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| Chapter: Health Care and Treatment | Effective Date: 2/1/14 |
| Title: Infirmiry Care | Page: 1 of 2 |
| ACA: 4-JCF-4C-21 | Replaces: HSP.04.10, 7/1/12 |

(a) **Standard.**

- (1) Youth are provided access to infirmiry care that meets the following conditions:
 - (A) Youth are provided access to on-site infirmiry care 24 hours per day.
 - (B) A health care practitioner is on call or available 24 hours per day.
 - (C) A nurse is on duty 24 hours per day when a youth is admitted to the infirmiry.
 - (D) Youth are supervised within sight or sound of a juvenile correctional officer at all times.
 - (E) Nursing care procedures and treatment plans delineate health care guidelines.
- (2) The security unit may be used as an extension of the infirmiry in cases where no infirmiry beds are available. In such cases, all policies and procedures relating to infirmiry care must apply.

(b) **Procedures.**

(1) **Infirmiry Services.**

- (A) Youth are admitted to the infirmiry for:
 - (i) skilled nursing care;
 - (ii) step-down treatment;
 - (iii) intensive observation;
 - (iv) psychiatric emergencies; and
 - (v) contact respiratory conditions.
- (B) Evaluations and assessments are conducted and documented in accordance with provider orders.
- (C) All documentation related to infirmiry care is included in the EMR.

(2) **Infirmiry Admission for Medical Diagnosis.**

- (A) The medical provider or health services administrator (HSA) or designee determines if the youth requires observation or treatment for a medical diagnosis or condition.
- (B) The HSA or registered nurse may admit a youth for a medical diagnosis or condition to the infirmiry for up to 24 hours. Admission to the infirmiry for 24 hours or longer may be authorized only by the medical provider.

(3) **Infirmiry Admission for Psychiatric Crisis.**

- (A) Admission to the infirmiry for youth needing close observation for a psychiatric crisis may be authorized by a psychiatrist, if available. The manager of institutional clinical services may authorize the admission when a psychiatrist is not on-site and will immediately notify the HSA or designee, who will notify the psychiatrist or a physician if a psychiatrist is not available and document the notification. Psychiatrist or physician orders must be obtained for youth admitted to the infirmiry within two hours after admission.

- (B) In obtaining psychiatrist or physician orders for youth experiencing a psychiatric crisis, nursing staff should provide to the psychiatrist relevant medical information such as current medications, vital signs, subjective or objective data (i.e., laboratory values), observations, and assessment. The psychiatrist or physician orders should include instructions regarding any observations that nursing staff must make about the youth's mental status, as well as instructions for any other type of monitoring or medications that are to be administered.
 - (C) A PhD-level psychologist or psychologist associate (if a PhD-level is not available) evaluates the youth at least once per day.
- (4) **Infirmiry Discharge.**
- (A) **For Medical Care.**
 - (i) A medical provider determines a youth's readiness for discharge from the infirmiry if admitted for longer than 24 hours.
 - (ii) A youth who was admitted to the infirmiry for 24 hours or less must be assessed by a medical provider, HSA, or designee to determine the youth's readiness for discharge from the infirmiry.
 - (B) **For Psychiatric Care.**

A youth who was admitted to the infirmiry for psychiatric observation must be assessed by a psychiatrist to determine the youth's readiness for discharge from the infirmiry or to initiate a mental health referral to an agency-operated stabilization unit.
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