

 <p style="text-align: center;"><b>WEST VIRGINIA DIVISION OF JUVENILE SERVICES</b></p>	<p><b><u>POLICY NUMBER:</u></b></p> <p style="text-align: center; font-size: 2em;"><b>413.00</b></p>	<p><b><u>PAGES:</u></b></p> <p style="text-align: center;">5</p>
<p><b><u>CHAPTER:</u></b></p> <p>Facility Services</p>	<p><b><u>REFERENCE AND RELATED STANDARDS:</u></b></p> <p>WV Code Chapter §§ 49-5-16a and 49-5E-1 et seq.; ACA-3-JTS-4C-01, 03, 07, 10, 23, 27, 34, 35, 38-41, 45-47, 50; ACA-4-JCT-4C-12, 22, ACA 3-JDF-4C-01, 03, 07, 22, 26, 33, 33-1, 36-39, 43-45, 48; ACA-3-JCRF-4C-01-02, 10, 12, 14-15, 21-22, 26-27, 29; Prison Rape Elimination Act (PREA) of 2012, §§115.361 and 115.382</p>	
<p><b><u>SUBJECT:</u> Medical Care &amp; Emergency Medical Procedures</b></p>		
<p><b><u>DATE:</u> January 1, 2015</b></p>		

**POLICY**

It is the policy of the Division of Juvenile Services, hereinafter Division, to ensure that residents are provided health care services appropriate to meet their medical needs. The Division has a contracted medical provider with responsibility pursuant to written contract. Final medical judgments rest with a single designated physician at each facility.

**CANCELLATION**

This policy has been reviewed and supersedes Policy 413.00 dated April 1, 2014.

**APPLICABILITY**

This Policy applies to all Division of Juvenile Services' Facilities.

**PROCEDURES**

1. Residential facilities with a capacity of more than 25 residents have a central medical room with medical examination facilities.
2. The medical provider meets with the facility administrator at least quarterly and submits annual statistical summaries and quarterly reports on the health care delivery system and health environment.
3. Residents will have unimpeded access to health care and for a system for processing complaints regarding health care. These are communicated orally and in writing to residents upon arrival at the facility and are put in a language clearly understood by the resident.

Chapter	Subject	Policy #	Page
Facility Services	Medical Care & Emergency Medical Procedures	413.00	2 of 5

- a. Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
  - b. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.
  - c. Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and treatment for any sexually transmitted infections, in accordance with professionally accepted standards of care, where medically appropriate.
  - d. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
  - e. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests and shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
4. Upon admission, program and treatment staff are informed of residents' special medical problems or of any physical problems that might require medical attention.
  5. Under no circumstances is a stimulant, tranquilizer, or psychotropic drug to be administered for purposes of program management and control or for purposes of experimentation and research.
  6. When restraints are used for medical and psychiatric purposes, medical/mental health staff will document the following:
    - a. Conditions/reasons under which restraints were used;
    - b. Types of restraints applied for specific conditions;
    - c. Identification of person or persons who authorized the use of restraints;
    - d. Monitoring procedures for residents in restraints;

Chapter	Subject	Policy #	Page
Facility Services	Medical Care & Emergency Medical Procedures	413.00	3 of 5

- e. Removal of restraints due to medical necessity;
    - i. If medical authority requires removal of restraints, the facility shift supervisor will be notified;
    - ii. After medical treatment, restraints will be reapplied.
7. When a resident has been diagnosed with any communicable disease, considerations include at a minimum the following:
- a. When and where residents are to be tested;
  - b. Universal precautions shall be used for staff and residents;
  - c. When and under what conditions residents are to be separated from the general population;
  - d. Staff and resident training procedures;
  - e. Issues of confidentiality.
8. The management of serious and infectious diseases shall be updated as new information becomes available. Facilities personnel shall work with the responsible medical provider in establishing the procedure that includes the following:
- a. An ongoing education program for staff and residents;
  - b. Control, treatment, and prevention strategies that include screening and testing;
  - c. Special supervision and/or special housing arrangements, as appropriate;
  - d. Protection of confidentiality;
  - e. Media relations.
9. Any staff or resident suspected of a communicable disease shall be provided with a medical examination.
10. Emergency Medical Treatment
- a. Twenty-four (24) hour emergency medical, dental, and mental health care is available that include the following:

Chapter	Subject	Policy #	Page
Facility Services	Medical Care & Emergency Medical Procedures	413.00	4 of 5

- i. On-site emergency first-aid and crisis intervention;
  - ii. Emergency evacuation of the resident from the facility;
  - iii. Use of an emergency medical vehicle;
  - iv. Use of one or more designated hospital emergency rooms or other appropriate health facilities;
  - v. Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby hospital;
  - vi. Security procedures providing for the immediate transfer of residents when appropriate;
- b. All staff must be trained to respond within four minutes to health-related situations. A training program is established by the Facility Superintendent/Director in cooperation with the responsible healthcare and mental health authority that includes the following:
- i. Recognition of signs and symptoms and knowledge of action in potential emergency situations;
  - ii. Administration of first aid and cardiopulmonary resuscitation (CPR);
  - iii. Methods of obtaining assistance;
  - iv. Signs and symptoms of mental illness, retardation, and chemical dependency;
  - v. Procedures for resident transfer to appropriate medical facilities or health care providers.
- c. All emergency transfers shall be accomplished, at the discretion of the medical staff, using DJS Policy 314.00 – Transportation of Residents, and facility transport procedures.
- d. A written agreement shall exist between each facility and a nearby hospital for all medical services that cannot be provided at the facility.
- e. Emergency care shall be provided by the medical staff, physician, local ambulance service and/or outside hospital emergency room.

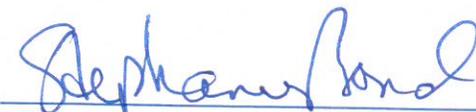
Chapter	Subject	Policy #	Page
Facility Services	Medical Care & Emergency Medical Procedures	413.00	5 of 5

- f. Prompt notification to a residents' parents/guardians and responsible agency shall be made in the case of serious illness, surgery, injury, Level 1 suicide attempt, death or a victim of a sexual assault, unless the facility has official documentation showing that the parents or legal guardian shall not be notified.
11. Disaster Plans: The medical staff shall prepare a disaster plan for submission to the Facility Superintendent/Director. This should be compatible with other emergency disaster plans approved by the Facility Superintendent/Director. It should include provisions for:
- Emergency evacuation of residents.
  - Triage of large numbers of casualties.
  - Use of medical vehicles.
  - Use of local hospital services.
  - Communication procedures for medical staff.
  - Security procedures.
12. The use of residents for medical, pharmaceutical, or cosmetic experiments is prohibited. This does not preclude individual treatment of a resident based on his or her need for a specific medical procedure that is not generally available.
13. For residents being transferred to other facilities, copies of the medical history record are forwarded to the receiving facility prior to or at arrival.
14. Each facility will have in place an operational procedure to ensure the standards and practices of this policy are followed.

**RIGHTS RESERVED**

The Director reserves the right to modify, suspend or cancel any provision herein in part or entirety, without advance notice, unless prohibited by law.

**APPROVED:**

  
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 Director

  
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 Date