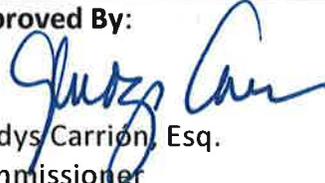


City of New York
Administration for Children's Services

Policy and Procedure
#2016/xx

Activity Restrictions Due to Medical Reasons/Medical Alerts for Youth in Juvenile Justice Placement

Approved By:  Gladys Carrion, Esq. Commissioner	Date Issued: <u>8/15/2016</u>	Number of Pages: 5	Number of Attachments: 1
Related Laws: NA	ACS Divisions/Provider Agency: Youth and Family Justice; Juvenile Justice Placement provider agencies	Contact Office /Unit: Charles Barrios Associate Commissioner Juvenile Justice Programs & Services charles.barrios@acs.nyc.gov	
Supporting Regulations: NA	Supporting Case Law: NA	Key Words: Activity; restrictions; medical; alerts; juvenile justice; placement; non-secure placement; NSP; limited secure placement; LSP; medical restricted activity; bed rest; medical condition; acute; chronic	
Regulatory Bulletins & Directives: NA	Related Policies: NA	Supersedes: NA	
Related Forms: Medical Activity Restriction Form			
SUMMARY: The Administration for Children's Services (ACS) requires non-secure placement (NSP) and limited secure placement (LSP) juvenile justice providers to provide appropriate supervision of youth whose physical activities must be restricted and monitored due to a medical condition. This policy outlines protocols governing communication that must be transmitted to provider agency staff about restricting the physical activities of certain youth as deemed necessary by onsite or contracted medical/health services staff and/or the youth's physicians.			
SCOPE: This policy applies to all NSP and LSP provider staff and residential facilities			

I. INTRODUCTION

The New York City Administration for Children's Services (ACS) requires juvenile justice placement providers to provide appropriate supervision of youth whose physical activities must be restricted and monitored due to a medical condition. This policy provides protocols governing communication that must be transmitted to provider agency staff regarding the need to restrict the physical activities of certain youth as deemed necessary by medical professional staff and/or the youth's physicians.

II. DEFINITIONS

- A. Acute Medical Condition: A medical condition of an abrupt onset and short in duration, usually requiring immediate medical attention.
- B. Chronic Medical Condition: A medical condition of long duration or frequent recurrence.
- C. Facility Activity/Communication Log: A log book in which provider staff make entries throughout each shift. These entries include information regarding the youth, the "tone" of the facility, activities and events, and any incidents that take place.
- D. Medical Appointments Calendar: A calendar that is maintained by the medical/health services staff. All follow-up appointments that are scheduled for youth must be written in this calendar.
- E. Care Coordination: An administrative function that helps make sure that the needs of youth at risk for adverse outcomes are met, and that options for health services and information sharing across people, functions, and sites are similarly met.

III. PROTOCOL

- A. Procedure Following a Medical Evaluation
 - 1. When a medical doctor (MD), physician assistant (PA), advanced practice nurse (APN), or nurse practitioner (collectively hereafter "medical professional") determine, upon a medical evaluation of a youth, that the youth requires a restriction on his or her physical activities due to a specific medical condition, the following must occur:
 - a. Provider administrative staff (e.g. facility director or the director's designee) shall fully complete a Medical Activity Restriction Form (Attachment A) with the assistance of the medical professional.

- b. The information documented on the form shall include the type of activity restriction that is required (i.e. bed rest or medical restricted activity; see Section III. B. below), with the justification for the restriction. The medical information, a description of the condition, treatment recommended, and type of activity restriction deemed appropriate must be documented in the youth's case record by the NSP or LSP provider staff that are assigned to the youth and/or has primary planning responsibility for the youth.
2. If the restriction is due to a **chronic medical condition** that is unlikely to change with medical treatment, the youth shall be placed on an indefinite restricted activity status. If at any time any changes are made to the youth's medical status, the form must be revised accordingly. While on physical restriction, the provider agency shall provide an alternative recreation calendar for the youth.
3. If the restriction is due to an **acute medical condition**, the youth shall be placed on medical restriction until he or she is physically cleared by a medical professional. The provider administrative staff shall note the date the restriction is discontinued on the restriction activity form. A notation of the discontinued activity restriction shall also be entered into the youth's case record by the NSP or LSP provider which is assigned to the youth and/or has primary planning responsibility for the youth.
4. Upon discovery of a medical condition requiring activity restriction, the original Medical Activity Restriction Form shall remain in the medical file so that it can be updated as necessary by the provider administrative staff. The provider administrative staff shall make copies of the form and distribute the form to the provider's case planning staff and/or staff that is assigned to the youth. Such staff shall then distribute copies to the following:
 - a. Facility Director;
 - b. The youth's parent/guardian;
 - c. School and direct care staff;
 - d. Clinical and case planning staff;
 - e. Recreation staff; and
 - f. The designated ACS Placement and Permanency Specialist (PPS).

B. Types of Activity Restrictions

There are two (2) types of activity restrictions: Medical restricted activity and bed rest.

1. **Medical restricted activity:**

Youth placed on medical restricted activity for chronic or acute conditions shall not perform any rigorous activities and any activities requiring an unnecessary level of physical exertion.

2. **Bed rest:**

A youth is assigned to his or her room as determined by the medical/health services staff and/or youth's physician, and encompasses all of the limitations of medical restricted activity. A bed rest activity restriction also prohibits the youth from attending regularly programmed activities. In addition, the youth's access to the school and special outings shall be prohibited when a bed rest activity restriction has been recommended.

C. Medical/Health Services Staff Duties

1. The provider's administrative staff shall complete and immediately update the Medical Activity Restriction Form whenever there is any change in the youth's medical condition.
2. If the medical professional staff is located on site, the medical professional staff shall provide verbal notification to the facility director whenever placing a youth on an activity restriction due to medical reasons and shall provide copies of the Medical Activity Restriction Form to the provider's case planning staff and/or staff assigned to the youth mentioned above in Section III. A. 4.
3. These updates and notifications shall be done in the context of care coordination to make sure that services are planned, provided, and coordinated by the medical/health services staff and with the provider's case planning staff, ACS Division of Youth and Family Justice (DYFJ) staff, and the youth and family, as appropriate.

D. Case Planning Staff Duties

1. At the beginning of each work day, shift supervisors shall review with case planning staff and/or staff assigned to the youth regarding which youth are on medical restriction and conduct any necessary follow-up with the medical professional.
2. Provider agency staff shall make the appropriate entries in the Facility Activity/Communication Logbook during their shifts so that entries are made regarding youth on medical restricted activity. Entries shall explicitly state the type of restriction on which the youth has been placed.

3. Case planning staff shall notify the parent/guardian of a medical professional's decision to restrict a youth's activities due to medical reasons. The parent/guardian shall be notified as soon as possible but no more than eight (8) hours after the determination is made.
4. Care coordination is the responsibility of provider agency staff, includes verifying that the youth's medical and behavioral health needs are identified, and shall be:
 - a. Youth-centered;
 - b. Consumer-directed and family-focused;
 - c. Culturally competent;
 - d. Linguistically appropriate; and
 - e. Strengths-based.

DIVISION OF YOUTH AND FAMILY JUSTICE
CLOSE TO HOME MEDICAL ACTIVITY RESTRICTIONS FORM



DIRECTIONS: PRINT or TYPE all information and complete the entire form. Once complete, a copy of the form must be submitted to the youth's parent/guardian and the assigned Placement and Permanency Specialist (PPS). In addition, the completed form must be distributed to the facility director, clinical/case planning staff, recreational specialists, direct care staff, and school staff.

Youth Name: _____ Date: __/__/____

Provider Agency: _____

Facility Name: _____

Facility Address: _____

Medical Professional's Name/Title: _____

The above youth has the following restrictions due to a medical condition or alert:

Date of Reevaluation: __/__/____

Date of End of Restriction: __/__/____

Facility Director/Designee Name: _____

Facility Director/Designee Signature: _____

Date Signed: __/__/____