



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF YOUTH REHABILITATION SERVICES  
POLICY AND PROCEDURES MANUAL

<b>POLICY NUMBER:</b>	<b>DYRS-005</b>
<b>RESPONSIBLE OFFICES:</b>	<b>Health Services Administration</b>
<b>EFFECTIVE DATE OF POLICY:</b>	<b>March 19, 2012</b>
<b>SUPERSEDES POLICY:</b>	<b>N/A</b>
<b>SUBJECT:</b>	<b>Emergency Medical Response</b>

**I. PURPOSE**

This issuance establishes policies and procedures to ensure that youth, staff, or visitors at the New Beginnings Youth Development Center (NBYDC) or the Youth Services Center (YSC), who demonstrate medical, mental health, or dental emergencies, receive medical critical care according to urgency.

Both NBYDC and YSC provide health care services twenty-four (24) hours a day, seven (7) days a week ensuring the availability of staff to address health-related emergencies.

**II. POLICY**

DYRS shall provide youth, staff, and visitors with access to emergency medical, behavioral health, and dental care twenty-four (24) hours a day, seven (7) days a week at NBYDC and YSC. The agency shall achieve this goal by:

- maintaining on-site health care services and an on-call staffing plan;
- coordinating with community-based emergency facilities and resources; and
- training all staff to respond appropriately to various levels of health-related emergencies.

Any emergency medical response trained staff in proximity to a youth, staff member, or visitor displaying a health-related emergency shall respond consistent with the provisions of this policy issuance.

**III. AUTHORITY**

This policy is governed by all applicable District of Columbia and Federal law including:

- DYRS Establishment Act, D.C. Official Code §§ 2-1515.01 *et seq.*, and 2-1515.05(a);
- Jerry M. Final Approved Amended Comprehensive Work Plan, December 5, 2007, as revised by Revised Final Approved Amended Comprehensive Work Plan, January 26, 2010, and any amendments thereto.

**IV. SCOPE**

The Emergency Medical Response Policy and Procedures shall apply to all DYRS employees and contract staff who have direct contact with youth in DYRS' care and custody.

**V. RESPONSIBILITY**

- A. **DYRS Deputy Director** establishes the infrastructure and processes for agency policy and procedure development.
- B. **DYRS Chief of Committed and Chief of Detained Services** ensure the distribution and implementation of all policies and procedures in DYRS operated and contracted facilities.
- C. **DYRS Chief of Health Services** provides medical, behavioral health, and dental care to youth in DYRS operated residential facilities through a coordinated care strategy that ensures that appropriate routine care is accessible to youth and that emergency care is accessible to youth, staff, and visitors.
- D. **DYRS Medical Services Manager** provides overall administrative leadership of the medical services and provides clinical supervision to the nurse practitioners, nurses, and certified nursing assistants. The Medical Services Manager shall report to the Chief of Health Services.
- E. **DYRS Supervisory Medical Officer** provides overall clinical leadership of the medical services program.
- F. **DYRS Behavioral Health Manager** oversees the administrative, operational and clinical responsibility for behavioral health (i.e., mental health and substance abuse) services provided by mental health clinicians to all youth at NBYDC and at YSC.
- G. **Superintendents** at NBYDC and the YSC ensure that youth within their facility have access to essential medical, behavioral health and dental care and that all direct care staff are trained to respond to various levels of medical, mental health, and dental emergencies.

## VI. DEFINITIONS

- A. **Abscess** – A localized collection of pus located in any part of the body that is inflamed.
- B. **Acute Illness/Injury** – a medical, behavioral health or dental condition with rapid onset and apparent severity.
- C. **Automated External Defibrillator (AED)** – A mechanical device that automatically analyzes the heart rhythm and delivers a shock to restore a normal heart rate when a problem is detected.
- D. **Behavioral Health Staff** – Health Services Administration (HSA) professionals (psychiatrists, clinical psychologists, social workers and mental health specialists) who provide mental health and substance abuse services to DYRS youth.
- E. **Cardiopulmonary Resuscitation (CPR)** – The emergency substitution of heart and lung action to sustain life to an individual whose breathing and heart have stopped. The two main CPR components are chest compressions to make the heart pump and artificial ventilation to breathe for the victim.
- F. **Dental Emergency** – An acute injury of the mouth, jaw, teeth, or gums resulting in pain along with loss of teeth, bleeding, fracture or tooth dislocation. Other emergencies include the occurrence of an acute abscess or other conditions resulting in extreme pain and discomfort.
- G. **Emergency Call-Down List** - In the event of an emergency, as outlined in this policy, the Emergency Call Down List shall be initiated by the most senior security staff at the facility notifying facility Control who in turn notifies critical agency leadership, including: the facility

Superintendent and Deputies, the Chief of Committed or Detained Services (depending on the facility), the Deputy Director, the Chief of Staff and the Chief of Health Services.

- H. **Emergency Medical, Behavioral Health or Dental Care** – Immediate assessment, triage, treatment, and referral for an acute illness or an unexpected medical, mental health, substance abuse, or dental problem that cannot be deferred until a scheduled appointment, request for care or clinic visit.
- I. **Emergency Medical Drill** – A simulated health-related emergency that requires immediate response by Emergency Medical Response trained DYRS staff in the vicinity, including housing unit, education, culinary, administrative, and HSA staff.
- J. **FD-12** – A legal document completed by an authorized individual asserting that an individual is in need of emergency psychiatric hospitalization. The FD-12 allows for emergency psychiatric hospitalization for up to 72 hours.
- K. **Medical Emergency** – Any youth, staff, or visitor who displays a serious injury, or who appears to have an altered level of consciousness, or who is having difficulty breathing, or who complains of chest pain.
- L. **Mental Health Emergency** – Any youth, staff, or visitor who displays uncontrollable crying, or who engages in purposeful self-injury, or who threatens to kill her/himself, shows persistent aggression toward others, or who clearly displays psychotic behavior (e.g., responding to imaginary sights or sounds that are not actually present).
- M. **Qualified Health Care Professionals** – Includes: medical doctors, physician assistants, nurse practitioners, nurses, dentists, psychologists, licensed social workers, and other mental health professionals who, by virtue of their education, credentials, experience, and appropriate level of supervision are permitted by law to evaluate and care for patients.
- N. **Secure Facility** – A locked center or institution that provides residential care to youth in DYRS' care and custody (e.g., NBYDC and YSC).
- O. **Suicide Precaution Status** – A classification system designed to alert staff of youth identified as being at-risk of injuring themselves. It also designates the enhanced level of supervision required of staff to ensure a youth's safety.
- P. **Triage** – The sorting and classifying of medical, behavioral health or dental care problems to determine the urgency of the need and the level of care required.
- Q. **Youth** – An individual under twenty-one (21) years of age in DYRS' care and custody.

## VII. PROCEDURES

### A. General Guidelines

1. Health and Clinical Decisions and Services. Only qualified health care professionals shall make clinical decisions and provide services.
2. On-Site Health Care. The Chief of Health Services shall ensure that HSA staff are available on-site, twenty-four (24) hours a day, seven (7) days a week at both NBYDC

and YSC.

3. Off-Site Health Care. The Chief of Health Services shall ensure that emergency off-site services are available by private providers or facilities equipped to deal with health-related emergencies.
4. Dispute Resolution. The most senior HSA staff on-site shall resolve health-care disputes arising during emergency situations. If disputes persist, HSA staff shall immediately notify the Chief of Health, Services or designee, who shall resolve the dispute with the facility Superintendent, or designee.
5. No DYRS non-medical staff shall override the decision of a qualified health care professional in the care determined to be necessary for youth in the event of medical, behavioral health, or dental emergencies.

## **B. Staff Training**

1. Content. The Chief of Health Services in consultation with other HSA staff, DYRS Training Manager, and the YSC and NBYDC Superintendents shall establish emergency medical response training. As part of pre-service training, prior to the provision of any services to or duties supervising youth, all Youth Development Representatives (YDRs), Supervisory Youth Development Representatives (SYDRs), superintendents, deputies, medical staff, behavioral health staff, and educational staff, contract or volunteers, shall receive emergency medical response training, which includes:
  - a) Recognition of the signs and symptoms of a medical, behavioral health or dental emergency;
  - b) Actions required of all staff in emergency situations;
  - c) Administration of first aid, CPR and AED;
  - d) Procedures to be followed when notifying HSA's staff about the nature of an emergency and the principles involved in determining when and whether to move the youth, staff, or visitor to the medical unit for further assessment and treatment, or whether HSA staff need to go to the location of the emergency;
  - e) Procedures for the transfer of a youth, staff, or visitor to the medical unit or to an appropriate off-site medical or psychiatric facility or other medical provider;
  - f) Recognition of the signs and symptoms of intoxication, withdrawal, or adverse reactions to prescribed medications;
  - g) Procedures for suicide prevention; and,
  - h) Precautions and procedures necessary for infectious and communicable diseases.
2. All YDRs, SYDRs, superintendents, deputies, medical staff, behavioral health staff, education staff, including contract staff and volunteers, shall receive annual refresher training on the Emergency Medical Response policy and all related protocols. Documentation of such training shall be included in each employee's personnel file.
3. The DYRS training office shall coordinate annual training on the Emergency Medical Response policy and related protocols (i.e., first aid, CPR and AED) for all the above referenced staff. These staff shall be required to attend the annual trainings and shall be required to keep their certifications current. Additionally, the DYRS training office shall maintain training records and documentation.

### C. Medical Emergency Response Guidelines<sup>1</sup>

1. Unresponsive Person. Any staff member trained in emergency medical response procedures, who discovers a youth, staff, or visitor appearing unresponsive or in medical distress shall provide immediate assistance, (e.g., first aid, CPR, AED, etc.).
2. Life Threatening Conditions.
  - a) Emergency care shall not be unreasonably delayed in life-threatening situations;
  - b) When the condition of the individual is life-threatening (i.e., person is unconscious, not breathing, profusely bleeding, or experiencing severe chest or abdominal pain), staff on the scene should initiate a call to 911 and then initiate the call to the on-site medical staff;
  - c) In such situations, medical staff shall report immediately upon notification to the scene; and
  - d) In the event the individual is unconscious and /or not breathing, staff on the scene shall immediately initiate CPR following their notification to 911 and medical services.
3. Automated External Defibrillator (AED). When the use of an AED is necessary, a staff member shall retrieve the AED and initiate its use within 3 minutes or as soon as possible, while other staff follow the steps below:
  - a) Immediately call 911;
  - b) Assess the airway and begin CPR;
  - c) Administer AED and CPR until ambulance arrives.
4. Health Services Notification. As quickly as possible, staff on the scene shall notify medical staff (by phone, walkie-talkie, in person, etc.) regarding the nature of the emergency and the condition of the individual(s) involved. Medical staff shall decide whether the individual(s) can be moved or whether medical staff must report to the scene.
5. Movement of Individuals in Distress. Staff on the scene shall not move youth, staff, or visitors who appear in immediate distress due to profuse bleeding, unresponsiveness, breathing difficulty, extreme chest or abdominal pain, or other injury.
  - a) In such circumstances, medical staff shall immediately report to the scene.
  - b) If movement of the individual is necessary, HSA staff shall coordinate the move to the medical unit and/or to an off-site hospital with the most senior- security staff on-site.
6. Emergency Transportation. Once at the scene, HSA staff shall determine whether the individual(s) should be transported to the medical unit or transferred to a local off-site hospital for further treatment. The decision to transport the individual to the medical unit and the mode of transport (i.e., by stretcher, wheelchair, or by walking) shall be determined by medical staff and communicated to the senior-most security staff on site.
7. Health Condition Information. When speaking with medical staff, employees on the scene should be prepared with the following information:
  - whether there was any loss of consciousness;

<sup>1</sup> See sub-sections D for Behavioral Health and E for Dental Emergency Response Guidelines.

- current orientation and mental status;
  - whether the individual has shortness of breath;
  - the nature of the injury (especially if to neck, spine or chest) if an accident occurred;
  - if the individual is bleeding and if so, where; and
  - whether the individual can walk.
8. Access to Medical Equipment and Supplies. The Chief of Health Services, the Medical Services Manager and the Dentist shall ensure that necessary emergency medical and dental supplies and equipment are stocked and accessible for transport in the event of an emergency. This equipment is itemized in Attachment A.
- a) Each DYRS operated residential facility shall have an emergency response bag with standardized contents (itemized in Attachment A) in the medical unit.
  - b) The Medical Services Manager or designee shall be responsible for determining and monitoring the contents of the emergency response bag monthly to ensure that all required contents are present.
  - c) Emergency medical equipment may be carried or wheeled to the site of the emergency.
  - d) First aid and spill kits shall be placed in all living units, in the school, cafeteria, gym, visitation area and all administrative areas in all DYRS operated residential facilities.
  - e) AEDs shall be located in readily accessible designated areas of the facilities.
  - f) First aid and spill kits shall also be placed in all vehicles used to transport youth or staff.
  - g) The Chief of Health Services, in consultation with the Medical Services Manager and the Supervisory Medical Officer, and Superintendents, or their respective designees, shall determine the locations of AEDs in each facility.
  - h) Any staff who breaks the seal and opens a first aid or spill kit shall immediately notify the medical staff on duty, who shall replenish or provide notification to the Medical Services Manager.
  - i) Contents of the kits shall be standardized and determined by the Medical Services Manager and the Supervisory Medical Officer who shall designate a nursing staff member to:
    - inspect each kit at least monthly to ensure that required items are present and replace missing or expired items;
    - ensure that disposable latex or medical examination quality gloves are included in all spill kits;
    - maintain a written log of inspections by coding each kit and noting dates and inspections results;
    - ensure inspection cards are affixed to each coded kit indicating when it was last inspected and by whom; and
    - ensure kits maintained on transportation vehicles are inspected monthly by the designated nursing staff member. The transportation officer shall notify medical staff when the kit is used so that it may be restocked with essential supplies.
9. External Communication.

- a) 911 Communication. Whenever necessary, emergency medical services (911) shall be contacted. With the exception of the special circumstances discussed above in Section VII.C.2.b. when non-medical staff are authorized to call 911 (when the victim's condition is life-threatening and medical staff is not on the scene at the time of discovery), HSA staff shall initiate a 911 call with notification to the SYDRs, the Control Center, the Superintendent or his/her designee and the Chief of Health Services.
- b) Hospital/Urgent Care Facility.
- i. Whenever youth, staff or visitors are transferred to off-site hospital/urgent care facilities, HSA staff shall ensure that copies of all relevant documentation and information are sent to the hospital/urgent care facility as soon as possible. These documents must be placed in a secure envelope and labeled as confidential:
    - the problem list;
    - a written summary of the relevant tests or treatments ;
    - current medical conditions and any medication prescribed;
    - immunizations and last-received tetanus booster; and
    - significant allergies, especially to medications, etc.
  - ii. HSA staff shall initiate communication with the receiving hospital by telephone to convey information about the treatment provided at DYRS and the medical condition upon transport.
  - iii. The DYRS Supervisory Medical Officer or most senior medical staff shall follow up with the hospital to determine the status of the patient, their working diagnosis, and the work up being provided.
- c) Public/Media Communication. The DYRS Director, or designee, shall be responsible for discussing any details regarding the health-related emergency with the media or other public entities.
- d) Parent/Guardian Notification. The Chief of Health Services or his/her designee shall be responsible for notification of the health-related emergency to the youth's parent/guardian or, if the incident involves a staff or visitor, to other appropriate parties.
10. Youth Returning From Off-site Emergency Care. Medical staff shall evaluate the youth promptly upon return and review and implement recommendations contained in the discharge summary accompanying the youth. The youth shall not be placed back on a housing unit until medical has completed their evaluation and determined that general population housing is safe and appropriate.

#### **D. Behavioral Health Emergency Response Guidelines**

1. Self Injuring Behavior. Any staff who discovers a youth who has or is attempting to seriously harm him/herself via means including, but not limited to, hanging, cutting, or swallowing non-edible products, shall immediately provide assistance, first aid, CPR, or take other appropriate measures to assist the individual.
2. Medical Staff Notification. After ensuring the youth's safety, staff on the scene shall notify medical staff (by phone, walkie-talkie, in person, etc.) regarding the nature of the emergency and the condition of the individual(s) involved. Medical staff shall decide whether the individual(s) can be moved or whether medical staff must report to the scene.
3. Suicide Precaution Status. Staff on the scene shall place a youth on one-to-one Suicide Precaution Status and notify behavioral health staff for a further evaluation should they:
  - a) hear of a youth 's intention to harm or kill him/herself;
  - b) observe a youth giving away possessions;
  - c) hear a youth state that he/she has nothing to live for;
  - d) observe a youth cry inconsolably without provocation;
  - e) observe a youth stop eating, sleeping, or engaging in activities;
  - f) observe a youth who appears overly agitated;
  - g) observe a youth whose behavior, thought and/or speech patterns seem markedly unusual and discordant given his/her situation;
  - h) know of a youth who has actually engaged in self-harming behaviors; and/or
  - i) have any other reason to believe that a youth may engage in self-destructive behavior.
4. Behavioral Health Assessment. If on-site, the behavioral health staff shall immediately assess the youth's mental status and need for acute psychiatric care. This assessment by the behavioral health staff may occur in the behavioral health clinician's office or at the scene. If on-call, the behavioral health staff shall determine the urgency of an on-site face-to-face assessment or if an assessment can occur within up to 18 hours.
  - a) If an immediate face-to-face assessment is appropriate, then the on-call behavioral health staff shall proceed to the facility and conduct an assessment of the youth within one hour of notification.
  - b) Behavioral health on-call staff shall weigh issues of safety, degree of emotional instability, reports of disorientation or psychosis and shall confer with on-site medical staff in determining the need for a face-to-face consultation within one hour. If there is any ambiguity about whether a face-to-face consultation within one hour is necessary, the on-call staff shall immediately consult his/her supervisor or the Behavioral Health Program Manager for further guidance.
  - c) On-call behavioral health staff shall report to the facility within one hour in the event a youth is being considered for medical restraint.
5. Emergency Psychiatric Services. HSA shall provide emergency psychiatric services twenty-four (24) hours a day, seven (7) days a week whose intervention shall be sought when determined to be clinically necessary by either behavioral health or medical staff. If clinically warranted, the on-site or on-call psychiatrist shall be contacted and provide a face-to-face assessment of the youth for purposes of determining the need for psychiatric hospitalization or psychotropic medication.
  - a) Three-day medication orders may be received over the phone if the prescribing

- psychiatrist has provided face-to-face treatment to the youth within the last 72 hours.
- b) Youth for whom a phone order for medication was received shall be followed up with a face-to-face assessment by a DYRS psychiatrist within 72 hours of a new medication order.
6. Hospitalizing Youth. If a youth is determined to be in need of off-site mental health treatment in a psychiatric facility, only the psychiatrist, licensed clinical psychologist, or other DMH authorized officer agent may initiate the FD-12, the authorizing emergency admission document asserting that the youth is in need of emergency psychiatric hospitalization.
7. Upon determination that a youth requires acute mental health treatment in a psychiatric hospital, the behavioral health staff making the determination shall immediately notify their on-site supervisor, the Behavioral Health Manager, the senior medical staff on duty, and the Superintendent, SYDR or highest ranking security staff that is on-site of the immediate need for an off-site transfer.
8. The Behavioral Health Manager or designee shall discuss the youth's condition with the admission staff at the psychiatric hospital to which the youth will be sent.
9. The youth shall remain on Suicide Precaution status with one-to-one supervision during transport and until officially admitted to the psychiatric facility.
10. Upon determination that a youth requires emergency mental health care in a psychiatric facility, behavioral health and medical staff shall go through the medical record to determine what documents should accompany the youth so that the receiving hospital has as much information as DYRS has that pertains to the admission.
11. The mode of transportation (i.e., 911 or DYRS transport) to the psychiatric hospital shall be determined by the medical staff in consultation with the behavioral health staff.
12. Behavioral health staff shall prepare the necessary medical records and place the records in a sealed envelope marked "confidential." The sealed envelope shall also contain the initiating FD-12. The sealed envelope shall be given to the transporting officer, who shall be responsible for providing it to the appropriate admissions staff at the psychiatric facility.
13. Coordination. The coordination between HSA staff and security staff must result in the youth being received by the psychiatric facility within eight (8) hours of the determination that the youth required an emergency psychiatric admission.
14. Suicide Precaution Status (SPS)
- a) During the time intervening the decision to admit and the actual transport of the youth to the psychiatric facility, the youth shall remain on SPS-1 (with one-to-one staff supervision) and be assessed at least hourly by behavioral health staff.
- b) The youth shall be placed on SPS-1 with one-to-one supervision during transport and until officially admitted to the psychiatric facility.
15. Psychiatric Hospital Returns

- a) Youth returning from acute psychiatric inpatient stays shall remain on SPS-1 Status until assessed by behavioral health staff which shall occur as soon as possible but no later than 24 hours following return to the facility.
- b) Discharge summaries from psychiatric hospitals where youth have received treatment shall be reviewed upon the youth's return by both medical and behavioral health staff and the recommendations implemented as appropriate.

16. External Communication

- a) Parent/Guardian Notification. The Chief of Health Services, Behavioral Health Manager or their designee shall be responsible for notification of the mental health emergency to the youth's parent or guardian or if the incident involves a staff or visitor, for notifying other appropriate parties.
- b) Public/Media Communication. The DYRS Director or designee shall be responsible for discussing any details regarding how the incident occurred with the media or other public entities.

**E. Guidelines for Dental Emergency Responses**

1. Emergency Access to Dental Care. Youth, staff or visitors injured in DYRS operated facilities, or youth with emergent dental care needs shall have access to emergency dental care.
2. Dental Injury. A youth, staff, or visitor who reports or is observed by any staff to have suffered a serious injury to the mouth, jaw, teeth, or gums shall be provided immediate assistance and first aid as indicated by staff on the scene.
3. Medical Staff Notification. Staff on the scene shall notify medical staff at the facility (by phone, walkie-talkie, in person, etc.), who in turn, shall make immediate notification to dental staff when on-site regarding the nature of the emergency and the condition of the individual(s) involved. Medical staff shall make the decision about whether the individual(s) can be moved or whether medical and/or dental staff must report to the scene.
4. Accidental Tooth Evulsion. If a youth, staff, or visitor suffers an injury that results in a tooth being knocked out, staff on the scene shall insert the tooth back in the individual's mouth. The individual shall be instructed to hold the tooth in place, and shall be escorted to the medical unit.
5. Dental Pain. Staff shall make notification to medical/dental staff upon a youth who reports extreme pain in a tooth, jaw, or gum. Staff shall then transport the youth to the medical unit where the youth can be examined.
6. Emergency Care Assessment. If dental staff is on-site, the youth, staff or visitor shall be examined immediately and a determination shall be made whether the injury or condition requires emergency dental care and whether on-site resources are adequate to address the condition or address it until an appointment with an off-site provider can be made.
  - a) If a determination is made either by on-site dental staff, or in their absence, by medical staff, that the youth, or as appropriate and indicated, staff or visitors require

emergency off-site dental care, they shall notify the Superintendent, SYDR, or Youth Development staff of the immediacy of the need for an off-site transport.

7. Patient Medical Records. Dental or medical staff shall prepare relevant documents from the medical record, including the initial medical/dental evaluation, notes of medical/dental care provided, current treatment plan, any prescribed medication, immunization history, relevant medical tests or services, the problem list, allergies for transport to the off-site hospital or provider. These documents shall be placed in a confidential envelope and given to the transport officer.
8. Youth Returning From Off-Site Emergency Care. Medical/Dental staff shall review the findings of off-site hospitals or other providers upon the youth's return to the facility and implement any recommendations or dental care plans as deemed appropriate by dental staff.

#### **F. Emergency Medical Response Drills**

1. Description. An emergency medical drill is a simulated medical, behavioral health, or dental emergency that requires immediate response by any DYRS staff in the vicinity including housing unit, education, culinary, administrative and HSA staff. Drills shall vary in severity and prepare all staff to execute all requirements of this plan, including, but not limited to: providing first aid on the unit, in the school or other facility-based location, initiating the emergency call-down list, transporting the youth, staff, or visitor to the medical unit as appropriate, and as indicated, transporting the youth, staff or visitor out of the facility to an appropriate and predetermined site for care.
2. Coordination. The Chief of Health Services, in coordination with the Medical Services Manager, the Supervisory Medical Officer, the Behavioral Health Manager, the Chiefs of Detained and Committed Services, the Training Manager, the Superintendents, and Risk Manager will establish a schedule of drills for each discipline-specific emergency that may occur in DYRS facilities.
3. Schedule. Drills shall occur on a pre-determined schedule, but no less than quarterly at each secure facility, with at least one drill conducted annually on each shift.

#### **VIII. MEDICAL, BEHAVIORAL HEALTH OR DENTAL EMERGENCIES IN DYRS GROUP HOMES**

Medical, behavioral health, or dental emergencies experienced by youth in DYRS group homes shall be brought to the nearest hospital emergency room for treatment.

#### **IX. QUALITY IMPROVEMENT**

##### **A. Purpose and Process**

1. The purpose of quality improvement activities is to critically assess the timeliness and effectiveness of the emergency responses to identify specific improvements that can be made in the overall process.
2. The Chief of Health Services and Superintendent(s) shall prepare a report detailing the process and outcomes of each discipline-specific emergency drill.

3. All disciplines: medical, behavioral health, and dental shall debrief on the timeliness and effectiveness of the emergency response drills following the drill.
  4. If deficiencies in the drills are identified for specific disciplines, the Chief of Health Services, in coordination with the Medical Services Manager, the Behavioral Health Manager, the Dentist, the Chiefs of Detained and Committed Services, and the Superintendent(s) shall review the procedures and protocols by discipline and recommend revisions to the emergency response protocols.
- B. Log Book. The HSA staff shall maintain a chronological log book for all youth, staff, and visitors sent to off-site doctors or hospitals on an emergency basis. Per the HSA Continuous Quality Improvement Plan, peer review by the MD, NP, PA, RN and CNA of the log and other components of HSA's urgent/emergent care shall be overseen by the Supervisory Medical Officer and the Medical Services Manager to critically assess the timeliness and effectiveness of the emergency response to identify specific improvements that can be made in the overall process. Reviews shall occur monthly until 90% compliance is met over a three-month period, and shall be reviewed quarterly thereafter.
- C. Log Book Contents. The log shall contain information about each incident, including date, time, shift, unit, name, gender, age, presenting emergency problem, whether it was a medical, mental health or dental emergency, whether restraint (of the youth) was involved, whether the individual was admitted to the hospital or not, the treatment provided, the date returned to the facility and the clinical outcome.

**X. NONCOMPLIANCE WITH POLICY AND PROCEDURES**

Failure of any DYRS employee to comply with the procedures outlined in this policy may result in disciplinary action up to and including removal.

**XI. REFERENCES**

Jerry M. Final Approved Amended Comprehensive Work Plan, December 5, 2007, as revised by Revised Final Approved Amended Comprehensive Work Plan, January 26, 2010, and all amendments thereto

**XII. ATTACHMENT**

- A. Emergency Response Bag

**Approval of the Agency Director:**

*Hilda Stanley*

*3/19/12*

DYRS Director

Date



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF YOUTH REHABILITATION SERVICES

CONTENTS OF THE MEDICAL EMERGENCY  
(ORANGE) RESPONSE BAG

I. SIDE COMPARTMENTS

A. RIGHT SIDE COMPARTMENT

1. Normal adult blood pressure cuff
2. Stethoscope
3. Scissors
4. Clamps – curve nose
5. Clamps – straight nose
6. Tweezers

B. RIGHT FRONT POCKET

1. Transparent dressing (3)
2. Cosmo pore dressing (2)
3. 4 x 4 gauze sponges (5)
4. Non-adherent pad (1)
5. 2 x 2 gauze sponges (15)

C. LEFT FRONT POCKET

1. 2 inch conforming stretch gauze (6)
2. 3 inch conforming stretch gauze (2)
3. 4 inch conforming stretch gauze (2)
4. Vaseline non-adhering dressing (3)

D. LEFT SIDE POCKET

1. Antiseptic towelettes (16)
2. Alcohol swabs (20)
3. Adhesive bandages (large) (16)
4. Adhesive bandages (small) (16)
5. Adhesive waterproof tape (1)

II. MAIN COMPARTMENT

A. FRONT RIGHT COMPARTMENT

1. Albuteral inhaler
2. Topical cooling gel
3. Portable , hand operated suction device to clear secretions from the mouth and oral cavity

## Emergency Medical Response Policy: DYRS-005, Attachment A

### B. FRONT LEFT COMPARTMENT

1. Self-adherent ace wrap (2)
2. Eye-wash irrigation solution
3. Hand sanitizer

### C. BACK COMPARTMENT

1. Bag-valve-mask setup with tubing "tail" on the bag to enable delivery of 100% oxygen
2. Padded face mask with one-way valve for "mouth to mask" rescue
3. Rescue face shield (2)
4. Rescue eye protector (1)
5. Latex gloves (7 pairs)
6. Disposable oral airways
7. Pocket Mask
8. Saran Splint
9. Multi-trauma dressing

### D. LID POCKET

1. Tourniquets (3)
2. Cut-down tool for suspended attempted suicides

**Staff shall also bring a small portable oxygen tank with regulator valve, wrench to open the valve, and connecting tubing to connect oxygen to the bag-valve mask.**