Minnesota Department of Corrections

Policy:	**500.1261**
Title:	**Health Care for Juvenile Residents and Youthful Offenders**
Effective Date:	**4/17/18**

PURPOSE: To provide procedures for juvenile resident and youthful offender medical, dental, mental, and other health services, and for emergency services. To provide procedures for obtaining parental or legal guardian consent for juvenile resident and youthful offender health services.

APPLICABILITY: Staff providing care to juvenile males in a Minnesota Department of Corrections (DOC) facility

DEFINITIONS:

Health-trained security staff – security staff who have received training in identifying medical and mental health emergencies, urgent health needs, and conditions that might put a juvenile resident or youthful offender at risk of harm to self or others.

Juvenile resident – an unemancipated offender under the age of 18 upon intake to a DOC facility.

Youthful offender – an unemancipated offender under the age of 18 who is under adult court supervision and incarcerated or detained in a DOC facility

PROCEDURES:

A. Initial Health Screening for Medical, Dental, Mental, and Other Health Services

1. Initial health screening is performed on every juvenile resident and youthful offender upon intake at a DOC facility. Initial health screening, using the Intake Health Screening form (attached), is completed by a registered nurse (RN) when on duty, or by health-trained security staff when no RN is available.

2. This initial health screening must be completed prior to room assignment in order to detect juvenile residents and youthful offenders who pose a health or safety threat to themselves or others from being admitted to the general population and to identify juvenile residents and youthful offenders who require a referral for, or immediate, medical attention.

3. If initial health screening is performed by health-trained security staff, an RN must meet with the juvenile resident or youthful offender, review the Intake Health Screening form, and complete a second screening within 24 hours of intake, using a second Intake Health Screening form.

4. The Intake Health Screening must include:
   a) Inquiry into:
      (1) History of chronic illness, serious infections, or communicable diseases, including symptoms and treatment;
      (2) Use of alcohol and other drugs, including types of drugs used, mode of use, amounts used, frequency of use; date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions);

(3) Current illness and health problems, including infectious or communicable diseases;
(4) Current medications;
(5) Current dental problems;
(6) Recording of height and weight; and
(7) Other health problems designated by the responsible physician.

b) Observations of the following:
(1) Behavior, including state of consciousness, mental status, appearance, conduct, physical symptoms (for example, tremor or sweating);
(2) Body deformities and ease of movement; and
(3) Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, infestations, recent tattoos, and needle marks or other indications of drug abuse.

c) Medical disposition of the juvenile resident or youthful offender:
(1) Cleared for general population;
(2) Cleared for general population with a referral to appropriate health care service; or
(3) Referred to the appropriate health care service for emergency treatment. When juvenile residents or youthful offenders are referred for emergency treatment, their admission or return to the facility is based on written medical clearance.

d) Mental health screening as referenced in Division Directive 500.303, "Mental Health Assessment."

B. Health Appraisals by an RN
An RN must complete a health appraisal within 14 days of the juvenile resident's or youthful offender's intake at a facility, and must at least:
1. Review the Intake Health Screening form(s);

2. Review the results of any previous medical examinations, tests, and identification of problems;

3. Update height, weight, and vital signs (pulse, blood pressure, respiration, and temperature);

4. Collect additional data to complete the medical, dental, mental health, and immunization histories; and

5. Consult with the health care practitioner, as appropriate.

C. Health Examination by the Health Care Practitioner
If there is documented evidence of a health examination within the previous 90 days, a new health examination is not required except as determined by the DOC-contracted health care practitioner. The health examination must be completed by the health care practitioner within 14 days of the juvenile resident's or youthful offender's intake at a facility, and must include at least the following:
1. Review of the Intake Health Screening form(s), health appraisal results, previous medical examinations, testing, and health problems;

2. Physical examination, including a review of mental and dental status;

3. Request for any additional data to complete the medical, dental, mental health, and immunization histories;

4. Orders for laboratory and/or diagnostic tests to detect communicable disease, including sexually-transmitted diseases and tuberculosis, including the review of any previous laboratory and/or test screening results;

5. Other tests and examinations, as appropriate;

6. Evaluation of the juvenile resident's or youthful offender's need for the continuation of any medications or treatment that the juvenile resident was already receiving upon intake;

7. If it is determined that discontinuing any medication or treatment would be detrimental to the juvenile resident's or youthful offender's life or health, the continuation of these while consent is obtained;

8. The provision of medical, dental, mental, and other health services when, in the health care practitioner's judgment, a delay would be detrimental to the juvenile resident's or youthful offender's life or health;

9. The administration of neuroleptics only in emergency situations until the necessary permission is obtained (see Division Directive 500.322, "Administration of Neuroleptic (Antipsychotic) Medications");

10. Initiation of additional therapy, when appropriate; and

11. Development and implementation of a treatment plan, including recommendations concerning housing and program participation, as well as the frequency of subsequent routine health examinations.

D. Emergency Services (Minn. Stat. § 144.344)

The DOC may provide medical, dental, mental, and other health services to a juvenile resident or youthful offender without parental or legal guardian consent when, in a health professional's judgment:

1. The requirement of consent would result in delay or denial of treatment; and

2. The risk to the juvenile resident's or youthful offender's health is of such a nature that treatment must be given without delay; or

3. When the juvenile resident or youthful offender is receiving medications or treatments upon intake that, if discontinued, would be detrimental to the juvenile resident's or youthful offender's life or health.

E. Consent Procedure

1. Beyond rendering basic first aid and emergency care, the DOC attempts to obtain parental or legal guardian consent to provide medical, dental, mental, and other health services for all juvenile residents and youthful offenders upon intake at any facility (adult or juvenile).

2. Obtaining Consent for Medical, Dental, Mental, and Other Health Services

a) Within three business days of intake, a caseworker or designee must send a request to the parent or legal guardian of a juvenile resident or youthful offender, requesting consent for providing medical, dental, mental, and other health services to the juvenile resident or youthful offender, using the Parent/Guardian Authorization for Juvenile Health Care form (attached).

b) If no response to the request is received within ten calendar days, the caseworker or designee must:

(1) Send a second request;

(2) Attempt to contact the parent or legal guardian by telephone, if the phone number is available; and

(3) Contact the DOC medical director for further direction if no current address or telephone number is available for the parent or legal guardian,

c) The DOC must obtain a separate written consent for the administration of neuroleptic medications and for specific invasive procedures, such as surgery.

3. Consent Obtained/Denied/No Response

a) When consent is obtained:

(1) The caseworker must notify health services upon receipt of the signed Parent/Guardian Authorization for Juvenile Health Care form.

(2) All original consents must be filed in the legal section of the medical file and a copy is filed in the mental health records.

(3) If consent is obtained, it is in effect until revoked by the parent or legal guardian, the juvenile resident or youthful offender reaches the age of 18, or the juvenile resident or youthful offender is released, whichever occurs first.

b) When consent is denied:

If a parent or legal guardian refuses to authorize consent for treatment that the health care professional determines is necessary to improve or maintain a juvenile resident's or youthful offender's health, the caseworker/designee must contact the director of nursing or designee for direction.

c) When no response is received:

(1) If the caseworker/designee is unable to locate a parent or legal guardian or no response is received within seven days of the second attempt, the caseworker/designee must contact the health care practitioner and the warden/superintendent to seek consent from the adjudicating court.

(2) The warden/superintendent and the health care practitioner must send a letter (sample attached) to the adjudicating court in the county of commit requesting the court to issue an order giving the DOC the authority to provide medical, dental, mental, and other health services.

(a) For juvenile residents, that letter is addressed to the juvenile judge of the county of commit under Minn. Stat. § 260B.198 Subd. 1 (7).

(b) For youthful offenders, that letter is addressed to the judge of the adjudicating court in the county of commit.

F. Medical Records

All health, dental, mental and other health records are retained in the juvenile resident's or youthful offender's medical file. The registered nurse supervisor both randomly and annually audits juvenile resident medical records for consent forms. Records of audits are maintained in the registered nurse supervisor's files.

INTERNAL CONTROLS:

A. All health, dental, mental, and other health services records are retained in the juvenile resident's or youthful offender's medical file.

B. The consent forms are retained in the legal section of the juvenile resident's or youthful offender's medical file.

C. The registered nurse supervisor audits all records for consent forms.

ACA STANDARDS: 4-JCF-4C-01

REFERENCES: Minn. Stat. §241.75, §144.342, §144.344 and § 260B.198 Subd. 1 (7)
Minn. Rules 2960.0070 Subp. 3 and 2960.0080 Subp. 11
Division Directive 500.126, "Offender Health Care Decisions"
Policy 203.250, "Modifications for Offenders/Residents with Disabilities"
Division Directive 203.225, "Emergency Notification – Offender/Resident Hospitalization"
Division Directive 500.010, "Health Services"
Division Directive 500.322, "Administration of Neuroleptic (Antipsychotic) Medications"
Division Directive 500.303, "Mental Health Assessment"

REPLACES: Division Directive 500.1261, "The Provision of Health Care to Juvenile Residents," 4/28/17.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Parent/Legal Guardian Authorization for Juvenile Health Care form (500.1261A)
Sample Court Request Letter (500.1261B)
Intake Health Screening – Juvenile Male (500.1261C)

APPROVED BY:
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