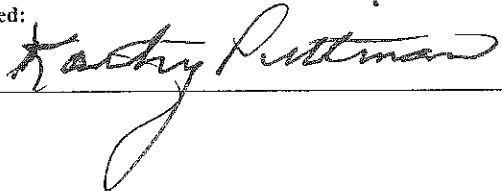


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
JUVENILE INSTITUTIONS**

Subject: Emergency Medical Response and Services		Policy Number: 26
Number of Pages: 6		Section: XI
Attachments	Related Standards & References	
Youth Injury and Assessment Form XI.26.A	ACA Juvenile Health Care Performance Based Standards: 4-JCF-4C- 12, 4-JCF-4C- 53	
Effective Date: 06/09/06 Revision Date: 03/01/07,02/04/08, 04/25/08, 05/01/11	Approved: 	

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, to provide for the availability of 24-hour emergency medical, dental and mental health care that includes arrangements for the following: (4-JCF-4C-12)

- On-site emergency first aid and crisis intervention
- Emergency on-call or available 24-hours per day, physician, dentist, and mental health professional services if an emergency facility is not located in a nearby community
- Emergency evacuation and/or transportation of youth from the facility
- Use of one or more designated hospital emergency rooms or other appropriate health facilities
- Medication Administration during a facility emergency or disaster

Direct care staff and other personnel shall be trained to respond to health-related situations within a four-minute response time. The training program established by the MDYS Training Director in cooperation with the facility administrator and Health Authority and shall be conducted on an annual basis and shall include instruction on the following: (4-JCF-4C-54)

- Recognition of signs and symptoms, and knowledge of action required in potential emergency situations
- Administration of first aid
- Certification in cardiopulmonary resuscitation (CPR) and operation of the Automated External Defibrillator (AED) in accordance with the recommendations of the certifying health organization
- Methods of obtaining assistance
- Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal from alcohol or other drugs
- Procedures for patient transfers to appropriate medical facilities or health care providers
- Suicide intervention

Subject	Policy Number	Page
Emergency Medical Response and Services	XI.26	2 of 6

A nurse or other health care provider shall question, outside the hearing of other staff or youth if appropriate, each youth who reports to the medical clinic with an injury, regarding the cause of the injury. If, in the course of the youth's clinic visit, a health care provider suspects staff-on-youth abuse that staff will immediately take all appropriate steps.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Medical Disaster- A scenario in which a significant portion of the student population is either afflicted with an illness or are injured and require care over what the facility medical department can reasonably provide.

Facility Emergency- Any situation that causes the facility to enter into a period in which the facility control in question and the students have to be contained or evacuated. Examples would be attempted or successful escape, riot or hostage situation.

Disaster- can be man made such as bomb threat or explosion or natural such as severe weather, or a fire that causes the student to have to be contained or evacuated.

Serious Illness or Serious Injury – Any illness or injury to youth which requires specialized or non-routine treatment by a physician, or which requires hospitalization.

III. PROCEDURE

The facility shall provide all staff and other personnel with emergency first aid and cardiopulmonary resuscitation (CPR) training so that medical and non-medical staff may respond to a potential medical emergency within a four-minute response time.

- A. All DYS facility staff shall be certified in CPR and first aid training in accordance with the requirements of the certifying health organization. The training director shall maintain all training records and a copy of first aid and CPR certification. Refer to the Division's Training Policies and Procedures.
- B. The Division's Training Department shall coordinate on-site Emergency Response Training (ERT) for all institutional personnel annually. Refer to the Department's Emergency Response Training (ERT) Curriculum and DYS Training Policy.
- C. In the Event a youth sustains an injury, is ill, or is involved in any type accident, the facility Medical Department staff shall be notified immediately. If the youth's condition warrants further assessment or treatment, the youth shall then be referred to the facility Physician, Dentist, Mental Health professional or, if requiring immediate medical attention, transported to an Urgent Care Center or Emergency Department for assessment and treatment.
 1. Non-medical staff shall administer first aid as appropriate to the situation and

Subject	Policy Number	Page
Emergency Medical Response and Services	XI.26	3 of 6

their training until medical staff is available. Refer to MDYS Policy XI.4, Medical Facilities Equipment and Environmental Monitoring and Medical Policy XI.5, First Aid Kits, Spill Kits and External Defibrillator.

2. If the youth is unable to move, or to be safely moved to the Medical Department, the health care professional shall be notified by radio and phone.
 - a. Nursing staff shall respond to the youth's location and assess the need for on-site treatment or emergency medical referral.
 - b. Refer to Policy XI.25, Medical Consultation and Hospitalization and MDYS Policy XI.27, Emergency Medical Referral, should a youth require off-site medical care as a result of an injury, illness, accident or experiencing severe, life-threatening intoxication (an overdose) or withdrawal.
3. If a youth shall require emergency transport, the facility staff shall utilize "911". The Health Services Supervisor shall be notified of all emergency transports as soon as reasonably possible.
4. The Nurse shall completely, accurately, and timely document nursing assessment and observation, the care provided by the nurse for the youth, and the youth's response to that care.
 - a. The nurse shall document in the youth's health record, Interdisciplinary Progress notes XI.8.A. Refer to MDYS Policy XI.8, Health Record: Structure, Documentation and Confidentiality.
 - b. When documenting youth injuries and/or assessment resulting from a response to resistance, the nurse shall use the Youth Injury and Assessment Form XI.26.A and document the use of such form in the youth health record, Interdisciplinary Progress Notes XI.8.A.
 - c. The Youth Injury and Assessment Form (YIAF) shall be maintained in the youth's health record. The Health Services Supervisor/designee shall forward copies to any/all assigned internal investigators and the Facility Administrator any YIAF on which the clinical staff has documented allegations or suspicions of child abuse. Documentation in the youth health record, Interdisciplinary Progress Notes XI.8.A, by the nurse shall be required any time a copy of this form is made.
5. The nurse shall timely report to and consult as necessary with other nurses or other members of the health care team for any follow-up care and treatment. The Health Services Supervisor shall also be notified by the nurse of any significant care and treatment that the youth requires on the Medical Department Shift Report XI.10.A.
6. If death occurs, the Division Director, Administrator, Health Services Coordinator shall be notified. The Division Director shall request a post-mortem. The results of the post-mortem along with the youth's health record shall be

Subject	Policy Number	Page
Emergency Medical Response and Services	XI.26	4 of 6

forwarded to the Division Director as necessary.

7. If the youth sustains an injury the nurse shall outside the hearing of other staff or youth interview the youth. If during the course of the interview, the youth alleges and/or the nurse suspects staff-on-student abuse the nurse shall immediately:
 - a. Take all appropriate steps to preserve evidence. Photograph the injury. Print a copy of the photo for the youth's health record, a copy for the incident report and preserve the photo on disk, CD and or camera/computer hard drive for at least six months.
 - b. Report the suspected abuse to the Facility Administrator and/or Shift supervisor.
 - c. Report the suspected abuse to the appropriate officials including the Child Abuse Hotline as stated in the Duty to Report state statute (section 43-21-353).
 - i. The Mississippi Department of Human Services operates a statewide Child/Adult Abuse/Neglect 24 hour hotline to receive reports.
 - ii. The Hotline phone number is 1-800-222-8000 or 601-359-4991.
 - d. Failure to comply with above requirements may result in disciplinary actions up to and including dismissal.
 - e. Complete a Youth Injury and Assessment Form XI.26.A.
 - f. Complete an incident report, if nurse observed incident.
 - g. Copy the Facility Administrator on all information.
 - h. Notify Health Services Supervisor.
 - i. The Health Services Supervisor shall compile a folder that contains documentation of all alleged child abuse.

8. If the student alleges by words or actions, abuse of a sexual nature the nurse shall immediately:
 - a. Notify the Health Services Supervisor/designee.
 - b. Report the suspected abuse to the Facility Administrator and/or Shift supervisor.
 - c. Take all necessary steps to preserve/document evidence.
 - d. If the act occurred within the last 72 hours send student to the appropriate emergency room for a sexual assault evaluation:
 - e. If the act in question occurred outside of the 72 hour window the Health Services

Subject	Policy Number	Page
Emergency Medical Response and Services	XI.26	5 of 6

Supervisor/designee will contact the contract physician for further orders.

- f. Report the suspected abuse to the appropriate officials including the Child Abuse Hotline as stated in the Duty to Report state statute (section 43-21-353).
 - i. The Mississippi Department of Human Services operates a statewide Child/Adult Abuse/Neglect 24 hour hotline to receive reports.
 - ii. The Hotline phone number is 1-800-222-8000 or 601-359-4991.
- g. Failure to comply with above requirements may result in disciplinary actions up to and including dismissal.
- h. Complete a Youth Injury and Assessment Form XI.26.A.
 - i. Document all findings in the Interdisciplinary Progress Notes Form XI.8.A.
 - j. Copy Facility Administrator on all information.
- D. In the event of a facility emergency or disaster reference Medical Department Policy and Procedure XI.30 Pharmaceutical Prescribing, Procurement, Administration and Documentation Procedures- Procedures F, H, I.
- E. Medical Disaster: In the event of a medical disaster, the Health Services Supervisor or designee shall coordinate medical services with the local emergency health care facility, local Fire Department, local County Medical Emergency Services, and the facility. Reference Medical Department Policy and Procedure XI.30 Pharmaceutical Prescribing, Procurement, Administration and Documentation Procedures
 1. The Health Services Supervisor shall immediately notify the Administrator and Health Services Coordinator.
 2. The Facility Administrator/designee shall notify the Division Director.
 3. The Facility Administrator/ designee shall make available to the Health Services Supervisor any staff, as necessary.
- F. Medical emergency drills shall be performed at a minimum of annual basis and shall encompass at least one medical injury (not self inflicted) and one injury/suicide or self harming incident
 1. The drills shall not be announced to medical staff before the beginning of said drill.
 2. Documentation of the drill results shall be given to the Health Services Supervisor so that any changes in procedure or training regarding handling of the emergency procedure may be addressed.

Subject	Policy Number	Page
Emergency Medical Response and Services	XI.26	6 of 6

3. Drills shall be administered by personnel as outlined in Policy VIII.2- Emergency and Disaster Drills and Planning

G. The Health Services Coordinator shall revise this policy as necessary.