



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

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

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Health Services	KRS 610.310
POLICY NUMBER: DJJ 400.1	
TOTAL PAGES: 4	
EFFECTIVE DATE: November 4, 2020	
APPROVAL: LaShana M. Harris	, 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.

POLICY NUMBER DJJ 400.1	EFFECTIVE DATE 11/04/2020	PAGE NUMBER 2 of 4
-----------------------------------	-------------------------------------	------------------------------

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;

POLICY NUMBER DJJ 400.1	EFFECTIVE DATE 11/04/2020	PAGE NUMBER 3 of 4
--	--	-------------------------------------

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, Licensed Behavioral Health Professional (LBHP), 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, LBHP 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.
 - N. Each DJJ operated program, except day treatment, shall have a comprehensive quality improvement program.

POLICY NUMBER DJJ 400.1	EFFECTIVE DATE 11/04/2020	PAGE NUMBER 4 of 4
--	--	-------------------------------------

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.