

HSOP VOL IV – 4.3 – 4.03	Statutory Authority: Title 66 of the Code of Virginia
Subject:	<b>Regulations:</b> 6VAC35-71-710; 6VAC35-71-900; 6VAC35-71-960; 6VAC35-71-970; 6VAC35-71-990 <b>Board Policy:</b> 12-001; 12-003
Intrasystem Transfer Medical Review	ACA # 4-JCF-4C-02; 4-JCF-4C-09 NCCHC # Y-C-03; Y-E-03; Y-E-12; Y-E-13; Y-H-02

### 4.03 -1.0 **PURPOSE**

To ensure that residents continue to receive appropriate health services for health needs already identified and that unnecessary repetitive tests are avoided.

### 4.03-2.0 SCOPE

These procedures apply to all Juvenile Correctional Center (JCC) employees and staff assigned to the JCCs by other units, agencies, or departments.

### 4.03-3.0 **DEFINITIONS**

*Controlled Medication* – Drugs that come under the jurisdiction of the Federal Controlled Substances Act. They are divided into five schedules (I through V). Requirements of the Controlled Substances Act and a list of controlled drugs can be obtained from any office of the Drug Enforcement Administration (DEA).

*Health Services Staff* – The staff at the JCC consisting of Licensed Practical Nurses, Registered Nurses, dental assistants, and providers who provide health services to residents.

*Intrasystem Transfer* – This occurs when a resident is transferred from one DJJ resident facility to another (e.g., RDC to JCC).

*Local Health Authority* – The designated Registered Nurse (RN) (e.g., head nurse) who has been delegated the responsibility: for the management of all health services in the facility; including medical nursing, and dental; and for ensuring the quality and accessibility of all health care services provided to residents. Final medical judgments shall be the sole province of the Chief Physician.

*Medical Department* – The location at which the health services staff are located in the JCCs to provide health services to residents. The medical department may include nursing stations, examination rooms, infirmary, and dental office.

*Nursing Protocols* – A system of written nursing documentation developed for the evaluation of a resident's health status and providing intervention based on nursing diagnosis and standing orders, as approved by the Chief Physician.

*Over-The-Counter Medication (OTC)* – Any medication that normally does not require a physician's prescription. Examples include the types of medications, which may be purchased in a retail store, such as Tylenol, Motrin, Advil, etc.

*Provider* – The Physician, Nurse Practitioner, Physician's Assistant, or Dentist providing health services to residents.

*Provider Clinic* – A provider-directed clinic through which residents receive medically necessary services for illnesses or injuries.

Standing Orders – Written orders which specifies the course of treatment that may include the use of specific medications, as ordered by the Chief Physician, based on nursing assessment and nursing diagnosis.

## 4.03-4.0 JCC TRANSFER PROCEDURES

All residents transferred between JCCs shall receive a medical, dental, and mental health screening upon arrival at the facility.

# 4.03-4.1 Transferring Facility Responsibilities

- 1. The nurse shall complete page one of the Intrasystem Transfer Medical Review form.
- 2. The nurse shall complete the Medical Intrasystem Transfer Checklist.
- 3. The nurse shall place the resident's medical record (to include all previous volumes) and current medications in a package labeled as medical record with the resident's name, seal the package, and sign the package. If there are multiple packages, the nurse shall also number each package (i.e., 1 of 2, 2 of 2). The nurse shall give the sealed package to the transporting officer.
- 4. The transporting officer shall be responsible for transporting the medical record and medications with the resident to the receiving facility.

### 4.03-4.2 Receiving Facility Responsibilities

- 1. The receiving facility shall not accept a resident without the medical record. The superintendent or designee, in consultation with the nursing supervisor, may approve the acceptance of a resident without a medical record. If approved, the transferring facility shall, at a minimum, fax the current Medical History form, current MAR, list of allergies and diet restrictions and then immediately send the medical record to the receiving facility.
- 2. The nurse shall complete page two of the Intrasystem Transfer Medical Review form documenting a review of the resident's medical, dental, and mental health status upon admission and on the same day as admission. The review shall include a complete medical record review and a history obtained from the resident.
- 3. For residents transferring from one JCC to another, the report of a medical and dental examination within the preceding 13 months shall be acceptable.

- 4. Follow-up recommendations for future care, medications, further examination, treatment, and immunizations are handled by the nurse.
- 5. The nurse shall determine the resident's placement into general population based on the resident's medical needs. If the nurse is an LPN, the nurse shall consult with the nursing supervisor or provider in making the determination.
- 6. JCC staff, as appropriate, shall be informed of medical problems which might require special attention or restriction (e.g., diabetes, epilepsy, asthma, etc.) via a Medical Status Change form.

# 4.03-5.0 **RESPONSIBILITY**

The Local Health Authority and Superintendent shall be responsible for implementing this procedure.

# 4.03-6.0 INTERPRETATION

The Health Services Administrator and Deputy Director of Operations shall be responsible for the interpretation and the exception approval to this procedure.

## 4.01-7.0 CONFIDENTIALITY

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution of the documents or information contained in the procedures or bulletins shall be in accordance with applicable state and federal statutes and regulations and all other DJJ procedures. Any unauthorized use or distribution may result in disciplinary and/or criminal action, as appropriate and applicable.

# 4.03-8.0 REVIEW DATE

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

Approved by Director:	Date: (v/17/14
Approved by Health Administrator:	Date:
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Approved by Chief Physician:	Date:
thou was	10-9-14
Effective Date: December 1, 2014	Office of Primary Responsibility:
	Health Services; Division of Operations
Supersedes: July 26, 2013	Forms: Intrasystem Transfer Medical Review; Medical Transfer
	Checklist;