

YOUTH SERVICES POLICY

Title: Notification to Courts and Parents/Guardians When Youth are Seriously Injured	Type: B. Classification, Sentencing and Service Functions Sub Type: 6. Medical/Mental Health Number: B.6.8
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References: ACA Standard 4-JCF-4C-58 (Performance-Based Standards for Juvenile Correctional Facilities); YS Policies A.1.4 "Investigative Services", B.2.2 "Youth Classification System and Treatment Procedures", B.3.1 "Secure Care Youth Records Composition and Maintenance", B.6.4 "Accident and Injury (A & I) Evaluations", C.2.6 "Use of Interventions - Secure Care", C.5.1 "Required Database Entry and Reporting Requirements", and C.5.2 "Regional Office Duty Officers and Facility Administrative Duty Officers (ADOs) Reporting of Serious Incidents"; and the Contracted Health Care Provider's Policy No. C-58 "Injury Prevention"	
STATUS: Approved	
Approved By: <i>James Bueche, Ph.D., Deputy Secretary</i>	Date of Approval: 03/11/2019

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 establish a reporting process for YS secure care employees to follow when notifying judges of serious youth injuries and to establish responsibility for notifying parents/guardians of youth accidents and/or incidents of injury.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Regional Directors, Director of Investigative Services (IS), Facility Directors, Regional Managers, and the Contracted Health Care Provider (CHP). Facility Director's are responsible for ensuring that all necessary procedures are in place to comply with the provisions of this policy.

IV. DEFINITIONS:

Accident and Injury (A&I) Form – A document used by the CHP to record youth accidents and incidents of injury. (See attached sample)

Accident / Incident Tracking on HQ - The database located in Lotus Notes in which all A&I's are entered by YS staff.

Accident and Injury (A&I) Tracking Document - The electronic document that YS employees use to enter the information from a completed A&I Form into the CHP's database. The document is for tracking purposes only. (See attached sample)

Category A Injury - An injury that threatens life or limb as noted on the A&I Form.

Category B Injury - An injury that requires urgent treatment by a doctor or severely restricts usual activities as noted on the A&I Form.

Category C Injury – An injury that requires follow up by a doctor as noted on the A&I Form.

Central Registry Database – The database located in Lotus Notes used by Investigative Services (IS) staff to track investigative progress and trends, monthly reports, summary reports of allegations, etc.

Juvenile Electronic Tracking System (JETS) - The centralized database utilized to track all youth under OJJ supervision custody and to record all case record activity.

V. POLICY:

It is the Deputy Secretary's policy that YS staff shall notify the adjudicating judge of youth accidents/ injuries when a Category A or B injury is noted by the CHP on the A & I Form.

Injuries reported as a Category C on the A&I Form shall only be reported to the adjudicating judge through the JETS "Quarterly Progress Report to the Court" pursuant to YS Policy B.2.2.

Parents/guardians shall be notified of all Category A and B injuries by the Facility Director/designee pursuant to Section VI.A.2.below.

VI. PROCEDURES:

A. Secure Care Facility Staff Responsibilities

1. Notification to Courts

- a. Within 24 hours of receipt of an A&I Form from the CHP, (excluding weekends and holidays), designated facility staff shall enter the information from the A&I into the “Accident/Incident Tracking on HQ” database.
- b. Following input into the “Accident/Incident Tracking on HQ”, designated facility staff shall ensure that a “Notification of Injury” letter to the adjudicating judge is generated immediately for all Category A and B reportable injuries as noted on the A&I Form.
- c. Designated facility staff shall fax or email the “Notification of Injury” letter to the adjudicating judge within 24 hours, (excluding weekends and holidays), and the appropriate Regional Manager.
- d. The “Notification of Injury” letter, along with the fax confirmations and/or confirmation if emailed, shall be filed in the youth’s Master Record under Clip VIII.

2. Notification to Parents/Guardians

- a. When an injury is reported as a Category A or B on an A&I Form, the Facility Director/designee is responsible for and shall notify the youth’s parent/guardian via telephone as follows:
 - 1) Within 24 hours if the injury is not serious, does not require a trip to the hospital or hospitalization or a medical procedure; or
 - 2) If the injury requires a trip to the hospital or hospitalization or a medical procedure, the parent/guardian shall be contacted within one (1) to three (3) hours of the incident – as soon as the facts of the associated incident and the extent of the injuries are verified.
- b. An injury reported as a Category C on an A&I Form shall be discussed with the youth’s parent/guardian during the youth’s quarterly staffing.

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- c. Parent/guardian contacts shall be documented in JETS within three (3) working days of the contact.

3. Consultation with the CHP Prior to Parent/Guardian Contact

Prior to contacting the youth's parent/guardian, the Facility Director/designee shall consult with the CHP about the extent of an injury, new diagnosis, medications ordered, medication changes, prognosis, etc.

- B. Investigative Services (IS) Responsibilities

1. Within 24 hours of receipt (excluding weekends and holidays) of an A&I Form from the CHP, IS staff shall determine if the injury should be treated as an allegation of abuse, requiring the opening of a new case in the "Central Registry on HQ" database and the assignment of a case number.
2. If an IS case number is assigned to an A&I Form, IS staff at the facility shall immediately generate the "Judges Letter Original – By Judge" from the "Central Registry on HQ" database. The original letter shall inform the judge that an investigation has been initiated in reference to the injury and that the outcome will be reported in a follow up letter following completion of the investigation.
3. The judge's letter shall be faxed or emailed within 24 hours, (excluding weekends and holidays), and the original letter along with the fax or email confirmation, shall be filed in the IS case file.
4. On the completion date of the IS investigation, IS staff at the facility shall generate the "Judges Letter Follow-Up – By Judge" from the "Central Registry on HQ" database, providing a short description of the investigation into the incident and, advising the judge of the outcome of the investigation.
5. The follow-up letter shall be forwarded to the Director of IS for review and approval prior to issuance. Upon approval, the "Judges Letter Follow-up – By Judge" shall be forwarded to the judge within 24 hours.

All letters must be signed by both the Lead Investigator and the Director of IS.

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6. Should a problem arise when generating the “Judges Letter Follow-up – By Judge”, an email shall be forwarded to the designated facility staff responsible for A&I input into the “Accident/Incident Tracking on HQ” database. The email shall be used to track the problems, with a copy placed in the IS case file.
7. Copies of both judge’s letters shall be forwarded simultaneously to the Facility Director, the youth’s Case Manager and the appropriate Regional Manager when faxed to the judge.
8. The original judge’s letters along with the fax or email confirmations and email receipts shall be filed in the IS case file.
9. The IS Director is ultimately responsible for ensuring that judges are notified of all Category A and B reportable injuries.

VII. Quality Assurance:

- A. The Director of Treatment and Rehabilitation shall be responsible for the following:
 1. Conducting JETS quarterly quality assurance reviews to ensure that judges are being notified of all Category A and B reportable injuries as noted on the A&I Form;
 2. Conducting on-site visits to randomly review youth case records from the JETS quality assurance reviews for accuracy; and
 3. Reporting the findings of both the JETS and on-site quality assurance reviews to the Assistant Secretary/designee, Facility Director, appropriate Regional Director, and Continuous Quality Improvement Services.

Previous Regulation/Policy Number: B.6.8

Previous Effective Date: 03/05/2018

Attachments/References: Sample of Blank CCA A I Form.pdf
Sample of Blank OJJ AI Tracking Document.pdf

Mars Prison Colony
Mars Men's
1 Olympus Mons
Olympica, MR 18422

Accident & Injury Form

CCS
CORRECT CARE
SOLUTIONS

Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
Apple Jack	1	987654321	1/1/1990	6/26/2012

Race: *Black*

Sex: M F

Escorted to the infirmary by:

JJS

Ambulatory Carried

Escort/Security Officer Reports the incident was (check all that apply):

- Accident
 - Sport Injury Hit by Object Hit Stationary Object Performing Work Detail Slip or Fall
- Altercation
 - Youth on Youth Youth on Staff Staff on Youth
- Allegation of Abuse
- Intentional Self-Injury
- Horseplay
- Restraints Related
- Sex Related
 - Sexual Assault Consensual Sex
- Use of Force
 - Mechanical Physical Chemical
- Other

Describe:

Reported date of incident by youth: *6/11/2012*

Reported time of incident by youth: *1100*

Reported location of incident by youth (check all that apply)

Dorm/Housing Unit

ap

Infirmary

Stair-well

Recreation Field

Cafeteria

School

Recreation Room

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Mars Men's
1 Olympus Mons
Olympica, MR 18422

Accident & Injury Form

CCS
CORRECT CARE
SOLUTIONS

Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
Apple Jack	1	887654321	1/1/1990	6/26/2012

- Recreation Room
- Cell Restriction
- Gym
- Bathroom/Shower
- Grounds
- Sleeping Area
- Other

Youth reports the incident was (check all that apply):

- Accident
 - Sport Injury Hit by Object Hit Stationary Object Performing Work Detail Slip or Fall
- Altercation
 - Youth on Youth Youth on Staff Staff on Youth
- Allegation of Abuse
- Intentional Self-Injury
- Horseplay
- Restraints Related
- Sex Related
 - Sexual Assault Consensual Sex
- Use of Force
 - Mechanical Physical Chemical
- Other

Describe:

Name of other youth and/or staff involved:

Youth A

MEDICAL NOTES

SUBJECTIVE (Youth complaint and description of incident)

afdkafdjkafsdljka

OBJECTIVE (Medical personnel's description of physical presentation)

Mars Prison Colony
Mars Men's
1 Olympus Mons
Olympica, MR 18422

Accident & Injury Form

CCS
CORRECT CARE
SOLUTIONS

Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
Apple Jack	1	987654321	1/1/1990	6/26/2012

OBJECTIVE (Medical personnel's description of physical presentation)

No Observable Injury

adfjadklfjkaldjfk;jlfad

ASSESSMENT (Medical examination pertinent findings)

No Pertinent Findings

PLAN (Medical treatment to be rendered, if any and Follow-up Planned)

No Doctor Follow-Up Required

afdadskfjkajdlf

Fill out A & I Follow-Up Form when follow-up completed

Mental Health Counselor Notified: Yes No

Time of Notification 1100

Name: Ms. A

Physician Notified: Yes No

Time of Notification 1111

Name: Dr. J

Transported to Hospital: Yes No

(If yes, requires A&I Follow-up Form Completion)

Check all current exam findings that apply based on above assessment

Injury that threatens life or limb (Category A)

Requires urgent treatment by a doctor (Category B)

Severely restricts usual activities (Category B)

Requires follow-up by a doctor (Category C)

Describe the location and position of injury

L-arm

Photographs Taken by Medical Staff? Yes No

Does Examiner have cause to believe any of the following existed in this incident?

Neglect Yes No

Abuse Yes No

Sexual Abuse Yes No

Excessive use of force Yes No

Use of chemical restraint Yes No

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1 Olympus Mons
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Accident & Injury Form

CCS
CORRECT CARE
SOLUTIONS

Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
Apple Jack	1	887654321	1/1/1990	6/26/2012

Use of chemical restraint Yes No

Sexual activity between at least two people, one or both of whom is/are (a) juvenile(s) Yes No

(If yes to any of the above, PZT must be notified by medical staff)

PZT Hotline call offered to youth Yes No

PZT Hotline used by the youth at exam Yes No

PZT Hotline notified by healthcare staff Yes No

Date 6/4/2012

Time 1111

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 the 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 Act 609.)"?

Yes No

Verbal Report Date:

Verbal Report Time:

Youth Examined by: *Nurse Nancy*

Title: *RN*

Mars Prison Colony
Mars Men's
1 Olympus Mons
Olympica, MR 18422

Accident & Injury (A&I) Follow Up
Form

CCS
CORRECT CARE
SOLUTIONS

Patient Name	Inmate Number	Booking Number	Birth Date	Date Of Service
Apple Jack	1	887654321	1/1/1990	6/26/2012

Date of Original Exam: 6/5/2012
Time of Original Exam: 1111
 am pm

Date of follow-up: 6/11/2012
Time of follow-up: 1111
 am pm

Follow-up Exam Results/Other Report:

audfkalfjd;klan

Required(s) overnight hospital stay Yes No

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: AM 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"/> 2. Allegation of Abuse <input type="checkbox"/> 3. Altercation - Staff on Youth <input type="checkbox"/> 3. Altercation - Youth on Staff <input type="checkbox"/> 3. Altercation - Youth on Youth	<input type="checkbox"/> 4. Use of Force - Chemical <input type="checkbox"/> 4. Use of Force - Mechanical <input type="checkbox"/> 4. Use of Force - Physical <input type="checkbox"/> 5. Intentional Self Injury <input type="checkbox"/> 6. Horseplay	<input type="checkbox"/> 7. Accident - Non-Sports Related <input type="checkbox"/> 7. Accident - Sports Related <input type="checkbox"/> 8. Medical Restraints Related <input type="checkbox"/> 9. Other
If "Other" is selected you must enter comments:		

Reported date of incident by youth:	Reported time of incident by youth: AM 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"/> 2. Allegation of Abuse <input type="checkbox"/> 3. Altercation - Staff on Youth <input type="checkbox"/> 3. Altercation - Youth on Staff <input type="checkbox"/> 3. Altercation - Youth on Youth	<input type="checkbox"/> 4. Use of Force - Chemical <input type="checkbox"/> 4. Use of Force - Mechanical <input type="checkbox"/> 4. Use of Force - Physical <input type="checkbox"/> 5. Intentional Self Injury <input type="checkbox"/> 6. Horseplay	<input type="checkbox"/> 7. Accident - Non-Sports Related <input type="checkbox"/> 7. Accident - Sports Related <input type="checkbox"/> 8. Medical Restraints Related <input type="checkbox"/> 9. Other <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) <input type="checkbox"/> No observable injury
Specific Injury: Objective Description:

ASSESSMENT (Medical examination pertinent findings) <input type="checkbox"/> No pertinent findings
Pertinent Findings: Assessment Description:

PLAN (Medical treatment to be rendered, if any and follow-up planned) <input type="checkbox"/> Referred for Physician Assessment <input type="checkbox"/> No physician follow-up necessary
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Check all findings that apply based on the above assessment:
Reportable Injury:
<input type="checkbox"/> Injury that threatens life or limb (Category A) <input type="checkbox"/> Severely restricts usual activities (Category B)
<input type="checkbox"/> Requires urgent treatment by a doctor (Category B) <input type="checkbox"/> Requires follow-up by doctor (Category C)

Waiting for Medical Determination: <input type="radio"/> Yes <input type="radio"/> No
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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:	If yes, time of Notification: <input type="radio"/> AM <input type="radio"/> PM
<input type="checkbox"/> Yes <input type="checkbox"/> No	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 Yes 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 AM <input type="checkbox"/> PM <input type="checkbox"/>

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:	AM	PM
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Follow-Up Exam Results/Other Report:

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