

Chapter: Emergency Health Care	Effective Date: 4/15/17
Title: Emergency Medical, Dental, and Mental Health Services	Page: 1 of 3
	Replaces: HHS.40.05, 7/15/11

(a) **Standard.**

- (1) All halfway house staff members are certified in cardiopulmonary resuscitation (CPR) and trained in first aid.
- (2) Emergency medical, dental, and mental health services are available to youth on a 24-hour basis through contracts or letters of agreement with local hospitals or urgent-care centers.
- (3) Texas Juvenile Justice Department vehicles are available to respond to youth transportation needs for non-life-threatening emergencies.
- (4) For each facility, emergency phone numbers and written emergency procedures are either posted near staff phones or are readily available at locations where there are staff phones. The emergency procedures address how to respond to a medical, dental, or mental health emergency, including when to call emergency medical services (EMS). See [HHS.40.10a](#) for sample emergency procedures.

(b) **General Requirement.**

All halfway house staff members must provide first aid as needed.

(c) **Definitions.**

- (1) **Medical emergency**--a situation that is either imminently life-threatening or that requires immediate health care to prevent the development of a life-threatening condition.
- (2) **Life-threatening medical emergency**--a situation that includes a youth being unresponsive, unconscious, or incoherent due to a known medical condition, not breathing, or experiencing severe respiratory distress or severe bleeding (in streams or spurts).
- (3) **Non-life-threatening medical emergency**--a situation that does not meet the definition of a life-threatening medical emergency but that includes a suspected broken bone, extreme pain, high fever, seizure, diabetic reaction, a deep or gaping wound requiring stitches, a broken tooth, or an eye injury.

(d) **Procedures.**

(1) **Life-threatening Medical Emergencies.**

- (A) A **staff member** calls 911.
- (B) The **human services specialist (HSS)** or a **juvenile correctional officer (JCO)**:
 - (i) notifies the superintendent and the health services administrator (HSA);
 - (ii) completes the [Halfway House Emergency Room Information Summary, HLS-112a](#), if possible, while another staff member stays with the youth; and
 - (iii) sends the form with EMS or transports the form to the hospital if following the ambulance.

Note: If it is not possible to complete the form prior to the youth leaving the facility, the **HSS** or **JCO** documents the rationale for not completing the form and the actions taken on the [Treatment and Intervention Record, HLS-505](#).

(C) The **superintendent** or designee notifies the youth's parent/guardian.

(2) **Non-life-threatening Medical Emergencies.**

- (A) The **HSS** or a **JCO** immediately calls the assigned institution infirmary, or the HSA or on-call nurse, as applicable.
- (B) The **institution nurse** or the **on-call nurse**:
- (i) contacts the provider;
 - (ii) documents verbal orders in the electronic health record (EHR); and
 - (iii) notifies the halfway house staff of the plan of care.
- (C) The **HSS** or a **JCO** follows instructions provided by the assigned institution nurse or on-call nurse and completes the [Halfway House Emergency Room Information Summary, HLS-112a](#).
- (D) The **HSS** or a **JCO**:
- (i) transports the youth and takes the completed HLS-112a and [Emergency Room Billing Instructions, HLS-112b](#), to a local emergency room (ER) or urgent-care center; or
 - (ii) calls EMS as directed by infirmary staff.
- (E) The **institution nurse** notifies the Utilization Review Department, if applicable.
- (F) The **superintendent** or **designee** notifies the youth's parent/guardian.
- (G) The **HSS** or a **JCO** contacts the HSA or on-call nurse upon the youth's return to the halfway house or if the youth is admitted to a hospital.
- (H) The **HSS** or a **JCO** emails the off-campus emergency room discharge records to the assigned institution infirmary or the on-call nurse. (See Youth Services Pharmacy Manual, Policy 10.40, for medications that are needed immediately.)
- (I) The **institution nurse**:
- (i) contacts the on-call provider for approval of any treatment recommended by the emergency room provider (medication, referral, follow-up, etc.);
 - (ii) documents a verbal order in the EHR, if applicable;
 - (iii) sends the verbal order to the provider for signature;
 - (iv) scans and emails a copy of the signed verbal order to the halfway house staff for implementation; and
 - (v) provides copies of the ER paperwork to the provider for review and signature on the next clinic date.
- (J) The **HSS** or a **JCO**:
- (i) implements any orders as directed by institution health care staff upon the youth's return to the facility;
 - (ii) records the incident on the [HLS-505](#), including any actions taken; and
 - (iii) reviews with the youth any patient instructions received from the institution health care provider.

- (K) The **institution nurse** scans all documentation paperwork received from the ER visit into the EHR after it has been reviewed and signed by the provider.
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