 - ii. Locations of fire alarm pull stations, fire extinguishers, and first aid kits with each item clearly marked so that it is easy to differentiate between the items.
 - b. The FSO shall ensure the emergency evacuation plans have been approved by the Franklin County Fire Department.
 - c. If any changes or modifications occur in any evacuation routes because of new construction, renovations, or modifications of the facility, the revised evacuation plan shall be approved by the Franklin County Fire Department.
3. Delegation of authority during an emergency situation. The highest ranking staff member on duty shall have absolute and total authority for decisions made affecting the Central Office, the emergency, and security of the premises. Notice to the Commissioner shall be immediate upon completing evacuation of all staff and visitors.
4. Procedures for notification to law enforcement and emergency medical personnel.
5. Conduct of fire, earthquake, and tornado drills. Documentation of all drills including the scenario and real world events (including elapsed time to complete the evacuation), staff response, identified problems, and a corrective action plan shall be maintained.
 - a. Fire, tornado, and earthquake drills shall be conducted on the following frequency:
 - i. Fire drills shall be conducted twice per year.
 - ii. A severe weather drill shall be conducted once per year in the month of March.
 - iii. An earthquake drill shall be conducted once per year.
 - b. Procedures for a head count of all staff and visitors. Staff and visitors shall be evacuated to a pre-designated safe area where a count will be conducted as soon as possible following evacuation. Any staff or visitor not accounted for shall be reported immediately to the staff in charge. All staff and visitors shall remain in the pre-designated safe area until directed otherwise by the staff person conducting the drill or by the first responder incident commander in the event of an actual emergency.
6. Provision for medical care and emergency transportation for injured staff and visitors shall include:
 - a. Location and contents of first aid kits.
 - b. On-site first aid and crisis intervention;

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| POLICY NUMBER DJJ 424.1 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 3 of 3 |
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- c. Use of a designated hospital emergency room or other appropriate health facility.
- d. Use of an emergency medical vehicle.
- e. Training of employees to respond to health-related situations within a four-minute response time.
- 7. Procedures for work stoppages that shall include the continued operation of the Central Office.
- 8. Provision for the immediate notification of an employee's family or designated contact in case of death.
- 9. Procedures for hostage situations.
- 10. Procedures for instances of juvenile escape from a facility (reference DJJPP Chapter 3 and Chapter 7).
- 11. Procedures for Central Office staff roles during a facility riot.
- 12. Procedures for instances of chemical spills and other catastrophic situations.
- B. The Commissioner or his designee shall ensure that all personnel are trained in the implementation of the Emergency Plan. New staff shall be oriented according to DDJPP Chapter 5. The Emergency Plan shall be available for staff review at all times.
- C. The Commissioner or his designee shall ensure that the Emergency Plan is reviewed annually by the FSO and local fire authority, updated as necessary, and issued to the local fire jurisdiction and other responding agencies whenever changes are made, but at least annually.

V. STAFF TRAINING

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

VI. MONITORING MECHANISM

The Quality Assurance Branch shall monitor annually.



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

**REFERENCES:
505 KAR 1:120**

**1-JDF-4A-01—14
4-JCF-4A-01-04, 06-12; 3B-
05
3-JCRF-1A-05-1; 4A-01—
10
1-JDTP-3A-01—09
1-JBC-4A-01—13
2-CO-1A-06-1
1-CTA-1A-02-1
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: 4

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell

, COMMISSIONER

I. POLICY

Department of Juvenile Justice (DJJ) programs shall provide a dietician approved, nutritionally adequate menu with allowances for special diets to meet the medical and religious requirements of individual youth.

II. APPLICABILITY

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

LIMITED APPLICABILITY

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

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

- A. Youth shall be provided three meals daily that are nutritionally adequate and properly prepared. Two of the three meals shall be hot meals.
- B. 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.

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- C. A snack shall be offered to youth mid-morning, mid-afternoon, and in the evening before bedtime.
- D. Juveniles shall have the opportunity to have at least 20-minutes of dining time for each meal.
- E. Meals and snacks, including beverages, shall not be withheld or altered for disciplinary or punitive reasons.
- F. A registered dietician shall develop menus for regular diets annually to ensure nationally recommended, age appropriate portion sizes, caloric requirements, and daily allowances for basic nutrition are met. Menus shall be planned in writing, at least one week in advance, posted, and followed within each program. The facility shall have a designated full-time staff member experienced in food service management, to manage dietary operations. The designated staff member's management responsibilities are outlined in a job description, written agreement, or job contract. In the planning and preparation of all meals, food flavor, texture, temperature, appearance, and palatability shall be taken into consideration.
- G. If a special diet is ordered for a youth, the Food Service Operations Manager shall maintain and follow menus provided by a Registered Dietician to ensure the special nutritional needs of the youth are being met.
- H. Accurate records shall be maintained by the Food Service Operations Manager or designee for all meals served. Documentation of menu changes shall be maintained in the Food Services office including the reason for the change. Food service supervisory staff shall verify adherence to the established basic daily servings and shall conduct menu evaluations quarterly. Purchase and accounting of food and food service supplies shall be in accordance with DJJ Fiscal Branch requirements and shall include determination of cost per meal per juvenile and estimation of food service requirements.
- I. 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 forty-eight (48) hours.
- J. Provisions shall be made for special diets as prescribed by appropriate medical or dental personnel. Orders for special diets shall include the type of diet, the duration of the diet, and any special instructions. This information, including food allergies, shall be communicated in writing by a nurse or designee to the kitchen staff as well as to youth workers and other direct care staff. A therapeutic manual is available in the food and health service areas for reference and information.
- K. Reasonable accommodations for dietary restrictions relating to the youth's religious beliefs shall be provided. These diets shall be reviewed, approved, and monitored by the facility religious coordinator.

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- L. Each facility shall have a procedure for ensuring that the right youth receives the right diet. A nurse or designee shall monitor special diets and report issues of non-compliance to the Superintendent who shall implement a corrective plan of action.
- M. 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.
- N. 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.
- O. Available dietary staff and additional facility staff shall provide supervision of residents during all meals provided by the facility.
- P. Meals, snacks, or the variation of the established menu shall not be used as a disciplinary measure.
- Q. 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. All food handlers shall be trained in the use of food service equipment and in the safety procedures to be followed in the food service department. Tobacco use, including electronic cigarettes, shall be prohibited wherever food is stored, prepared, served, or held in open containers. Hairnets or caps shall be worn to prepare or serve food. Plastic gloves shall be worn to touch food. All food handlers shall be instructed to wash their hands upon reporting to duty and after using toilet facilities. The Food Service Manager or designee shall monitor juveniles and other persons working in food service each day for health and cleanliness. Any worker found with questionable health issues shall be referred to the facility nurse.
- R. 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.
- S. 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.
- T. Daily sanitation and safety inspections of all food service areas, including dining and food preparation areas and equipment shall be conducted by the Food Service Operations Manager or designee having completed required sanitation training through the local Health Department. Inspection shall at minimum include checks of general sanitation, ventilation, checks of refrigerator and hot

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water temperature. Inspections shall be appropriately documented.


Documentation shall be submitted to the designated administrator. Water temperatures on the final dishwasher rinse shall be 180 degrees Fahrenheit; or between 140-160 degrees Fahrenheit if a sanitizer is used on the final rinse.

Temperature controlled food storage shall meet the following guidelines unless national or state health codes specify otherwise:

1. Shelf goods, 45-80 degrees Fahrenheit;
 2. Refrigerated foods, 35-40 degrees Fahrenheit; and,
 3. Frozen foods, at 0 degrees Fahrenheit or below.
- U. 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.

V. MONITORING MECHANISM

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

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|  | <p align="center">JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</p> | <p>REFERENCES: 505 KAR 1:120 4 -JDF-3A-12; 3B-08, 09 3-JCRF-4B-05 4-JCF-1A-08; 2A-13, 14; 6A-09-1 1-JDTP-2A-03 1-JBC-3A-10; 3B-08, 09</p> |
| <p>CHAPTER: Health and Safety Services</p> | <p>AUTHORITY: KRS 15A.065</p> | |
| <p>SUBJECT: Maintenance</p> | | |
| <p>POLICY NUMBER: DJJ 427</p> | | |
| <p>TOTAL PAGES: 2</p> | | |
| <p>EFFECTIVE DATE: October 5, 2018</p> | | |
| <p>APPROVAL: Carey D. Cockerell , COMMISSIONER</p> | | |

I. POLICY

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

II. APPLICABILITY

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

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES


- A. The Superintendent and the facility maintenance administrator shall have responsibility for physical properties and contents to include their routine maintenance and upkeep.
- B. Each Superintendent and the facility maintenance administrator shall ensure the development of a comprehensive maintenance plan. This plan shall provide for regular care and weekly 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.
 - 1. Results of security inspection shall be submitted in writing to the facility maintenance administrator and corrective action is initiated when necessary.
 - 2. Security items shall be stored in a secured area but readily accessible location outside of juvenile housing and activity areas.

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- C. This plan shall include a system for tracking repairs and documentation of routine maintenance.
- D. Additionally, this plan shall include provisions for emergency repairs and replacement of equipment.
- E. Qualified staff or maintenance professionals shall implement this plan.
- F. The plan shall be reviewed annually and updated as needed.
- G. Problems and needs arising beyond the scope of routine and preventative maintenance shall be forwarded to Construction and Repair Programs in the Division of Administrative Services.
- H. The superintendent in conjunction with the department shall examine and implement strategies, where appropriate and feasible, that promotes recycling, energy and water conservation, pollution reduction, and utilization of renewable energy alternatives.

V. MONITORING MECHANISM

This activity shall be monitored by the Facility Superintendent or designee, applicable regulatory agencies, and the Construction and Repair Programs Branch Manager. The Quality Assurance Branch shall conduct an annual program audit.

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 4-JDF-3A-23 3-JCRF-3A-13 4-JCF-2A-25; 4C-61 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: 2 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

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

II. APPLICABILITY

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

B. LIMITED APPLICABILITY

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

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

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

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

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

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| POLICY NUMBER DJJ 427.1 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 2 |
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- a. Secure storage of all Class A tools including scissors, kitchen knives, medical and dental instruments and Class B tools that are not conducive to the shadow board.
 - b. Shadow boarding of Class B tools in maintenance and vocational shops if the size is conducive to the board.
 - c. Excess tools in shop or work area be kept to an absolute minimum.
 - d. Sign-out/sign-in of all tools and sharps used by facility personnel and youth.
 - e. Reporting of missing/lost tools and sharps on the date of occurrence.
 - f. A daily check and an inventory on 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
4-JDF-2A-04; 3B-03—05
3-JCRF-2C-01-1; 3B-
03—05
1-JBC-2A-04; 2C-01-1;
3B-03—05
4-JCF-1B-04, 05**

CHAPTER: Health and Safety Services

**AUTHORITY: KRS
15A.065**

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

POLICY NUMBER: DJJ 428

TOTAL PAGES: 5

EFFECTIVE DATE: October 5, 2018

APPROVAL: Carey D. Cockerell , 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 (FTC) materials. The security rating of the facility and the classification of youth placed therein shall be taken into consideration in the development of facility Standard Operating Procedures.

II. APPLICABILITY

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

B. LIMITED APPLICABILITY

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

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| POLICY NUMBER DJJ 428 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 2 of 5 |
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III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

- A. The Fire Safety Performance specifications shall be examined and considered in selecting the materials for facility furnishings.
- 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 federal, state, and local codes.
- C. Programs shall be equipped with noncombustible receptacles for smoking materials, where smoking is permitted, and separate containers for other combustible refuse at accessible locations throughout the activity and living areas. Special containers shall be provided for flammable liquids and for rags used with flammable liquids. All receptacles and containers shall be emptied and cleaned daily.
- D. Prior to making any purchase, careful attention shall be given to a product's label. Every effort shall be made to replace a hazardous substance with one less hazardous in nature or less likely to be abused by youth in the program setting.
- E. Substances that are labeled "Keep out of reach of children" or "May be harmful if swallowed" do not meet the definition of FTC material. Their use and control, however, including the quantities available, shall be evaluated and addressed in the facility Standard Operating Procedures.
- F. Products with a SDS 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. SDS 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 SDS hazardous rating of 2, 3, or 4) must be used, Standard Operating Procedures shall include:
 - 1. Selection and Approval
 - a. Develop a list of chemicals approved for safe use within the facility.
 - b. Develop an approval process for new chemicals when requested by facility staff.
 - c. Questions concerning the use and control of any substance may be resolved by examining the manufacturer's SDS.
 - d. The program shall accept no delivery of a FTC material unless a SDS is attached at the time of delivery or on file at the facility.

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| POLICY NUMBER DJJ 428 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 3 of 5 |
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2. Storage.

a. Security and safety:

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

b. Amounts

- (1) Storage amounts shall be limited to reasonable levels. Not more than 60 gallons of flammable or combustible liquids shall be stored in an individual cabinet. (OSHA standard 29 CFR 1910.106)(2) Only the amount needed for a reasonable period of time shall be issued for use.

c. Locations

- (1) The number of locations in which chemicals are stored shall be limited.
- (2) Central chemical control shall be 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. Safety Data Sheets (SDS), personal protective equipment, emergency spill kits, eyewash stations, 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 SDS within the facility.
 - (2) This list shall be kept current. The facility Safety Officer shall consult with the local fire chief to devise a system for distribution and updates if they elect to keep a file on the facility.


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| POLICY NUMBER DJJ 428 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 4 of 5 |
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- b. Perpetual Inventories. Substances shall be accounted for before, during, and after use.
- 5. Distribution and Issue of Product.
 - a. Only a staff member may dispense FTC materials. Staff shall be responsible for products issued to their area.
 - b. 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.
 - c. 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 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 SDS sheet.
- 7. Inspection of the FTC control process.
 - a. A Fire Safety Officer (FSO) shall conduct a weekly inspection. The FSO 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.
 - b. The FSO 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.
- 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.

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| POLICY NUMBER DJJ 428 | EFFECTIVE DATE 10/05/2018 | PAGE NUMBER 5 of 5 |
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V. MONITORING MECHANISM

Supervisors shall ensure that all FTC 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.

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|  | JUSTICE AND PUBLIC SAFETY CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | AUTHORITY and REFERENCES: |
| CHAPTER: Health and Safety Services | | AUTHORITY: |
| SUBJECT: Control of Hazardous Materials in Central Office | | KRS 15A.065 |
| POLICY NUMBER: 428.1 | | |
| TOTAL PAGES: 2 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell , COMMISSIONER | | |

I. POLICY

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

II. APPLICABILITY

This policy shall apply to the Department of Juvenile Justice Central Office.

III. DEFINITIONS

Reference DJJPP 400.

IV. PROCEDURES

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

1. Materials under the control of building management, other tenants, or contract cleaning staff in a leased building occupied by DJJ personnel shall not be the responsibility of DJJ.
2. Staff shall keep possession of individual containers of FTCs to a minimum.
3. Staff shall seek approval from Construction and Real Properties Branch staff before purchasing FTCs or other hazardous materials containing multiple units to be introduced into the Central Office area. Such materials, if flammable, shall require storage in a fire rated cabinet in a designated storage area(s). If non-flammable, such materials shall require storage in the designated storage area(s).
4. The Fire Safety Officer (FSO) shall ensure that there are Safety Data Sheets (SDS) for all FTCs and hazardous materials requiring storage in the designated storage area(s).
5. A perpetual inventory sheet shall be kept for each FTC or hazardous material requiring storage.
6. Substances that are labeled “Keep Out of Reach of Children”, “May be Harmful if Swallowed” and have a SDS hazardous rating zero (0) or one (1)

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for health, flammability and reactivity do not meet the definition of FTC material and are not required to be stored or inventoried as such.


7. Personal hygiene products shall not be considered an FTC or hazardous material when applying this policy.

V. STAFF TRAINING

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

VI. MONITORING MECHANISM

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

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|  | JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES | REFERENCES: 505 KAR 1:120 |
| CHAPTER: Health and Safety Services | | AUTHORITY: KRS 15A. 065 |
| SUBJECT: Pets and Domestic Animals | | |
| POLICY NUMBER: DJJ 430 | | |
| TOTAL PAGES: 2 | | |
| EFFECTIVE DATE: October 5, 2018 | | |
| APPROVAL: Carey D. Cockerell | | , COMMISSIONER |

I. POLICY

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

II. APPLICABILITY

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

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

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

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

V. MONITORING MECHANISM

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