

YOUTH SERVICES POLICY

Title: Accident and Injury (A&I) Evaluations	Type: B. Classification, Sentencing and Service Functions Sub Type: 6. Medical/Mental Health Number: B.6.4
Page 1 of 4	
References: U.S. DOJ PREA Standard 115.361 (d)(2); La. Children’s Code Article 609; ACA Standards 2-CO-4E-01 (Administration of Correctional Agencies); 4-JCF-2A-19, 4-JCF-2A-21, 4-JCF-3C-16, 4-JCF-4B-01, 4-JCF-4C-06, 4-JCF-4C-32, and 4-JCF-6F-07 (Performance-Based Standards for Juvenile Correctional Facilities); YS Policies A.1.4 “Investigative Services”, B.6.1 “Health Care”, C.2.11 " Prison Rape Elimination Act (PREA)", and C.4.3 “Mandatory Reporting of Abuse & Neglect of Youth”, OJJ/WP C5 Access to Health Care, C6 Health Call, and C59 First Aid Kits and Automatic AEDs	
STATUS: Approved	
Approved By: <i>James Bueche, Ph.D., Deputy Secretary</i>	Date of Approval: 01/12/2018

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To provide a mechanism for documentation of accidents and injuries involving secure care youth and staff which allows for agency-wide consistency in practice and definition, and allows for continuity in tracking and trending.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Executive Management Advisor, Health Services Director, Regional Directors, Facility Directors, and the contracted health care provider (CHP) delivering services to youth in the custody of YS assigned to a secure care facility.

IV. DEFINITIONS:

Accident and Injury (A&I) Form – Form used by contracted health care provider staff to record history, physical and clinical assessment/findings, as well as type of injury, as a result of an alleged incident involving any youth in the custody of YS assigned to a secure care facility.

Assault - Any instance in which a youth or staff member is involved in a physical conflict with another individual(s), even if no one is injured.

Electronic Record Management Application (ERMA) - The electronic healthcare management database utilized by Correct Care Solutions (CCS), the contracted health care provider at the YS secure care facilities.

Horseplay - Rowdy or rough play in which all participants are willfully participating which may or may not result in injury.

Injury - Any instance in which a youth or staff member is hurt even if treatment is not provided. This includes minor injuries such as scratches or swellings, injuries from assaults/fights, accidental injuries from playing sports or other environmental hazards, and cases where a youth or staff member is injured during the application of restraints.

Use of Intervention - A use of force which involves the application of approved techniques or restraints (mechanical or physical) by a staff member to restrain a youth whose behavior is out of control, presenting an unsafe situation.

V. POLICY:

It is the Deputy Secretary's policy that the CHP shall provide 24-hour access to healthcare for the evaluation of all injuries resulting from incidents while youth are in the custody of YS. Health care evaluations shall be documented on a standardized Accident and Injury (A&I) Evaluation form for consistency and reporting purposes. Facility Directors shall ensure all A&I's are entered into the YS A&I database by designated facility staff within 24 hours of the medical examination, excluding weekends and holidays.

VI. PROCEDURES:

- A. Facility staff shall provide timely transport to the facility infirmary unless immediate response/first aid is needed at the site of the alleged injury, of any youth who:
1. Alleges injury;
 2. Alleges sexual or physical abuse;
 3. Alleges medical neglect;
 4. Request a Declaration of Emergency;
 5. Has been subject to physical or mechanical use of intervention;
 6. Was involved in an altercation;
 7. Was involved in a physical assault;
 8. Inflicts intentional self injury;
 9. Was involved in physical horseplay or aggression; or
 10. Was involved in a sports or non-sports related accident.
- B. Staff involved in the use of physical or mechanical intervention against a youth; involved in an altercation with a youth; or who is the subject of an allegation of abuse by the youth, shall not take part in the transport of said youth to the infirmary.

- C. Facility staff transporting/escorting youth to the facility infirmary shall provide preliminary information for the evaluation, and then be excused in order for a **confidential** evaluation to be completed. However, at the request of health care staff, and/or in the case of a security/safety concern, a facility staff person may be requested to remain.
- D. The A&I evaluation is to be completed by a registered nurse, nurse practitioner, physician assistant, physician or LPN. An A&I completed by an LPN must be cosigned by a nursing supervisor (must be an RN). The evaluation is done in private, out of direct hearing/sight of facility staff, provided the health care staff's safety is not jeopardized. Examination/evaluation is conducted as outlined in the A&I form with information gathered and documented on the same form.
- E. At the Swanson Center for Youth @ Columbia (SCYC), RN nursing coverage shall be from 6:00 am to 10:00 p.m. seven (7) days per week. During these hours all A&I's are completed on site at SCYC with proper off-site referrals made if necessary. Any accidents or injuries that occur after hours will be transported back to the Swanson Center for Youth @ Monroe (SCY) for the completion and/or medical treatment by the SCY Night Shift RN, unless there is a medical emergency that requires immediate transport to the local hospital. Also, if an accident or injury occurs after 10:00 p.m., OJJ SCYC staff shall contact the RN on duty at SCY for notification and report of injuries to the youth in transit.
- F. First aid shall be administered according to YS Policy B.6.1/CCS-C59 "First Aid Kits and AEDs".
- G. The medical staff performing the evaluation shall take a digital photograph of the youth's facial area for identification purposes; along with a photo of the area of alleged injury (no pictures of genital areas shall be photographed). Identifying information to accompany the photograph, either in the form of a tent card during the photograph or a label completed on the back of the photograph, shall contain the following:
 - 1. The youth's name;
 - 2. The youth's JETS number;
 - 3. The date of evaluation;
 - 4. The time of evaluation; and
 - 5. The name of the person taking the photo.

The identifying information must accompany the A&I being forwarded to Investigative Services (IS). Refer to Item #31 of Attachment B.6.4 (a) for specific instructions.

All photographs shall be taken with a digital camera only. Polaroid's shall not be utilized for medical purposes.

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- H. The RN on duty shall call the appropriate clinician on site or on call (physician or nurse practitioner) for instructions in all cases in which the condition is serious, or the indicated care exceeds the nurse's scope of practice or treatment protocols.
- I. If an allegation of physical, mental, or sexual abuse or neglect is made by a youth, and/or the youth's description of the incident and/or physical/objective findings of the evaluation lead the CHP to suspect child abuse and/or neglect, it shall be so indicated on the A&I form. The CHP shall be required to inform youth at the initiation of services of their duty to report and the limitations of confidentiality relative to sexual abuse allegations. Mandatory reporting shall take place pursuant to YS Policy C.4.3. Investigative Services (IS) shall also be contacted immediately via the IS Hotline at 1-800-626-1430.
- J. The A&I shall be recorded into the youth's electronic medical record, ERMA, by the CHP. A copy of the A&I shall be provided to the Facility Director and IS staff only, and shall be distributed within 24 hours of the evaluation (excluding weekends/holidays).
- K. The Medical Director and/or Health Services Administrator shall review all A&I's for completeness and follow-up information, and notify the Facility Director and IS (if applicable) of any A&I's of particular concern.
- L. All injuries involving fractures, sutures, or that resulted in a youth remaining in the hospital or infirmary over night, shall require the CHP complete an "A&I Follow-Up Form" to be submitted to IS the following day.
- M. All A&I entries made by designated YS staff into the A&I database located on the OJJ server shall be pursuant to instructions outlined in the "Instructions for Accident and Injury (A&I) Tracking Document" [see Attachment B.6.4 (a)].
- N. Digital camera photos which accommodate the A&I when forwarded to IS, shall be deleted from the memory card/chips within 24 hours following submission in order to allow reuse of digital cards/chips by medical staff.

Previous Regulation/Policy Number: B.6.4

Previous Effective Date: 1/6/2017

Attachments/References: B.6.4 (a) Instructions for AI Tracking Document Nov 2013.docx
AI Tracking Document.pdf

INSTRUCTIONS FOR ACCIDENT & INJURY (A&I) TRACKING DOCUMENT

Below are instructions for entering this form into the electronic A&I Lotus Notes database.

PAGE 1 INSTRUCTIONS

1. **Created by:** Auto field populated by user ID
2. **Date Created:** Auto field populated by database
3. **Last Modified by:** Auto field populated by user ID each document is modified

4. **Date of Exam:** Enter actual date of examination
5. **Time of Exam:** Enter actual time of examination in military format: "00:00" Choose AM or PM

6. **Facility:** Choose facility from drop down menu
7. **JETS#:** Enter JETS# and click "Get Name" button to automatically populate other fields.
8. **Last Name of Youth:** Auto populate from JETS#
9. **First Name of Youth:** Auto populate from JETS#
10. **Race/Sex/DOB:** Auto populate from JETS#
11. **Dorm:** Choose youth's current dormitory from drop down menu
12. **SMI/MR:** Auto populate from JETS#

13. **Escorted to the infirmary by: (Last Name, First Name)**
Choose name from drop down menu. If not in menu, type in name using same format as menu.

14. **Ambulatory/Carried:** Choose appropriate box

15. **Escort/Facility Staff reports the incident was: (check all that apply)**
This section is completed by the contracted health care provider based on what the escort reports. Check all boxes that apply. If this is a sex related incident, be sure to mark the box "Sex Related Conduct". If this is an Accident, be sure to clarify whether or not the Accident is Sports-Related or Non-Sports Related. If the incident does not fit one of the established categories, choose Other and enter comments. **NOTE: BOXES MAY NOT BE IN THE SAME ORDER AS ON THE ACTUAL FORM. PLEASE PAY CLOSE ATTENTION WHEN CHOOSING THE CORRECT BOX.**

- The YS data input person must enter what is written on the form in this text field. If nothing is written, and Other is chosen, it is the data input person's responsibility to retrieve the information for input.

16. **Reported date of incident by youth:** Enter date of incident
17. **Reported time of incident by youth:** Enter time of incident and choose AM or PM

18. **Reported location of incident by youth**
Building Name or Grounds area: This will be the building or area where the incident allegedly occurred. Choose a location from the drop down menu.
Specific area: This will be the specific location of the building or area in the reported location. Choose from the drop down menu.

19. **Youth reports the incident was: (check all that apply)**
This section is completed by the contracted health care provider based on what the youth reports. Check all boxes that apply. Follow same instructions as provided in 15. above for both the contracted health care provided and the YS data input person.

20. **Name of other youth involved:** Enter JETS# and click get button to left. Name will automatically populate.
21. **Name of other staff involved:** Choose name from drop down menu. If not in menu, type in name using same format as menu.

MEDICAL NOTES

22. **SUBJECTIVE (Youth's complaint and description of incident):** Enter subjective information provided by youth at time of exam.

The YS data input person must enter what is written on the form in this text field. If nothing is written, it is the data input person's responsibility to retrieve the information for input.

23. **OBJECTIVE (Medical personnel's description of physical presentation)**
Specific Injury: Choose injury from drop down menu
Objective Description: Medical personnel description of physical presentation
No observable Injury: If no injury is physically present, choose this box. The data input person must only check this box if it is checked on the hard copy form provided for input.
24. **ASSESSMENT (Medical examination of pertinent findings)**
Pertinent Findings: Choose findings from drop down menu
Assessment Description: Medical personnel text description of pertinent findings
No pertinent findings: If no pertinent findings, choose this box. The data input person must only check this box if it is checked on the hard copy form provided for input.
25. **PLAN (Medical treatment to be rendered, if any and follow-up planned):** Documented notes by medical personnel. The data input person must enter what is written on the form in this text field.
- Referred for Physician Assessment or No physician follow-up necessary:** Medical personnel to select what is applicable. The data input person must only check the box checked on the hard copy form provided for input.
26. **Check all findings that apply based on the above assessment:**
Reportable Injury: Choose the injury that is applicable based on the definitions provided for in policy.
27. **Waiting on Medical Determination:**
Check "Yes" if "Referred for Physician Assessment" box is checked and there is no Reportable Injury checked. Check "No" otherwise.
28. **Mental Health Counselor Notified:** If youth is SMI/MR, the MH counselor is to be notified.
If yes, time of Notification: Enter time of contact and AM or PM
Name: Enter the name of the MH Counselor contacted
- NOTE: DEPENDING UPON THE REASON FOR THE EXAMINATION, THERE ARE TIME CONSTRAINTS ASSOCIATED WITH AN SMI/MR YOUTH'S MH COUNSELOR BEING CONTACTED:**
- If a youth is being examined prior to placement in BMU **OR** placement on Protective Custody, the MH Counselor must be contacted to examine the youth within 3 hours of placement on BMU if the youth remains on BMU for that duration, **OR** within 3 hours of placement on Protective Custody.
29. **PHYSICIAN NOTIFIED / If yes, time of Notification: / Name:** Enter "Yes" or "No", the time the Physician was notified and AM or PM, and the Name of the Physician notified.
30. **Transport to Hospital:** Enter "Yes" or "No" depending upon whether the youth was transported or not.

- 31. Photographs Taken by Medical Staff:** Photographs shall be taken of all alleged victims and their injuries (youth or staff) , whether visible injuries are present or not, and on a daily basis upon examination. Youth may refuse to be photographed, which shall be noted on this portion of the A&I by checking “Refused”. Staff is to be photographed – no exceptions. Indicate whether or not a photo was taken and if the photo was of a youth or staff member.

Additional photographs may be necessary if undisclosed evidence of bruising or swelling is noted after initial notification to IS.

Photographs shall be taken in a designated area within the infirmary. The photographs shall consist of a front and back view of the youth and/or staff. The photographs are to be specifically directed to the area of alleged injury, using cloth drapes to cover any personal areas of the body that may be exposed.

Photographs shall be taken by medical personnel. If medical personnel are not available, a person designated by the RHA may take the photographs.

Each photograph shall be labeled with the following information:

- Youth’s name and JETS # / Staff name and title
- Date photograph was taken
- Time photograph was taken
- Name of person taking photograph

ALL PHOTOS TAKEN OF EITHER YOUTH OR STAFF ARE TO BE FORWARDED, ALONG WITH A COPY OF THE A&I, TO INVESTIGATIVE SERVICES AT THE FACILITY WITHIN 24 HOURS OF THE EVALUATION (EXCLUDING WEEKENDS/HOLIDAYS).

- 32. Does Examiner have cause to believe any of the following existed in this incident?**

Check off any that apply based on the definitions provided for in policy.

- 33. IS Hotline call offered to youth:** All youth are to be afforded an opportunity to contact the IS Hotline at the time of examination.

IS Hotline used by the youth at exam: Enter “Yes” or “No” depending on whether the youth uses the IS Hotline or not.

IS Hotline notified by healthcare staff: Enter “Yes” or “No” depending on whether the medical examiner contacts the IS Hotline to report alleged abuse.

NOTE: THE MEDICAL EXAMINER SHALL REPORT ALL ALLEGATIONS OF ABUSE TO THE IS HOTLINE BY CALLING 1-800-626-1430. THE MEDICAL EXAMINER SHALL IDENTIFY THEMSELVES BY NAME AND TITLE. THEY SHALL PROVIDE THE NAME, JETS # AND COMPLAINT OF THE YOUTH EXAMINED. THEY SHALL ALSO INCLUDE THEIR FINDINGS OF THE EXAMINATION. (NO INJURY, MINOR SWELLING, LACERATION, ETC.)

Date & Time of Notification: If medical staff did contact the IS Hotline, enter the date and time contact was made, and indicate AM or PM.

- 34. Does any of the above meet Mandatory Reporter (i.e. OCS) requirements of the Louisiana Children’s Code, which states “any mandatory reporter who has cause to believe that a child’s physical or mental health or welfare is endangered as a result of abuse or neglect or that abuse or neglect was a contributing factor in a child’s death shall report.....” (LA Ch. Code Article 609)**

Enter “Yes” or “No” based on the definition.

- 35. Youth Examined by:** Enter the medical personnel who examined the youth, along with their title.

FOLLOW-UP INFORMATION

- 36. **Patient Name / Patient # / Time / DOB / Today's Date:** The contracted health care provider shall enter the information on the youth examined.
- 37. **Date of Original A&I / Time of Original A&I / Date of Follow-Up / Time of Follow-Up:** When follow-up information is received on a youth based on #25 and #27 above, the date and time of the original A&I, as well as the date and time of the follow-up examination, along with AM or PM, are to be entered here by the contracted health care provider.
- 38. **Follow-Up Exam Results / Other Report:** The contracted health care provider shall type the information received on the follow-up report as it is written into this space.
- 39. **Required(s) overnight hospital stay:** The contracted health care provider shall enter "Yes" or "No" depending on whether or not the youth was admitted to the hospital as a result of this injury.

NOTE: YS data input personnel shall type the information received from the contracted health care provider on the follow-up report as it is written for questions 36. – 39. above.

ACCIDENT & INJURY (A&I) TRACKING DOCUMENT

Note: This is not an official Accident/Incident Report. To be used for tracking purposes only.

Created by: LYNNE GEROMINI/CO/OYD	Date Created: 07/13/2011 10:26:06 AM	Last Modified by: LYNNE GEROMINI 07/13/2011
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Date of Exam:	Time of Exam: <input type="radio"/> AM <input type="radio"/> PM
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Institution:			
Client ID:			
Last Name of Youth:	First Name of Youth:	Race: Sex: DOB: (mm/dd/yy)	Dorm:

Escorted to the infirmary by: (Last Name, First Name)	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Carried
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Escort/Security Officer reports the incident was: (check all that apply)

<input type="checkbox"/> 1. Sex Related Conduct	<input type="checkbox"/> 4. Use of Force - Chemical	<input type="checkbox"/> 7. Accident - Non-Sports Related
<input type="checkbox"/> 2. Allegation of Abuse	<input type="checkbox"/> 4. Use of Force - Mechanical	<input type="checkbox"/> 7. Accident - Sports Related
<input type="checkbox"/> 3. Altercation - Staff on Youth	<input type="checkbox"/> 4. Use of Force - Physical	<input type="checkbox"/> 8. Medical Restraints Related
<input type="checkbox"/> 3. Altercation - Youth on Staff	<input type="checkbox"/> 5. Intentional Self Injury	<input type="checkbox"/> 9. Other
<input type="checkbox"/> 3. Altercation - Youth on Youth	<input type="checkbox"/> 6. Horseplay	

If "Other" is selected you must enter comments:

Reported date of incident by youth:	Reported time of incident by youth: <input type="radio"/> AM <input type="radio"/> PM
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Reported location of incident by youth: Building Name or Grounds area:	Specific Area:
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Youth reports the incident was: (check all that apply)

<input type="checkbox"/> 1. Sex Related Conduct	<input type="checkbox"/> 4. Use of Force - Chemical	<input type="checkbox"/> 7. Accident - Non-Sports Related
<input type="checkbox"/> 2. Allegation of Abuse	<input type="checkbox"/> 4. Use of Force - Mechanical	<input type="checkbox"/> 7. Accident - Sports Related
<input type="checkbox"/> 3. Altercation - Staff on Youth	<input type="checkbox"/> 4. Use of Force - Physical	<input type="checkbox"/> 8. Medical Restraints Related
<input type="checkbox"/> 3. Altercation - Youth on Staff	<input type="checkbox"/> 5. Intentional Self Injury	<input type="checkbox"/> 9. Other
<input type="checkbox"/> 3. Altercation - Youth on Youth	<input type="checkbox"/> 6. Horseplay	<input type="checkbox"/> 10. N/A

If "Other" is selected you must enter comments:

Name of other youths involved:			Name of staff involved:	
Get Name	Enter Client ID	Youth Name (Last Name, First Name)		Staff Name (Last Name, First Name)
Other youths involved:			Other staff involved:	

MEDICAL NOTES

SUBJECTIVE (Youth's complaint and description of incident)

OBJECTIVE (Medical personnel's description of physical presentation) No observable injury
Specific Injury: **Objective Description:**

ASSESSMENT (Medical examination pertinent findings) No pertinent findings
Pertinent Findings: **Assessment Description:**

PLAN (Medical treatment to be rendered, if any and follow-up planned) Referred for Physician Assessment
 No physician follow-up necessary

Check all findings that apply based on the above assessment:
Reportable Injury:
 Injury that threatens life or limb (Category A) Severely restricts usual activities (Category B)
 Requires urgent treatment by a doctor (Category B) Requires follow-up by doctor (Category C)

Waiting for Medical Determination: Yes No

Mental Health Counselor Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, time of Notification: <input type="radio"/> AM <input type="radio"/> PM Name:
Physician Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, time of Notification: <input type="radio"/> AM <input type="radio"/> PM Name:
Transport to Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Photographs Taken by Medical Staff: Yes No

Does Examiner have cause to believe any of the following existed in this incident?			
Neglect	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual activity between at least two people, one of whom is a juvenile	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excessive use of force	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of chemical restraint	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes to any of the above IS must be notified.)			

IS Hotline call offered to youth	<input type="checkbox"/> Yes <input type="checkbox"/> No
IS Hotline used by the youth at exam	<input type="checkbox"/> Yes <input type="checkbox"/> No
IS Hotline notified by healthcare staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date & Time of Notification	<input type="radio"/> AM <input type="radio"/> PM

Does any of the above meet Mandatory Report (i.e. OCS) requirements of the Louisiana Children's Code, which states, "any mandatory reporter who has cause to believe that a child's physical or mental health or welfare is endangered as a result of abuse or neglect or that abuse or neglect was a contributing factor in a child's death shall report...(LA Children's Code Art 609.)" <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date/time of verbal report <input type="radio"/> AM <input type="radio"/> PM

Offender Examined by: First Name: Last Name: Title:

FOLLOW-UP INFORMATION

Patient Name:	Patient #:	Time:	Date of Birth:	Today's Date:
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Date of Original A&I:	Time of Original A&I:
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Date of Follow-Up:	Time of Follow-Up: <input type="radio"/> AM <input type="radio"/> PM
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Follow-Up Exam Results/Other Report:

Required(s) overnight hospital stay: <input type="checkbox"/> Yes <input type="checkbox"/> No
