



**Department of Juvenile Justice
Health Services Operating Procedure**

HSOP VOL IV – 4.3 – 4.09	Statutory Authority: Title 66 of the <u>Code of Virginia</u>
Subject: Medical Emergency Response Plan	Regulations: 6VAC35-51-790; 6VAC35-140-220; 6VAC35-140-230; 6VAC35-71-900; 6VAC35-71-1050
	Board Policy: 12-001; 12-007
	ACA # 4-JCF-4C-12
	NCCHC # Y-A-07; Y-E-08

4.09-1.0 PURPOSE

To ensure that comprehensive and effective 24-hour emergency medical, dental, and mental health services are available to residents.

4.09-2.0 SCOPE

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

4.09-3.0 DEFINITIONS

Critique – Review of drills or actual events document activities including response time, names and titles of health staff, and the roles and responses of all participants. The critique contains observations of appropriate and inappropriate staff response to the drill.

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.

Juvenile-Down Drill – A simulated emergency affecting one individual who needs immediate medical intervention. It involves life-threatening situations commonly experienced in correctional settings.

Local Health Authority (LHA) – The designated Registered Nurse (RN) (e.g., head nurse) who has been delegated the responsibility for management of all of the facility's health services, including medical, nursing, and dental and 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.

Mass Disaster Drill – A simulated emergency involving multiple casualties that require triage by health services staff. It frequently involves a natural disaster (e.g., tornado, flood, earthquake), an internal disaster (e.g., riot, arson, kitchen explosion), or external disaster (e.g., mass arrests, bomb threat, power outage).

Medical Department – The location at which the health services staff are located in the JCCs to provide health services to residents. The medical department includes the nursing station,

examination room, medical housing, infirmary, and dental office.

4.09-4.0 PROCEDURES

Each facility shall have access to 24-hour emergency medical, mental health, and dental services for the care of an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call.

4.09-4.1 Emergency Response

1. On-call providers shall be available at all times when providers are not on-site for telephonic consultation, guidance, or direct response, as clinically appropriate. All JCCs shall have 24-hour nurse coverage.
2. Facility personnel shall be trained to respond to health care emergencies. On-site emergency first aid and crisis intervention shall be provided by DJJ staff members consistent with training and certifications. All JCC security series staff shall be trained in first aid and CPR.
3. When a medical emergency is announced, all on-duty health services staff shall respond to the location of the emergency. The Health Services Administrator, Chief Physician, Chief Nurse, LHA, Nurse Supervisor, or Charge Nurse may instruct individual staff to remain at their duties if they directly observe sufficient staff responding to a medical emergency.
4. Responding security staff trained in CPR and First Aid shall begin care as soon as practicable but within no more than four (4) minutes of the emergency being declared.
5. A medical emergency bag shall be taken to all medical emergencies in accordance with HSOP VOL IV-4.3-2.04 (Emergency Medical Equipment).
6. The health care provider with the highest level of credential shall assume control of the medical response.
 - a. He/she shall direct role and functioning of the responding staff.
 - b. He/she shall send back staff members that are in excess of what is needed for the situation.
 - c. He/she shall determine and arrange for additional resources as needed.
 - d. When applicable, he/she shall direct the shift commander or designee to contact emergency services via 911.
7. Residents shall be treated at the site of the emergency whenever possible.
 - a. Residents may be moved to the medical department if the area is unsafe or there are fixed resources required.
 - b. Residents may be moved closer to the security gate, if indicated, prior to the arrival of the ambulance.

- c. Residents shall be evacuated from the area utilizing wheelchairs and stretchers, as necessary.
8. The resident's medical record and/or the following written information concerning each resident, as appropriate, shall be readily accessible to staff who may have to respond to a medical or dental emergency:
 - a. Name, address, and telephone number of the physician and dentist to be contacted;
 - b. Name, address, and telephone number of a relative or other person to be notified;
 - c. Medical insurance company name and policy number or Medicaid number;
 - d. Information concerning:
 - 1) Use of medication;
 - 2) All allergies, including medication allergies;
 - 3) Substance abuse and use; and
 - 4) Significant past and present medical problems.
 9. Health care and facility personnel shall cooperate to ensure that all procedures are implemented to ensure an appropriate level of necessary security which minimally impedes the emergency transportation of residents. Residents may be transported via state vehicle or ambulance, as appropriate, in accordance with SOP 233 (Transportation). Transportation via state vehicles shall only occur if transportation via an ambulance is not required or available.
 - a. When a provider is on-site, the provider shall write an order for the transport prior the resident being transported, when possible.
 - b. If the on-call provider determines the resident needs to be transported for emergency care, the provider shall give a telephone order to transport the resident.
 - c. In the event that the provider is not able to be reached in a timely manner or the time required to contact a provider could endanger the resident, the health services staff shall initiate a call to 911, when indicated based on nursing judgment. The provider shall be notified as soon as practicable following the call to 911. The nurse initiating the call to emergency services shall document his/her observations and actions in the resident medical record.
 - d. Health services staff shall have final authority regarding medical transportation.
 10. The parent or legal guardian shall be informed that the resident was taken outside the facility for medical attention as soon as is practicable in accordance with HSOP VOL IV-4.3-6.01 (Informed Consent and Parental Notification).
 11. All instances of emergency medical treatment and follow-up care, as applicable, shall be documented in the resident's medical record.
 12. All serious resident injuries and illnesses shall be reported in accordance with SOP VOL IV-4.1-1.01 (Incident Reports). The medical emergency section of the institutional incident

report (IIR) shall be completed by the security supervisor conducting an investigation. A completed copy of the IIR shall be forwarded to health services unit.

4.09-4.2 Health Providers Contact Information

1. The LHA at each JCC shall maintain the following contact information:
 - a. An on-call list detailing the names and contact information of medical and dental providers responsible for coverage of the facility; and
 - b. A list of hospitals to be utilized for emergencies to include:
 - 1) Hospitals to use for transport of residents by JCC staff; and
 - 2) Hospitals to use consistent with the operational procedures of local supporting rescue squads.
2. The Local BSU Treatment Director shall maintain an on-call list of Qualified Mental Health Professionals (QMHPs) for mental health coverage of the facility.

4.09-4.3 Medical Emergency Drills

1. The Local Health Authority shall ensure the health services staff participate in all emergency drills in coordination with the facility superintendent. Medical emergency drills are conducted and critiqued to ensure staff are ready to respond and to improve response quality.
 - a. There shall be at least one (1) mass disaster drill conducted, documented, and critiqued per year.
 - b. There shall be at least one (1) juvenile-down drill conducted, documented, and critiqued annually, covering all shifts.
 - c. Actual medical events may be critiqued but shall not be used in place of an actual medical emergency drill.

4.09-5.0 RESPONSIBILITY

The Local Health Authority, Local BSU Treatment Director, and Superintendent shall be responsible for implementing this procedure.

4.09-6.0 INTERPRETATION

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




4.09-7.0 CONFIDENTIALITY

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution or 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.

4.09-8.0 REVIEW DATE

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

Approved by Director: 	Date: 3/25/14
Approved by Health Administrator: 	Date: 3/17/14
Approved by Chief Physician: 	Date: 3/17/14
Effective Date: April 10, 2014	Office of Primary Responsibility: Health Services
Supersedes: October 7, 2013	Forms: None.