RHODE ISLAND GOVERNMENT REGISTER

PUBLIC NOTICE OF PROPOSED RULEMAKING

AGENCY: Department of Children, Youth and Families

DIVISION: Rhode Island Training School

RULE IDENTIFIER: ERLID 7955

REGULATION TITLE: Clinical Services at the Rhode Island Training School 1200.1110

RULEMAKING ACTION: Regular rulemaking

TYPE OF FILING: Repeal

TIMETABLE FOR ACTION ON THE PROPOSED RULE:
Public Notice Date: **February 27, 2018**
Public comment will end on **March 30, 2018**

SUMMARY OF PROPOSED RULE: The Department proposes to repeal this rule in connection with the proposed adoption of 214-RICR-60-00-1, "Rules and Regulations of the Rhode Island Training School." This rule is being promulgated to replace several existing Rhode Island Training School regulations.

R.I. Gen. Laws § 14-1-36.2 provides that children and youth placed in the custody of the Department of Children, Youth and Families receive suitable treatment, rehabilitation and care in the least restrictive environment.

The mission of the Rhode Island Training School (RITS) is to provide care in a secure facility to youth who are detained or adjudicated by order of the Family Court. The Training School promotes public safety and rehabilitation of residents through a comprehensive continuum of services provided in partnership with families, the community, and the Department in the least restrictive setting compatible with youth and community safety. Supervision, security, education, behavioral health, health and transition services are provided in an individualized, culturally, and gender sensitive manner.

COMMENTS INVITED:
All interested parties are invited to submit written or oral comments concerning the proposed regulations by **March 30, 2018** to the address listed below.

ADDRESSES FOR PUBLIC COMMENT SUBMISSIONS:
All written comments or objections should be sent to, Sarah St. Jacques, DCYF Policy Office, Rhode Island Department of Children, Youth and Families
Mailing Address: DCYF, 3rd Floor, 101 Friendship Street, Providence, RI 02903
Email Address: Sarah.StJacques@dcyf.ri.gov

WHERE COMMENTS MAY BE INSPECTED:

Mailing Address: DCYF, 3rd Floor, 101 Friendship Street, Providence, RI 02903

PUBLIC HEARING INFORMATION:
If a public hearing is requested, the place of the public hearing is accessible to individuals who are handicapped. If communication assistance (readers/ interpreters/captioners) is needed, or any other accommodation to ensure equal participation, please call (401) 462-6266 or RI Relay 711 at least three (3) business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting.
In accordance with R.I. Gen. Laws § 42-35-2.8, an oral hearing will be granted if requested by twenty-five (25) persons, by an agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within ten (10) days of this notice.

FOR FUTHER INFORMATION CONTACT:
Sarah St. Jacques, DCYF Policy Office, Rhode Island Department of Children, Youth and Families, 3rd Floor, 101 Friendship Street, Providence, RI 02903 or Sarah.StJacques@dcyf.ri.gov

SUPPLEMENTARY INFORMATION:
Regulatory Analysis Summary and Supporting Documentation:
There are no new societal costs and benefits in the adoption of this rule.

Authority for This Rulemaking: R.I. Gen. Laws § 42-72-4

Regulatory Findings:
In the development of the proposed regulation, consideration was given to: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small business. No alternative approach, duplication, or overlap was identified based upon available information.

The Proposed Repeal:
The Department of Children, Youth and Families proposes to repeal ERLID 7955, "Clinical Services at the Rhode Island Training School 1200.1110and adopt 214-RICR-60-00-1 as follows in the concise explanatory statement of proposed non-technical amendments below.

The Department of Children, Youth and Families proposes to repeal the following Rhode Island Training School regulations and reissue as Department Operating Procedures (DOPs). All DOP's are accessible to the public and may be viewed on the Department's website at: http://www.dcyf.ri.gov/policyregs/.

The proposed regulation would repeal and supersede the following rules:

- Administrative Classification to Restrictive Status 1200.1308 ERLID: 7256
- Administrative Responsibility 1200.0003 ERLID: 6180
- Administrator on Call 1200.0004 ERLID: 6181
- Behavior Report 1200.1305 ERLID: 6184
- Case Transfers between the Rhode Island Training School and Family Service Units or Juvenile Probation 1200.1620 ERLID: 7774
- **Clinical Services at the Rhode Island Training School 1200.1110 ERLID: 7955 (This rulemaking action)**
- Court Disposition 1200.0014 ERLID: 7785
- Culinary Equipment1200.0838 ERLID: 6337
- Daily Census Report for the RI Training School 1200.0504 ERLID: 6237
- Discipline for Academic and Vocational Classes 1200.1310 ERLID: 6028
- Education Program at the RI Training School 1200.1701 ERLID: 7993
- Escape 1200.1608 ERLID: 6339
- Facility Capacity 1200.0002 ERLID: 7786
- Facility Management and Environmental Safety 1200.0718 ERLID: 6361
- Fifteen Minute Room Checks1200.0839 ERLID: 6019
- Food Service 1200.0900 ERLID: 7787
- General Discipline 1200.1300 ERLID: 6020
- Incentive System-Points 1200.0103 ERLID: 7781
- Juvenile and Adult Offender Interactions 1200.0011 ERLID: 6182
- Lawful Detention or Confinement of Juveniles1200.0010 ERLID: 7789
- Legal Assistance 1200.0017 ERLID: 6185
- Legal Establishment 1200.0000 ERLID: 7788
- Lock Up 1200.1307 ERLID: 7258
- Major Discipline Review 1200.1306 ERLID: 7259
- Master Control Center 1200.0857 ERLID: 6341
- Mission, Philosophy, Goals and Purpose 1200.0001 ERLID: 7508
- Movement of Residents on Grounds 1200.0809 ERLID: 6342

- Notice to Superintendent 1200.0702 ERLID: 6387
- Portable Radios1200.0708 ERLID: 6343
- Post Assignments1200.0847 ERLID: 6614
- Protecting and Preserving Evidence1200.0835 ERLID: 6344
- Resident Grievance Procedure 1200.1206 ERLID: 6346
- Resident Handbook 1200.1301 ERLID: 6031
- Resident Personal Property 1200.1203 ERLID: 6241
- Resident Room Inspections 1200.1003 ERLID: 6347
- Resident Telephone Calls 1200.1402 ERLID: 7959
- RITS Personnel Administration 1200.0222 ERLID: 6396
- Safety and Emergency Procedures at the RI Training School 1200.0714 ERLID: 6357
- Search of a Resident of the RI Training School 1200.0819 ERLID: 6977
- Searches for Contraband 1200.0821 ERLID: 6348
- Suicide Prevention and Special Watches 1200.0709 ERLID: 6349
- Tool and Equipment Control at the RI Training School 1200.0855 ERLID: 6350
- Tours of the RI Training School 1200.0007 ERLID: 6115
- Transportation of Residents Off Grounds 1200.0240 ERLID: 6244
- Unusual Incident Report 1200.0827 ERLID: 6351
- Use of Physical Force/Corporal Punishment 1200.1207 ERLID: 6117
- Use of Restraint at the RI Training School 1200.0832 ERLID: 6978
- Use of State Vehicles 1200.0724 ERLID: 6352

SUMMARY OF NON-TECHNICAL CHANGES

PROPOSED REGULATIONS FOR ADOPTION

214-RICR-60-00-01

Title 214 – DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES
Chapter 60 – Rhode Island Training School

Subchapter 00 – N/A

Part 1 – Rules and Regulations of the Rhode Island Training School

Justification for regulatory changes:

Language added to comply with federal provisions of the Prison Rape Elimination Act P.L. 108-79.

Section 1.1 Purpose

No new provisions, language is from existing state statutes and Department policy.

1.2 Authority

No new provisions, existing state statutes.

1.3 Application

Section Added

1.4 Severability

Section Added

1.5 Definitions

New Definitions:

From Federal Law (Prison Rape Elimination Act): "Sexual Harassment means any verbal comment of gesture (welcome or not) of a sexual nature including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing or obscene language or gestures.

"Sick Call" means a scheduled time at which residents may report as sick to the RITS nurse.

From Federal Law (Prison Rape Elimination Act: "Voyeurism" means an invasion of privacy of a resident by staff for reasons unrelated to official duties, such as peering at a resident who is using a toilet to perform bodily functions; requiring a resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a resident's naked body or of a resident performing bodily functions.

1.6 General Administration

New language added to comply with the federal Prison Rape Elimination Act

C. All Training School employees, and all contractors and consultants who do business at or in any of the components of the Training School, must undergo criminal background checks and must submit to the following criminal background checks every fifth (5^{th}) year of their employment or contractual/consultant relationship with the Training School.

1. Such background checks are conducted during the anniversary month of the employee's date of hire or assignment to the Training School. In the case of contractors/consultants, such background checks are conducted during the anniversary month of the start of that individuals work with the Training School.

2. Five-year criminal background checks include are done using State Bureau of Criminal Investigation (BCI) checks.

3. For employees covered by this policy, failure to submit to these checks may be used as cause for disciplinary action, up to and including dismissal from employment with cause.

4. For consultants and contractors covered by this policy, failure to submit to these checks may be used as cause for termination with cause of any and all agreements for consulting or contracting with the Department, with the consultant/contractor forfeiting any and all future payments within their contract for services with the Department.

5. Any criminal information found in these checks are subject to administrative review and appropriate disposition.

1.6.1 Resident Handbook

New language added to comply with the federal Prison Rape Elimination Act

1. The Resident Handbook includes information for youth on their rights and PREA safeguards and includes information on how to report sexual harassment and/or sexual abuse, and a place for the youth to sign acknowledging that the youth has received such information.

1.7 Prison Rape Elimination Act

New language added to comply with the federal Prison Rape Elimination Act

A. The RITS complies with the federal Prison Rape Elimination Act (PREA) to provide a safe and therapeutic environment for all youth. Department Operation Procedures outline and implement a comprehensive approach to preventing, detecting and responding to sexual abuse, including voyeurism, and sexual harassment.

B. Any physical contact of a sexual or sexualized nature between any RITS provider, vendor, contractor, volunteer, or staff toward a youth detained or adjudicated at the RITS is deemed abusive; such contact is reported to the CPS Hotline and is investigated.

1. The Department has zero tolerance for voyeurism or sexual harassment by any Department provider, contractor, volunteer or staff toward a youth detained or adjudicated at the RITS and includes voyeurism and/or sexual harassment as a form of sexual abuse.

C. Any Department staff engaging in sexual abuse or harassment toward a child/youth in care or detained or adjudicated at the RITS is subject to discipline up to and including dismissal without warning and referred to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies, as appropriate.

D. Any contractor, provider, intern or volunteer who violates Department sexual abuse or harassment policies is prohibited from contact with residents and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies, as appropriate.

1.13 Visitation

Language amended to comply with the Prison Rape Elimination Act

E. All visitors are subject to a criminal record background check and a clearance of agency activity check prior to being approved for visitation.

F. All visitors are subjected to a search upon entry to the facility.

G. Visitors are prohibited from bringing contraband in to the facility at any time. The contraband and search policy for visitors is posted at the entrance to the facility.

K. ~~There are regular family forums at which families of detained youth may voice issues of concern, offer suggestion for improvement, and obtain needed information about institutional policies and practices.~~

1.15 Resident Searches

Updated to comply with the federal Prison Rape Elimination Act

4. Clothed Body Search;

5. Except in exigent circumstances, any search of a resident is conducted by a staff member of the same gender as the youth or, in the case of a transgender or intersex identified youth, by a staff member of the gender that the youth has identified as the preferred gender for this purpose. Any search of a resident complies in all respects with the requirements of the Prison Rape Elimination Act as detailed in Department Operating Procedure as well as in Department training.

Clinical Services at the Rhode Island Training School

Rhode Island Department of Children, Youth and Families
Division of Juvenile Correctional Services: Training School
Policy: 1200.1100
Effective Date: March 1, 2011 Revised Date: May 29, 2015 Version: 3

All residents have unimpeded access to medically necessary, routine and emergency health, dental and behavioral health care provided in a timely manner by licensed professionals. The R.I. Training School (RITS) does not discriminate in providing health, dental and behavioral health care to residents. Residents access these services without regard to legal or disciplinary status, living unit, gender, sexual orientation, race, ethnicity or disabilities. Residents are afforded reasonable opportunities to speak privately with medical, dental and behavioral health staff, are not required to disclose the reason for a request to non-clinical staff and are never asked to discuss medical, dental or behavioral health in the presence of any other resident. Residents receive verbal and written orientation to their rights to access these services.

Any exception to the provisions of this policy requires the prior written permission of the Superintendent of the RITS.

Related Procedure

Clinical Services at the RI Training School

Related Policy

Legal Establishment
Notice to Superintendent

Comprehensive Assessment and Service Planning

Suicide Prevention and Special Watches at the Training School
Resident Handbook

Resident Grievance Procedure

Rhode Island Children's Information System (RICHIST)
Unusual Incident Report

Transportation of Residents Off Grounds
Use of Restraint at the RI Training School
Education Program at the Rhode Island Training School
Training and Professional Development

Clinical Services at the Rhode Island Training School

Procedure from Policy 1200.1100: Clinical Services at the RI Training School

A. Providers of health, dental and behavioral health care are prepared and credentialed in conformance with DCYF Policy 1200.0000, Legal Establishment.

1. Final judgments regarding medical care are made by a physician and regarding dental care by a dentist.
    a. Credentialed health care providers, including but not limited to registered nurses, nurse practitioners, physician assistants, registered dental hygienists and certified dental assistants, practice within the parameters defined by the RI Department of Health (RIDOH).
    b. Standing medical orders are written by physicians, are reviewed regularly and are revised as necessary.
2. The RI Training School (RITS) maintains a centralized clinic with private examination facilities as well as written agreements with local hospitals and providers for medically necessary care not provided on site. Residents have daily access to medically necessary health, dental and behavioral health services and 24 hour access to emergency health, dental and behavioral health services.
    a. Qualified professionals determine and supervise care.
    b. Standard operating protocols are developed to ensure uniform and high quality medical, behavioral health and dental services.
        i. Staff are trained on and proficient in the implementation of these protocols.
        ii. Protocols are reviewed no less than annually by the supervising physician and the Clinical Director and are revised as necessary. A document describing this review is signed and dated by the supervising physician and the Clinical Director.
    c. Written job descriptions include required qualifications and position responsibilities within the RITS health care delivery system.
    d. If a resident requires hospitalization, he or she is accompanied by staff that remains with him/her during admission.
    e. Staff brings necessary consent documentation with the resident to the hospital or off site medical provider.
3. Adequate space, equipment, supplies and materials are provided to meet the medically necessary health, dental and behavioral health care needs of the resident.

B. In the event of serious illness, injury or death, the resident's parents or legal guardians are notified as soon as possible. In addition, staff notify supervisory staff in conformance with DCYF Policy 1200.0702, Notice to Superintendent.

C. The Clinical Director or designee monitors health, dental and behavioral health providers and staff and receives reports on services provided.

1. Administrative meetings with health, dental and behavioral health care staff are convened no less than quarterly. These meetings address effectiveness of care provided, challenges and environmental factors that must be addressed, changes

since the last review and recommendations for corrective action.

2. The Clinical Director and Superintendent review health, dental and behavioral health care services annually and implement corrective actions as needed.

D. Staff report any health or medical safety issues related to residents to the clinic between the hours of 7:00 A.M. and 11:00 P.M. or to the Master Control Center (MCC) between 11:00 P.M. and 7:00 A.M. The MCC notifies the Superintendent or Administrator on Call, if necessary.

E. The content, quality and periodicity of health, behavioral health and dental care conforms to the relevant standards of the RIDOH, the American Psychiatric Association, the American Academy of Pediatrics, the American Dental Association and the U.S. Centers for Disease Control.

1. Interventions are individualized for each resident and calibrated to the seriousness and urgency of the presenting need.

2. Each resident is provided an explanation of interventions consistent with his or her cognitive and developmental capacity, language barriers or disabilities.

3. To ensure medical confidentiality, interventions are delivered in private.

a. Any exception to the medical confidentiality of a resident requires the finding by the Superintendent or designee that the safety or security of the resident or staff requires staff supervision. This finding is documented in conformance with DCYF Policy 1200.0827, Unusual Incident Report.

b. When the safety or security requires the presence of staff during a routine or scheduled physical examination or intervention, supervision is provided by staff of the same sex as the resident.

F. Staff secure appropriate consent before providing treatment to detained or adjudicated residents provided however that a resident may receive medically necessary emergency medical treatment before such consent is given.

1. The consent of the resident's parent or legal guardian is required for residents under the age of 18 with the exception for the treatment of sexually transmitted infections or for the treatment of substance abuse.

a. Staff make every effort to contact parent or legal guardian to have the Consent for Treatment Form signed.

b. If the parent or guardian does not sign the consent after a good faith effort by staff, the Superintendent may sign the Consent for Medical Treatment Form.

c. Once signed, the Consent for Treatment remains in effect throughout the resident's sentence to the RITS (including Temporary Community Placement).

d. A separate consent, the Authorization for Medication Form, is required for psychiatric medications.

i. For residents under the age of eighteen (18), parent or guardian also signs the Authorization for Medication Form, which remains in effect throughout the resident's sentence to the RITS (including Temporary Community Placement).

ii. If the parent or guardian does not sign the Authorization for Medication Form after a good faith effort by staff, the Superintendent may sign for the resident.

e. A separate consent, Consent Authorization for Dental Extractions, is required for extractions performed at the RITS Dental Clinic.

i. The Consent Authorization for Dental Extractions Form lists teeth to be extracted.

ii. If the parent or guardian does not sign the Consent Authorization for Dental Extractions Form after a good faith effort by staff, the Superintendent may sign for the resident.

f. A separate consent, Consent Authorization for Endodontic Treatment, is required for root canals performed at the Training School Dental Clinic.

i. The Consent Authorization for Endodontic (root canal) Treatment Form lists the teeth needing root canals.

ii. If the parent/guardian does not sign the Consent Authorization for Endodontic (Root Canal) Treatment Form after a good faith effort by staff, the Superintendent may sign for the resident.

2. Residents who are eighteen (18) years of age or older, sign the Consent for Medical Treatment, Authorization for Medication Forms, Consent Authorization for Dental Extractions Form and Consent Authorization for Endodontic (root canal) Treatment Form.

3. If medically necessary, emergency medical treatment is provided before parents/legal guardians sign the Consent for Medical Treatment or Authorization for Medication Forms. Parents are notified as soon as possible.

4. If consent cannot be secured as outlined in paragraph F, above, treatment is rendered if the resident's condition poses an imminent danger to him/herself or others. In some cases, such as, when treatment is refused on personal or religious beliefs, a court order may be sought.

G. Any resident grievance related to health care is deemed a potential emergency and managed in conformance with DCYF Policy 1200.1206, Resident Grievance Procedure.

H. Medical, dental and behavioral health screening begins at intake to the RITS.

1. The resident is informed of his/her right to medical care immediately upon confinement in conformance with DCYF Policy 1200.1301, Resident Handbook.

2. The Juvenile Program Worker or registered nurse:

a. Inquires as to whether the resident is being treated for medical, dental or behavioral health needs and observes the general appearance and behavior of the resident.

b. Informs the MCC if he or she identifies symptoms of illness, injury or substance abuse/chemical dependency that may require immediate medical care. The MCC informs the Police accompanying the youth that medical clearance is required before the resident is admitted.

3. Within twenty four (24) hours of admission a comprehensive assessment, including dental screening, is performed by registered nurse.

a. The registered nurse completes the RITS Medical Screen Form and refers the resident for immediate dental, medical or behavioral health care if urgent needs are identified.
b. Staff are advised of special medical needs through a medical alert.

4. Within forty-eight hours of his/her admission, each resident is given a comprehensive medical examination by a physician. If a resident arrives on a weekend, he/she is seen on the following working day unless a court appearance makes this impossible. A resident whose stay extends beyond one year is given a comprehensive medical examination annually. The elements of this examination include, but are not limited to:
   a. Immunizations as recommended by the Rhode Island Medical Society
   Advisory Committee in accordance with accepted medical standards;
   b. Examination of vision and hearing;
   c. Medical History, both physical and mental;
   d. Blood profile;
   e. Urinalysis;
   f. Screening for sexually transmitted diseases and/or venereal disease, and screening for drug use;
   g. Other tests or screenings, as indicated, including screening for sickle cell anemia and other genetic diseases;
   h. Consideration is given as to the need to perform a neurological examination;
   i. Gynecological series are available where appropriate in the judgment of an examining physician.
   j. Within forty eight (48) hours, laboratory work is completed and documented on RITS Laboratory Forms. If other than the state of RI laboratory, the services of the clinical laboratory meet the accreditation standards of the Joint Council on Accreditation of Healthcare Organizations (JCAHO).
5. Within seven (7) days of admission and every six (6) months, thereafter, each resident is given a comprehensive dental exam, including necessary x-rays, oral hygiene instructions and oral health education.
   a. Dental care is provided under the direction and supervision of a dentist.
   b. Emergency dental care is provided as well as corrective, as opposed to cosmetic, care.
   c. Residents who have been at the RITS at least six (6) months have a discharge dental exam. RITS nursing staff advise the dental staff of the need for these dental discharge exams.
6. The Suicide Risk Assessment is performed immediately upon admission by a JPW between the hours of 11:00 P.M. and 7:00 A.M. or a registered nurse between the hours of 7:00 A.M. and 11:00 P.M.
   a. The Suicide Risk Assessment Form is completed.
   b. If risk is identified, the JPW continues to provide direct supervision of the resident and immediately notifies the MCC.
   c. If a special watch is needed, it is ordered. Staff provide supervision to residents in conformance with DCYF Policy 1200.0709, Suicide Prevention and Special Watches at the Training School.
7. Massachusetts Youth Screening Instrument Version 2 (MAYSI-2)
   a. The MAYSI-2 determines the presence of acute mental health

issues which may require prompt intervention for residents.

b. The MAYSI-2 is administered by RITS staff to residents within forty-eight (48) hours of detention.

8. Within 24 hours of admission, the Clinical Social Worker (CSW) meets with the resident to assess his/her needs and to assist with his/her adjustment. The CSW provides counseling to the resident and identifies any referrals for behavioral health assessment or treatment needed.

9. Any resident whose offense, behavior subsequent to admission or whose records indicate potential or previous mental health needs is seen by the CSW and referred as needed to the staff psychiatrist. The psychiatrist evaluates the resident, documents findings in the youth's medical record and makes a complete written report within two (2) weeks if requested by the court.

10. Within ten (10) days of admission, the Unit Manager and Clinical Social Worker gather information to formulate a preliminary profile of the resident.

a. Information dealing with the resident's social history, family background, education, behavioral observations, medical history and other pertinent data are gathered.

b. The Clinical Director determines the need for diagnostic, evaluative or therapeutic evaluations by a psychologist or psychiatrist.

c. The resident is integrated into unit life.

d. Educational services are provided in conformance with DCYF Policy 1200.1701, Education Program at the Rhode Island Training School.

11. A validated assessment which

a. evaluates a broad spectrum of mental health and substance abuse issues to determine necessary levels of treatment and placement of residents sentenced to the RITS.

b. is completed by the RITS Clinical Social Worker within thirty (30) days of a resident's adjudication to direct further assessment and service planning.

12. The Department's assessment and service planning processes are completed in accordance with DCYF Policy 700.0075, Comprehensive Assessment and Service Planning.

l. Medically trained personnel monitor and respond to residents' health needs daily.

1. Registered Nurses conduct sick call twice a day between the hours of 7:00 A.M. and 11:00 P.M., which is accessible to all residents for non-emergency care.
    a. Medical staff maintain a daily log which details attendance at sick call, medications dispensed, treatment administered and referrals made.
    b. This information is entered into the resident's medical file for evaluation by the treatment planning team, as required.
2. Physicians and dentists are available at least two (2) hours a day, four (4) days a week. In addition, a physician or physicians are on call twenty-four (24) hours a day, seven days a week, to provide medically necessary evaluation and care as indicated by the nursing staff or as requested by residents.
    a. In no circumstance is resident access to medical care denied by staff.
    b. Health appraisal is conducted by qualified staff under the supervision of a physician or dentist and is completed in a uniform manner which conforms to standard medical or dental practice.
    c. Review of results of medical or dental examinations, tests or the identification of problems is performed by a physician or dentist.
3. Pharmaceuticals are managed, prescribed and administered by qualified personnel pursuant to an appropriate examination of the resident.
    a. Prescriptions clearly indicate an end date and are re-evaluated before renewal.
    b. Prescription medication is administered by a registered nurse according to a physician's orders.
    c. Psychotropic medications are prescribed only by a physician in response to a therapeutic need identified through an examination of the resident.
        i. Under no circumstances is a stimulant, tranquilizer or psychotropic drug administered for the purposes of program management or control or for disciplinary reasons or for the purposes of experimentation or research.
        ii. Any utilization of medication to restrain a resident must have the prior written permission of the Clinical Director or Superintendent.
    d. Written protocols conforming to state and federal law direct the receipt, storage, administration and documentation of medication.
    e. Controlled substances are stored and inventoried in conformance with state and federal law.
    f. Pharmacy services are provided through contract with credentialed providers.
        i. Medications are delivered daily in individualized packets for each resident.
        ii. Emergency medications are obtained through identified local providers.
4. In conformance with DCYF Policy 400.0000, Training and Professional Development, staff are trained to respond to health-related situations within a four (4) minute time frame.
    a. All staff receive training in First Aid and First Aid kits are available in the residential units.
    b. The Medical Director reviews and approves the content of the

First Aid Kits annually.

c. Nursing staff check the First Aid Kits monthly to ensure completeness.

d. When medical personnel are not on site (between the hours of 11:00 P.M. and 7:00 A.M.), staff may dispense items contained in the first aid kit provided by the RITS. Staff may also dispense identified items, including Epi pens, inhalers and antibiotic creams, as ordered by the RITS physician, which are stored on each unit behind a locked door.

i. Staff report any dispensing of items from the first aid kit to the clinic at 7:00 A.M.

ii. The staff that provided care to the resident is responsible for notifying medical personnel at 7:00 A.M.

iii. Staff record the resident's name, the time the treatment was given and items dispensed in the Daily Log Book.

iv. Medical personnel record this information in the resident's medical file or nursing log.

v. Staff never provide any medication which is not issued by the RITS to residents.

5. Emergency medical care is available at all times.

a. From 7 A.M. to 11:00 P.M., staff contact the clinic immediately to report a medical emergency.

b. From 11:00 P.M. to 7:00 A.M. staff contact the Master Control Center (MCC) immediately to report a medical emergency.

c. Staff immediately provide first aid in conformance with approved department training while awaiting medical staff.

d. The MCC arranges emergency transport if the resident requires medical interventions not available on site.

e. Residents are transported in conformance with DCYF Policy 1200.0240, Transportation of Residents Off Grounds and DCYF Policy 1200.0832: Use of Restraint at the RI Training School.

6. Behavioral health services, including pharmaceutical management, are provided by qualified professionals in conformance with DCYF Policy 1200.0000, Legal Establishment.

a. Screening and evaluation are provided at all stages of confinement for residents with serious behavior health needs, including chemical dependency, or developmental delays. Services are provided during all stages of confinement for the detection, diagnosis, treatment and referral to medically necessary care on or off site for identified needs.

i. The Clinical Director annually reviews and approves protocols for the care of residents who require medically supervised detoxification from alcohol or other drugs.

ii. Staff are trained in and adhere to these protocols at all times.

b. Specialized strategies calibrated to each resident's needs and strengths are included in the DCYF #032, Service Plan in conformance with DCYF Policy 700.0075, Comprehensive Assessment and Service Planning.

c. Staff are trained in suicide prevention and intervention and

provide supervision as necessary in conformance with DCYF Policy 1200.0709, Suicide Prevention and Special Watches at the Training School.

d. The Clinical Director and other mental health staff assist in the development and implementation of staff training programs and are responsible for developing a mechanism for evaluating the overall effectiveness of treatment programs.

7. Obstetrical and gynecological care is provided to female residents as needed.

8. Medically necessary consultation and care are provided to residents by health care specialists.

9. For residents requiring a special health program or close medical supervision, an individualized plan is developed. Medical, dental or behavioral health needs and corresponding interventions are noted in DCYF #032, Service Plan in conformance with DCYF Policy 700.0075, Comprehensive Assessment and Service Planning.

a. The Clinical Director, in collaboration with the Medical Director, annually reviews and approves protocols for the testing, care and medical management of the needs of residents who have tested positive for or who may benefit from testing for Human Immunodeficiency Virus (hereinafter, HIV). Staff are trained in and adhere to these protocols at all times.

i) Based on risk and on the recommendations of the US Preventive Health Services Task Force every resident of the RITS is offered HIV testing at least annually:

- HIV screening tests are offered to all residents at the time when routine blood work is obtained, at the time of the physical exam and once annually thereafter.
- Counseling for HIV testing is provided in accordance with procedure established by the RIDOH.
- Counseling describes the significance of the test, meaning of a negative or positive result and reporting requirements.
- If a resident tests positive, partner notification and further counseling are offered.

ii) In accordance with Rhode Island General Law 23-6.3, all test results are confidential and are stored in the medical file.

iii) Prior to the discharge to a Department of Children, Youth and Families-approved facility of a resident with HIV infection:

- The RITS physician establishes contact with the placement facility's licensed health care professional to exchange appropriate medical data.
- If a resident is to be discharged home, the RITS physician establishes appropriate community-based contact for follow-up.

b. Chronic care, convalescent care and medical preventive maintenance are provided to residents as medically necessary. Medical and dental prostheses are provided when the health of the resident would otherwise be adversely affected as determined by the attending physician in consultation with the Clinical Director.

c. A medical alert is sent to all staff to ensure that the resident's needs are met in conformance with the identified plan.

10. The Clinical Director, in collaboration with the Medical Director, annually reviews and approves protocols for the management of serious and infectious diseases. The RITS adheres to the recommendations of the RIDOH and the U.S.

Centers for Disease Control.

a. Written protocols describe control, treatment and prevention strategies, special housing arrangements, prompt medical examination of staff or residents suspected of having a communicable disease, protection of confidentiality and media relations.

b. Staff are trained in and adhere to these protocols at all times.

11. The Director of the Department of Children, Youth and Families (DCYF), in conjunction with the Rhode Island Medical Society will establish a committee which includes qualified physicians and psychiatrists or psychologists not employed by the Department to periodically review RITS medical and mental health programs.

a. This advisory committee is appointed by the Director of DCYF and reports its findings to him/her and to the Superintendent.

b. The committee will develop an evaluation mechanism to ensure the appropriateness and effectiveness of all treatment programs and personnel and any research projects, including goals and procedures.

J. Health Education is provided to residents in conformance with DCYF Policy 1200.1701, Education Program at the Rhode Island Training School. In addition, staff provide individualized information on sound health and hygiene practices related to each resident's needs during the provision of health, behavioral health and dental care.

K. Health, behavioral health and dental records are managed in a manner compatible with the confidential relationship between a resident and his/her doctor as well as the security of the facility.

1. Assessment and service planning are documented in RICHIST in accordance with DCYF Policy 700.0075, Comprehensive Assessment and Service Planning.

2. The active health care record is maintained separately from the confinement record with access controlled by the health authority in consultation with the Clinical Director.

3. Health care providers share with the Clinical Director or designee information necessary for resident's medical management, security, and participation in programming.

4. Health appraisal data and findings are recorded in the medical record on the forms provided by the RITS. The Clinical Director establishes and reviews annually protocols for the method of recording entries, the form and format of records, and for maintaining and managing inactive records.

5. The RITS health record includes but is not limited to:

a. Place, date, time, and provider for all health care encounters, as well as name and signature of staff providing documentation;

b. Screening Forms;

c. Health appraisal data forms;

d. Findings, diagnoses, treatments, and dispositions, including medications and their administration;

e. Consent and release of information forms;

f. Treatment and progress notes; and

g. Discharge or treatment summary provided by a hospital or specialized health care provider.

L. Resident participation in medical, cosmetic or pharmaceutical experimentation is prohibited because residents confined in a juvenile correctional facility are incapable of volunteering as a human subject without hope of reward and, therefore, cannot do so on the basis of fully informed consent. A resident may participate in a clinical trial of a medical treatment specific to his/her individual treatment needs if the:

1. treatment is medically necessary; and
2. fully informed consent has been secured from the resident or parent in conformance with paragraph F above; and
3. prior, written permission of the Superintendent has been secured; and
4. clinical trial is conducted by appropriately credentialed providers in facilities accredited by the JCAHO pursuant to a documented Internal Review Board.