

Rule 8. Medical

210 IAC 8-8-1 Health care authority MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 1. (a) Written policy, procedure, and practice provide that the facility has a designated health care authority with responsibility for health care pursuant to a written agreement, contract, or job description.

(b) Such health care responsibilities shall include the following:

- (1) Defining the scope of health care services.
- (2) Developing a facility's health care policies and procedures.
- (3) Developing mechanisms, including written agreements, when necessary to assure that the necessary scope of services is provided and properly monitored.

(c) The health care authority may be a physician, health administrator, or health agency. When the authority is other than a physician, final clinical judgment rests with a single, designated physician who is either a Medical Doctor, MD, or Doctor of Osteopathy, DO.

(d) The health authority is authorized and responsible for making decisions about the deployment of health care resources and the day-to-day operations of the health care service program

210 IAC 8-8-2 Quarterly meetings

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 2. (a) Written policy, procedure, and practice provide that the health care authority meets with the facility administrator at least quarterly to discuss the following topics:

- (1) Effectiveness of the facility's health care program.
- (2) Environmental factors that need improvement.
- (3) Changes effected since the last meeting date.
- (4) If needed, recommended corrective action(s).

(b) The health care authority, following each meeting, submits a summary report to the facility administrator.

(c) Any condition that poses a danger to staff or juvenile health and safety is reported immediately to the facility or program administrator.

210 IAC 8-8-3 Health care authority positions

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 3. (a) Written policy, procedure, and practice provide that the health care authority determines the essential health care positions needed to perform the scope of health care services, including the following:

- (1) Physician.

- (2) Dentist.
- (3) Psychiatrist.
- (4) Psychologist.
- (5) Nurse.
- (6) Medical assistant.
- (7) Nurse practitioner.
- (8) Physician assistant.

(b) There is an annual review of the staffing plan by the health care authority to determine if the number and type of staff is adequate.

210 IAC 8-8-4 Medical decisions MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 4. Written policy, procedure, and practice provide that medical decisions are the sole province of the responsible health care practitioner and are not countermanded by non-health care personnel.

210 IAC 8-8-5 Monitor health care services

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 5. (a) Written policy, procedure, and practice provide that a system is developed and implemented by the health care authority to review and monitor health care services. The necessary elements of the system shall include the following:

- (1) An annual review of the health care policies and procedures.
- (2) A review and evaluation of the health care data, to include the following:
 - (A) Complaints and grievances.
 - (B) Off-site transports.
 - (C) Hospital admissions.
 - (D) Serious injuries to juveniles and staff.
 - (E) Contagious disease management.
 - (F) Suicides attempts or suicide.
 - (G) Deaths.

(b) As part of the review, a corrective action plan is developed based on the findings to address and resolve identified problems and concerns, including educational and training activities.

(c) A report of the findings of health care review is provided to the facility administrator.

210 IAC 8-8-6 Health care equipment

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 6. Written policy, procedure, and practice provide that adequate equipment, supplies, and materials for health care service delivery are available and maintained as determined by the health care authority in collaboration with the facility administrator.

210 IAC 8-8-7 Medical management

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 7. (a) Written policy, procedure, and practice provide that the health care authority shares with the facility administrator information concerning a juvenile's medical management within the guidelines of confidentiality. Policy determines how information is provided to staff to address the medical needs of the juvenile as it relates to the following:

- (1) Housing.
- (2) Program placement.
- (3) Daily activity.
- (4) Restrictions.

(b) Only that information necessary to preserve the health and safety of a juvenile is provided to the following:

- (1) Other juveniles.
- (2) Detention staff.
- (3) Volunteers.
- (4) Visitors.

210 IAC 8-8-8 Health care credentials MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 8. (a) Written policy, procedure, and practice provide that health care personnel comply with applicable federal and state licensure, certification, or registration requirements.

(b) Current credentials and licensure are verified annually and are on file in the facility.

(c) Concerns about incompetence or professional misconduct are managed in accordance with:

- (1) State law;
- (2) Agency policy; and
- (3) Relevant professional ethical codes.

210 IAC 8-8-9 Health care job description

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 9. (a) Written policy, procedure, and practice provide that the duties and responsibilities of qualified health care professionals and health care practitioners are governed by written:

- (1) Job descriptions;
- (2) Contracts; or
- (3) Agreement;

Approved by the health care authority.

(b) Current job descriptions are kept on file in the facility.

210 IAC 8-8-10 Services provided pursuant to written orders MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 10. Written policy, procedure, and practice provide that treatment by a qualified health care professional is performed pursuant to written standing or direct orders by a health care practitioner. Health care practitioners practice within the limits of applicable laws and regulations.

210 IAC 8-8-11 Trainee who delivers health care

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 11. (a) Written policy, procedure, and practice provide that any person or trainee who delivers health care in the facility, as part of a formal training program:

(1) Works under the supervision of appropriate health care staff with prior approval from the health care authority; and

(2) Provides health care services that commensurate with their level of training.

(b) There is a written agreement between the facility and training or educational facility that covers the following:

(1) The scope of work.

(2) Length of agreement.

(3) Legal and liability issues.

(c) The trainee agrees in writing to abide by all facility policies, including those relating to the security and confidentiality of information.

(d) Juveniles are prohibited from performing health care duties in the facility.

210 IAC 8-8-12 Emergency services MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 12. (a) Written policy, procedure, and practice provide that the following twenty-four (24) hour emergency services are available to the juvenile population:

(1) Medical.

(2) Dental.

(3) Mental health.

(b) Emergency services include the following:

(1) On-site emergency first aid and crisis intervention.

(2) Emergency transportation of the juvenile from the facility.

(3) Use of one or more designated hospital emergency rooms or other appropriate health facilities.

210 IAC 8-8-13 Juvenile health care transfers

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 13. (a) Written policy, procedure, and practice provide that juveniles who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transported under appropriate security provisions to a facility where such care is provided.

(b) A written list of referral sources, including emergency and routine care, is available and reviewed and updated at least annually.

(c) The transportation process shall address the following:

- (1) Security procedures for non-emergency, and emergency, transport of juveniles.
- (2) Medically sensitive conditions and specific precautions to be taken by transportation officer that are addressed and documented prior to transport.
- (3) Security staff should provide medical escort to the outside facility.
- (4) Transfer of medical information for continuity of care.
- (5) Notification to the placing agency without delaying the transfer.
- (6) Notification to the parent or guardian.

210 IAC 8-8-14 Written medical summary

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 14. Written policy, procedure, and practice provide that a written medical summary is required for all transfers to maintain continuity of care. When a juvenile is transferred the following is required:

- (1) The health record and medical summary shall be forwarded to the receiving facility prior to or provided at arrival.
- (2) Confidentiality of the health record is maintained.
- (3) Medically sensitive conditions and specific precautions to be taken by transportation officer are addressed and documented prior to transport.
- (4) Written instructions regarding medication or health interventions required en route should be provided to transporting officers and be kept separate from the medical record.

210 IAC 8-8-15 Information to access health care MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8-2

Sec. 15. (a) Written policy, procedure, and practice provide that upon arrival at the facility, all juveniles are informed of how to access health care services. The information is communicated orally and in writing, and is conveyed in a language that is easily understood by

each juvenile. When literacy, language barriers, or physical handicap prevents a juvenile from understanding oral and written information, a staff member or translator assists the juvenile.

(b) No member of the detention staff shall impede the juvenile's requests for access to health care services.

(c) There is a system for processing and resolving juvenile grievances relating to health care concerns.

210 IAC 8-8-16 Sexual assault

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 16. Written policy, procedure, and practice provide that victims of sexual assault are referred, under appropriate security provisions, to a community facility qualified for assessment and treatment of victims and gathering of evidence.

210 IAC 8-8-17 Daily health care requests

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 17. (a) Written policy, procedure, and practice provide that there is a process for all juveniles to initiate requests for health care services on a daily basis. All health care requests are triaged and reviewed on a daily basis by a:

- (1) Qualified health care professional;
- (2) Health care practitioner; or
- (3) Health-trained staff.

(b) A priority system is used to:

- (1) Schedule health care services; and
- (2) Address health care requests for conditions that are:
 - (A) Routine;
 - (B) Urgent; and
 - (C) Emergent.

(c) Health care services are available to juveniles at the facility:

- (1) In a clinical setting at least five days a week; and
- (2) Provided by a:
 - (A) Qualified health care professional; or
 - (B) Health care practitioner.

(d) A health care practitioner is available at least once a week to respond to juvenile health concerns.

(e) When facilities do not have full-time qualified health care professionals, health trained staff members coordinate the health care delivery services under the joint supervision of the health care authority and facility administrator.

210 IAC 8-8-18 Intake health screening MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 18. (a) Written policy, procedure, and practice provide that an intake health screening commences upon the juvenile's arrival at the facility and is performed by a qualified health care professional or health-trained staff. When health-trained staff conducts the health screening, procedures shall require a subsequent review of positive findings by a qualified health care professional. The responsible health care practitioner, in cooperation with the health care authority and facility administrator, establishes written procedures and health screening protocols. All findings are recorded on a health screening form approved by the health authority.

- (b) The health screening shall include inquiry into, at least, the following:
 - (1) History of chronic illnesses and serious infectious or communicable diseases, including symptoms and treatment.
 - (2) Obstetrical and gynecological history and current pregnancy status.
 - (3) Use of alcohol and other drugs, including the following:
 - (A) Type(s) of drugs used.
 - (B) Mode of use.
 - (C) Amounts used.
 - (D) Frequency used.
 - (E) Date or time of last use.
 - (F) History convulsions or other problems that occurred after ceasing use.
 - (4) Current illness and health problems, including infectious or communicable diseases.
 - (5) Current medications.
 - (6) Current dental problems.
 - (7) Recording of height and weight.
 - (8) Other health problems designated by the responsible physician.
- (c) The health screening shall include observation of the following:
 - (1) Behavior, including the following:
 - (A) State of consciousness.
 - (B) Mental status.
 - (C) Appearance.
 - (D) Conduct.
 - (E) Tremor.
 - (F) Sweating.
 - (2) Body deformities.
 - (3) Ease of movement.
 - (4) Condition of the skin, including the following:
 - (A) Trauma markings.
 - (B) Bruises.
 - (C) Lesions.
 - (D) Jaundice.
 - (E) Rashes.
 - (F) Infestations.
 - (G) Recent tattoos.
 - (H) Needle marks or other indications of drug abuse.
- (d) The health screening shall include one of the following medical dispositions:
 - (1) Cleared for general population;

- (2) Cleared for general population with a referral to appropriate health care service; or
- (3) Referral to appropriate health care service for emergency treatment with admission or return to the facility predicated on written medical clearance.

210 IAC 8-8-19 Staff informed of special medical needs

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 19. Written policy, procedure, and practice provide that at the time of admission, program staff are informed of juveniles' special medical needs or of any physical problems that might require medical attention.

210 IAC 8-8-20 Health assessment and examination MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 20. (a) Written policy, procedure, and practice provide that all juveniles shall receive a health assessment and examination.

(b) The health assessment shall:

- (1) Occur within seven (7) days of the juvenile's arrival to the facility;
- (2) Be completed by a qualified health care professional (minimum credentials of LPN or RN); and
- (3) Include, at least, the following:
 - (A) Review of the earlier admission screenings.
 - (B) Review of the results of the previous:
 - (i) Medical examinations;
 - (ii) Medical tests; and
 - (iii) Identification of problems.
 - (C) A recording of the following:
 - (i) Height.
 - (ii) Weight.
 - (iii) Pulse.
 - (iv) Blood pressure.
 - (v) Respiration.
 - (vi) Temperature.
 - (D) Request for additional information to complete the following histories, if necessary:
 - (i) Medical.
 - (ii) Dental.
 - (iii) Mental health.
 - (iv) Immunization.
 - (E) Consultation with a health care practitioner, as appropriate.

(c) The health examination shall:

- (1) Occur within fourteen (14) days of the juvenile's arrival;
- (2) Be completed by a health care practitioner; and

- (3) Include, at least, the following:
- (A) Review of the following from an earlier admission:
 - (i) Screening results.
 - (ii) Appraisal data.
 - (iii) Previous medical examinations.
 - (iv) Testing.
 - (v) Health problems.
 - (B) Physical examination, including review of mental and dental status.
 - (C) Request for additional information to complete the following histories, if necessary:
 - (i) Medical.
 - (ii) Dental.
 - (iii) Mental health.
 - (iv) Immunization.
 - (D) Orders for laboratory or diagnostic tests to detect, at a minimum, the following communicable disease and sexually transmitted diseases:
 - (i) Chlamydia.
 - (ii) Gonorrhea.
 - (iii) Tuberculosis.
 - (E) Other tests and examinations, as appropriate.
 - (F) Initiation of therapy, when appropriate.
 - (G) Development and implementation of treatment plan, including recommendations concerning housing and program participation.
- (d) If there is documented evidence of a health examination within the previous ninety (90) days, a new health examination is not required, except as determined by the responsible health care practitioner.
- (e) The health care practitioner determines the parameters for periodic re-examinations of the juvenile.

210 IAC 8-8-21 Health education and wellness information

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 21. Written policy, procedure, and practice provide that all juveniles receive:

- (1) Health education; and
- (2) Wellness information;

From a curriculum approved by the health care authority.

210 IAC 8-8-22 Informed consent

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 22. (a) Written policy, procedure, and practice provide that all informed consent standards in the jurisdiction are observed and documented.

(b) The informed consent of parent, guardian, or legal custodian is obtained where required by law.

(c) The juvenile and parent, guardian, or legal custodian are informed about health care in a language that is easily understood.

(d) When health care is rendered against the juvenile's will, it is only in accordance with federal and state laws and regulations.

(e) Staff should document the juvenile or parent's consent or refusal with respect to health care treatment in the juvenile's medical records.

210 IAC 8-8-23 Privacy

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 23. Written policy, procedure, and practice provide that health care contacts, including medical and mental health interviews, examinations, and procedures, should be conducted in a setting that respects the juvenile's privacy.

210 IAC 8-8-24 Notification of serious illness, injury, or death MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 24. (a) Written policy, procedure, and practice provide that in the juvenile's parent, guardian, or legal custodian shall be promptly notified in the following cases:

- (1) Serious illness.
- (2) Serious bodily injury.
- (3) Death of a juvenile.

(b) Procedures specify and govern the following:

- (1) Notification of law enforcement.
- (2) Notification to child protective services of the division of child services.
- (3) Notification to the placing agency.
- (4) Actions to be taken in the event of the death of a juvenile.

(c) A critical incident report shall be completed for all incidents of the following:

- (1) Serious illness.
- (2) Serious bodily injury.
- (3) Death of a juvenile.

210 IAC 8-8-25 Female health care MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 25. (a) Written policy, procedure, and practice provide that female juveniles receive the following services:

- (1) Obstetrical.
- (2) Gynecological.
- (3) Family planning.
- (4) Health education.
- (5) Pregnancy management.

(b) Provisions of pregnancy management include the following:

- (1) Pregnancy testing.
- (2) Routine and high-risk prenatal care.
- (3) Lactation procedures.
- (4) Management of chemically addicted pregnant juveniles.
- (5) Comprehensive family planning counseling which is:
 - (A) Science based;
 - (B) Medically accurate;
 - (C) Confidential; and
 - (D) Incorporates all services allowed under state law.
- (6) Postpartum follow-up care.

210 IAC 8-8-26 Medical and dental adaptive devices

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 26. Written policy, procedure, and practice provide that medical and dental adaptive devices are permitted, when medically necessary:

- (1) As determined by the responsible health care practitioner; and
- (2) When security is not compromised.

210 IAC 8-8-27 Dental care

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 27. Written policy, procedure, and practice provide that dental care is provided to each juvenile. There is a defined scope of available dental services which includes the following:

- (1) A dental screening conducted upon admission by a qualified health care professional or health-trained personnel.
- (2) Dental care education provided by a qualified health care professional or health-trained personnel.
- (3) Proper dental care that includes the following:
 - (A) Juveniles shall be allowed to brush their teeth at least twice daily.
 - (B) The facility shall provide dental examination by physician or dentist, if needed.
 - (C) The facility shall provide emergency dental care, as needed.
- (4) Consultation and referral to dental specialists, including oral surgery, when necessary, along with notification to the parent or legal guardian.
- (5) Development of an individualized dental treatment plan for juveniles receiving dental services.

210 IAC 8-8-28 Health-related situation response time MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 28. (a) Written policy, procedure, and practice provide that designated direct care staff and all health care staff are trained to respond to health-related situations within a four (4) minute response time.

(b) The training program, established by the responsible health care authority, in cooperation with the facility administrator, is conducted on an annual basis to assure staff readiness and includes, at a minimum, the following:

- (1) Recognition of signs and symptoms and knowledge of action that is required in potential emergency situations.
- (2) Recognition of signs and symptoms of the following:
 - (A) Mental illness.
 - (B) Violent behavior.
 - (C) Acute chemical intoxication and withdrawal.
- (3) Methods of obtaining assistance.
- (4) Administration of basic first aid and certification in performing cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization.
- (5) Suicide intervention.
- (6) Procedures for patient transfers to appropriate medical facilities or community health service providers.

210 IAC 8-8-29 First AID kits and AEDs

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 29. (a) Written policy, procedure, and practice provide that first aid kits and automatic external defibrillators (AEDs) are available in designated areas of the facility as determined by the health care authority in conjunction with the facility administrator.

(b) The health authority shall establish procedures for first aid kit and AED use by non-medical staff.

- (c) Monthly equipment inspections will be conducted and documented of:
- (1) First aid kits; and
 - (2) AEDs.

210 IAC 8-8-30 Bio-hazardous waste and equipment decontamination

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 30. Written policy, procedure, and practice provide that the management of bio-hazardous waste and decontamination of medical and dental equipment and instruments comply with applicable local, state, and federal regulations.

210 IAC 8-8-31 Management of pharmaceuticals MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 31. Written policy, procedure, and practice provide that management of pharmaceuticals and over-the-counter medications shall include, at a minimum, the following provisions:

- (1) Prescription practices, including the following requirements:
 - (A) Medications are prescribed only when clinically indicated, with defined stop order time periods;
 - (B) Medications are prescribed as one facet of a program of therapy; and
 - (C) The prescribing provider reevaluates a prescription prior to its renewal.
- (2) Procedures for:
 - (A) Receiving;
 - (B) Distributing;
 - (C) Storing;
 - (D) Administering; and
 - (E) Disposing;Medication in accordance with state and federal law.
- (3) Administration of medication by qualified health care professionals or health-trained personnel, who have undergone training approved by the health authority.
- (4) Accountability for administering medications in a timely manner and according to the health care practitioner's order.
- (5) Accountability for documenting medication administration, according to procedures approved by the health authority.
- (6) Secure storage and perpetual inventory of all:
 - (A) Controlled substances;
 - (B) Syringes; and
 - (C) Needles.

210 IAC 8-8-32 Medical experiments prohibited MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 32. (a) Written policy, procedure, and practice prohibit the use of juveniles for the following experiments:

- (1) Medical.
- (2) Pharmaceutical.
- (3) Cosmetic.

(b) This does not preclude individual treatment of a juvenile based on his or her need for a specific medical procedure that is not generally available.

(c) Clinical research aimed at improving the care or condition of confinement is not prohibited. Institutions electing to perform research shall be in compliance with all state and federal guidelines.

210 IAC 8-8-33 Drugs as discipline prohibited

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 33. Written policy, procedure, and practice provide under no circumstances stimulants, tranquilizers, or psychotropic drugs are administered for purposes of:

- (1) Discipline;
- (2) Security control; or
- (3) Experimental research.

210 IAC 8-8-34 Restraints for medical purposes MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 34. (a) Written policy, procedure, and practice provide guidelines regarding the use of restraints on juveniles for medical and mental health purposes include, at a minimum, the following:

- (1) Conditions under which restraints may be applied.
- (2) Types of restraints to be applied.
- (3) Identification of one or more qualified health care professional, qualified mental health care professional, or health care practitioner who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not successful.
- (4) Monitoring procedures.
- (5) Length of time restraints are to be applied.
- (6) Less-restrictive alternatives are developed and implemented as soon as possible.
- (7) After-incident review.

(b) The facility administrator or designee must be notified as soon as possible after restraints are applied.

210 IAC 8-8-35 Medical isolation

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 35. (a) Written policy, procedure, and practice provide that when a juvenile is placed in room confinement or isolation for medical purposes a qualified health care professional or health-trained staff shall:

- (1) Be informed immediately; and
- (2) Complete an assessment as determined by the health authority.

(b) Unless medical attention is needed more frequently, each juvenile in room confinement or isolation receives a daily visit from a qualified health care professional or health-trained staff.

210 IAC 8-8-36 Chronic care and treatment planning

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 36. (a) Written policy, procedure, and practice provide that juveniles with:

- (1) Chronic illnesses or conditions, including but not limited to, the following:

- (A) Asthma; and
- (B) Diabetes;
- (2) Receive periodic care and treatment that includes the following:
 - (A) Medication monitoring.
 - (B) Laboratory testing.
 - (C) Specialist consultation, as needed.
 - (D) Health care practitioner review and examination, as indicated, following written policies, procedures, and practices developed in conjunction with the health authority.

(b) A health care treatment plan will be developed and will include directions to health care providers and other facility personnel regarding their roles in the care and supervision of the juvenile.

210 IAC 8-8-37 Communicable disease and infectious control program MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 37. (a) Written policy, procedure, and practice provide for a communicable disease and infectious control program for juveniles, to include the management of, at a minimum, the following:

- (1) Methicillin-Resistant Staphylococcus Aureus (MRSA);
- (2) Hepatitis A, B, and C;
- (3) Scabies;
- (4) Varicella; and
- (5) Meningococemia.
- (b) The program plan includes procedures for the following:
 - (1) Prevention to include immunizations, including Hepatitis A and B, when applicable.
 - (2) Surveillance, identifying and monitoring.
 - (3) Juvenile education and staff training.
 - (4) Treatment to include medical isolation, when indicated.
 - (5) Follow-up care, including arrangements with appropriate health care authorities for continuity of care if a juvenile is released prior to the completion of therapy.
 - (6) Reporting requirements to applicable local, state, and federal agencies.
 - (7) Confidentiality of protected health information.
 - (8) Appropriate safeguards for juveniles and staff, including post-exposure protocols.
 - (9) Evaluating and treating infected juveniles in accordance with an approved practice guideline.
 - (10) Evaluation of any staff suspected of a communicable disease.

(c) The health care authority and facility administrator review communicable disease and infection-control activities during their quarterly meetings.

210 IAC 8-8-38 Management of HIV MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 38. Written policy, procedure, and practice provide that the management of HIV infection in juveniles is included in the communicable disease and infectious control program. The program for HIV management shall include procedures for the following:

- (1) When and where juveniles are to be HIV tested.
- (2) Ensuring confidentiality of protected health information.
- (3) Follow-up care, including arrangements with appropriate health care authorities for continuity of care when the juvenile is released.
- (4) All staff supervising juveniles receive training on and exercise universal safety precautions.

210 IAC 8-8-39 Management of tuberculosis MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 39. Written policy, procedure, and practice provide that the management of Tuberculosis (TB) in juveniles is included in the communicable disease and infectious control program. The program for TB management shall include procedures for the following:

- (1) When and where juveniles are to be screened and tested.
- (2) Treatment of latent tuberculosis infection and tuberculosis disease.
- (3) Medical isolation, when indicated.
- (4) Follow-up care, including arrangement with applicable department of health for continuity of care if the juvenile is released prior to completion of therapy.

210 IAC 8-8-40 Juvenile health records

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

Sec. 40. (a) Written policy, procedure, and practice provide that a juvenile's health records, paper or electronic, or both, contain the following items, or documented attempts to obtain the following items, filed in a uniform manner:

- (1) Patient identification on each sheet.
- (2) Receiving screening form.
- (3) Health appraisal data and examination forms.
- (4) Record of immunizations.
- (5) Diagnoses, treatments, and dispositions.
- (6) Individualized treatment plan, when applicable.
- (7) Progress reports.
- (8) Place, date, and time of health encounters.
- (9) Record of prescribed medications and their administration records, if applicable.
- (10) Laboratory, x-ray, and diagnostic studies.
- (11) Release of information forms.
- (12) Consent and refusal forms.
- (13) Health service reports, including, but not limited to, the following:

- (A) Emergency department.
 - (B) Dental.
 - (C) Mental health.
 - (D) Telemedicine.
 - (E) Other consultations.
- (14) Discharge summary of hospitalization and other termination summaries, including but not limited to the following:
- (A) Outpatient treatments.
 - (B) Special services not requiring hospitalization but which have an endpoint that is documented.
- (15) Legible signatures and the titles of the providers in ink, type, or stamp under the signature.
- (b) The health authority approves the:
- (1) Method of recording entries in the records;
 - (2) Form and format of the records; and
 - (3) Procedures for record maintenance and safekeeping.
- (c) The health record is made available to, and is used for documentation by, all qualified health care professionals and health care practitioners.

210 IAC 8-8-41 Confidentiality of health records MANDATORY

Authority: IC 11-8-2-5; IC 31-31-8-2

Affected: IC 31-31-8

- Sec. 41 (a) Written policy, procedure, and practice provide that the principle of confidentiality applies to juvenile health records and information about juvenile health status.
- (b) The active health record is maintained separately from the confinement case record.
- (c) The health authority, in accordance with state and federal law, controls access to the health record. Inactive health records are retained as permanent records in accordance with state and federal law.