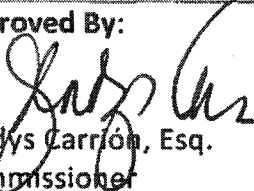


Activity Restrictions Due to Medical Reasons for Youth in Juvenile Justice Placement

Approved By:  Gladys Carrion, Esq. Commissioner	Date Issued: 1/4/2017	Number of Pages: 6	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; 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: <ul style="list-style-type: none">• Required Log Books and Paper Files for Juvenile Justice Placement Facilities• Safe Intervention Policy for Juvenile Justice Placement	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. Behavior Support Plan (BSP): A specific documented plan developed by the treatment team, in conjunction with the youth and the youth's family or other persons of significance to the youth, which is tailored to the youth's individual needs and used to determine intervention strategies and/or safety procedures to defuse behavior(s) of concern. The plan must include any limitations on physical interventions authorized or prohibited for the youth.
- C. Care Coordination: An administrative function that helps make sure that the needs of youth at risk for adverse health conditions are met, and that options for health services and information sharing across departments, functions, and sites are similarly met.
- D. Chronic Medical Condition: A medical condition of long duration or frequent recurrence.
- E. Facility Activity/Communication Log Book: A log book in which provider staff make entries throughout each shift. These entries include census information, observations of all youth in the facility, the "tone" of the facility, activities and events, and any incidents that take place.¹
- F. Qualified Medical Practitioner: A physician, physician assistant, nurse practitioner, licensed practical nurse, dentist, or registered nurse employed by ACS, the Office of Children and Family Services (OCFS), the Office of Mental Health (OMH), or a hospital, and/or working for or contracted by an ACS-contracted juvenile justice placement provider agency to provide health care services to youth in NSP or LSP facilities.

¹ See ACS Policy *Required Log Books and Paper Files for Juvenile Justice Placement*.

III. PROTOCOL

A. Procedure Following a Medical Examination

1. When a qualified medical practitioner determines, 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., the facility director or the director's designee) shall fully complete a Medical Activity Restriction Form (Attachment A) with the assistance of the medical practitioner.
 - b. The information documented on the form shall include the specific type of activity restriction that is required (i.e., medical restricted activity or bed rest; see Section III. B. below), with the justification for the restriction. The medical information, a description of the condition, treatment recommended, and specific type of activity restriction deemed appropriate must be documented in the youth's case record by provider staff that are assigned to the youth and/or have primary planning responsibility for the youth.

Note: For privacy and confidentiality, the medical information, a description of the condition, and treatment recommended by the qualified medical practitioner must **not** be included on the Medical Activity Restriction Form.

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 and the youth's Behavior Support Plan (BSP) must be revised accordingly. While on physical restriction for a chronic medical condition, the provider agency shall prepare an alternative recreation schedule for the youth and attach it to the youth's medical activity restriction form.
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 qualified medical practitioner. Where practicable while on physical restriction for an acute medical condition, the provider agency shall prepare an alternative recreation schedule for the youth and attach it to the youth's medical activity restriction form. Designated provider agency administrative staff members shall note the date the restriction is discontinued on the Medical Activity Restriction form and in the youth's BSP. A notation of the discontinued activity restriction shall also be entered into the youth's case record by the 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 be placed in the medical file so that it can be updated as necessary by designated provider agency administrative staff members. Designated provider agency administrative staff members shall make copies 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:**

Youth placed on bed rest for chronic or acute conditions shall be assigned to their rooms as determined by the medical/health services staff and/or the youth's physician; bed rest encompasses all of the limitations of medical restricted activity. Youth placed on bed rest activity restriction are prohibited from attending regularly programmed activities. The provider agency shall develop an alternative treatment plan to minimize clinical service interruption and make accommodations for the provision of mental health, behavioral health, substance abuse, and/or therapeutic treatment for the duration of the medical restriction, where practicable.

C. Educational Access

- 1. If a youth is placed on **Medical Restricted Activity Status**, an assessment must be made as to whether the youth can attend regularly scheduled academic programming or activities. If the youth is unable to attend school and/or has a chronic or acute condition that precludes full participation in class, educational

materials and tutoring services must be provided for the duration of the medical restriction, as practicable.

2. If a youth is placed on **Bed Rest Status**, the youth's access to the school and special outings shall be prohibited. Educational materials and tutoring services must be provided for the duration of the medical restriction, as practicable.

D. Medical/Health Services Staff Duties

1. The provider's administrative staff shall complete and immediately update the Medical Activity Restriction Form and the youth's BSP whenever there is any change in the youth's medical condition.

Note: Distribution of the Medical Activity Restriction Form shall be repeated any time an activity restriction is updated, changed, enhanced, or discontinued (see Section III. A. 4).

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 alternative programming are 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.

E. Case Planning Staff Duties

1. At the beginning of each work day, the facility director or the director's designee 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 Log Book during their shifts so that details are provided regarding youth on medical restricted activity. Entries shall explicitly state the type of restriction (e.g., Medical Restricted Activity or Bed Rest) on which the youth has been placed.
3. Designated provider agency staff members 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: ____/____/____