I. Policy Statement

Division facilities and programs shall provide for emergency medical services for juveniles placed in the Division’s care, custody, and/or control. Staff shall give consent for such emergency medical services when no parent/legal guardian is available to consent. (See Policy 07-01 for non-emergency medical and dental services).

II. Rationale

The purpose of this policy is to ensure emergency medical services are provided to juveniles placed in the Division’s physical custody.

III. Definitions

A. “Emergency medical services” is defined as care for medical or dental needs for an acute illness, life threatening condition, or an unexpected health need that cannot be deferred until the next scheduled sick call.

B. “Legal Guardian” is a person recognized by the Division as having the authority to give consent on behalf of a juvenile under the age of 18, including consent to marriage, enlistment in the armed forces, major medical, surgical or psychiatric treatment, or legal custody if legal custody is not vested in another person, agency or institution. Division staff are not legal guardians.

C. "Legal Custodian" for the purposes of this policy, refers to the authority of the Division, regarding each juvenile in the care, custody or control of the Division. This authority includes the right and duty to authorize emergency medical care on behalf of each juvenile. Legal custody is granted to the Division by the Utah Juvenile Court, consistent with the Juvenile Court Act, Utah Code 78A-6-101.

IV. Procedures

A. In any situation in which a juvenile in the care, custody, and/or control of the Division appears to be in need of emergency medical services, staff shall consider the nature and severity of the emergency to determine the appropriate course of action. In any situation in which conditions are perceived to be life threatening, staff shall immediately contact local emergency medical personnel, by dialing 911, and follow the instructions given by the local emergency medical personnel.

B. In a medical emergency, staff shall make and document good-faith efforts to contact the parent(s)/legal guardian(s) of the juvenile, inform them of the
situation, and arrange for them to give any consent needed for emergency medical services. In exercising the authority of the Division as legal custodian of a juvenile, Division staff are only authorized to give such consent to the necessary emergency medical services in the event that a delay for purposes of obtaining consent of the parent/ legal guardian would jeopardize the life, or immediate health of the juvenile.

C. If the juvenile is transported to a health care facility by local emergency medical personnel, then at least one facility staff member shall accompany the juvenile to the health care facility.

D. If an injury or illness does not require that the juvenile be transported by emergency medical personnel, then two facility staff members shall transport the juvenile to the health care facility. Community based programs may transport a juvenile to the health care facility with only one staff member accompanying, however two staff members are preferable when available. During any transportation by staff, the juvenile shall be restrained in accordance with Division Policy 05-04, Transportation; and 05-06, Use of Restraints.

E. At the health care facility, staff shall accompany the juvenile into the examining room area and maintain a position to monitor the juvenile through visual contact whenever possible. Staff shall be observant and informed of the juvenile’s movements.

F. Staff shall request and secure all medical documentation from the health care facility prior to leaving the facility, and upon return to the Division facility/program, shall promptly provide the documentation to Division medical personnel and ensure that it is placed in the juvenile’s medical record.

G. During an emergency medical situation, staff shall ensure appropriate supervision is maintained for other juveniles who are not involved in the emergency.

H. As soon as possible during or after any medical emergency, staff shall notify the program or facility director and the juvenile’s case manager, caseworker or probation officer, as appropriate. Notification will be consistent with the Division Incident Reporting Policy 05-15.

I. After a medical emergency incident, staff shall document the occurrence and details of the medical emergency in an incident report, including the notification or attempted notification of parent(s)/legal guardian(s). Incident reports shall be completed in accordance with the Division Incident Reporting Policy 05-15 and a copy shall be retained in the juvenile’s file. Medical records resulting from each
such incident shall be managed in accord with Division Policy 07-04, Medical and Dental Records.

V. **Continuous Renewal**

This policy shall be reviewed every three (3) years to determine its effectiveness and appropriateness. This policy may be reviewed before that time to reflect substantive change.

This policy has been reviewed by the Board of Juvenile Justice Services and is approved upon the signature of the Director.

Russell K. Van Vleet, Chair
Board of Juvenile Justice Services

Susan V. Burke, Director
Division of Juvenile Justice Services