



ADMINISTRATIVE RULES OF MONTANA



20.9.623 HEALTH CARE

- (1) Written policy, procedure, and practice must provide that the facility has a designated health authority with responsibility for health care pursuant to a written agreement, contract, or job description.
 - (a) The health authority may be a physician, physician assistant, nurse practitioner, health administrator, or health agency. When the authority is other than a physician, final medical judgments must rest with a single designated physician.
- (2) Written policy, procedure, and practice must provide that treatment by health care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or other independent provider is performed pursuant to or ordered by personnel authorized by law to give such orders. Nurse practitioners and physician's assistants may practice within the limits of applicable laws and regulations.
- (3) Written policy, procedure, and practice must provide for the proper management of pharmaceuticals and address the following subjects:
 - (a) prescription practices;
 - (b) procedures for medication receipt, storage, dispensing, and administration or distribution;
 - (c) maximum security storage and periodic inventory of all controlled substances, syringes, and needles;
 - (d) dispensing of medicine in conformance with appropriate federal and state laws;
 - (e) administration of medication must be by licensed personnel only; otherwise, the system of self-administration must be utilized and approved by the health authority at the facility; and
 - (f) accountability for administering or distributing medications in a timely manner and according to physician's orders.
- (4) Written policy, procedure, and practice must require medical, dental, and mental health screening to be performed by health-trained or qualified health care personnel on all youth on arrival at the facility. All findings must be recorded on a form approved by the health authority and placed in the youth's file. The screening form must include at least the following:
 - (a) inquiry into:
 - (i) current illness and health problems, including sexually transmitted diseases and other infectious diseases;
 - (ii) dental problems;

- (iii) mental health problems including suicidal thoughts;
 - (iv) use of alcohol and other drugs, including types of drugs used, mode of use, amounts used, frequency of use, date or time of last use, and a history of problems that may have occurred after ceasing use (e.g., convulsions);
 - (v) past and present treatment or hospitalization for mental disturbance or suicide attempts; and
 - (vi) other health problems designated by the responsible physician.
- (b) observation of:
 - (i) behavior, which includes state of consciousness, mental status, appearance, conduct, tremor, and sweating;
 - (ii) body deformities, ease of movement, etc.; and
 - (iii) condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestation, and needle marks or other indications of drug abuse.
- (c) medical disposition of youth:
 - (i) general population;
 - (ii) general population with appropriate referral to health care service; or
 - (iii) referral to appropriate health care service for emergency treatment.
- (5) Written policy, procedure, and practice must provide for 24-hour emergency medical, dental, and mental health care availability as outlined in a written plan that includes arrangements for the following:
 - (a) on-site emergency first aid and crisis intervention;
 - (b) emergency evacuation of the youth from the facility;
 - (c) use of an emergency medical vehicle;
 - (d) use of hospital emergency rooms or other appropriate health facilities;
 - (e) emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community; and
 - (f) security procedures providing for the immediate transfer of youth, when appropriate.
- (6) Written policy, procedure, and practice must provide that direct care staff and other personnel are trained to respond to a health-related emergency within a four-minute response time. A training program must be established by the facility director under the supervision of and in cooperation with the responsible health authority. The plan must include the following:
 - (a) recognition of signs and symptoms and knowledge of action required in potential emergency situations;
 - (b) administration of first aid and CPR;
 - (c) methods of obtaining emergency assistance;

- (d) signs and symptoms of mental illness, retardation, and chemical dependency; and
 - (e) procedures for patient transfers to appropriate medical facilities or health care providers.
- (7) There must be a written suicide prevention and intervention program that is reviewed and approved by a qualified medical or mental health professional.
- (a) The program must include specific procedures for intake/admission screening, identification, and supervision of youth identified as potentially suicidal.
 - (b) All staff with responsibility for youth supervision must be trained in the implementation of the program.
- (8) Written policy must prohibit the use of youth for medical, pharmaceutical, or cosmetic experiments. Policy may not preclude individual treatment of a youth based on the youth's need for a specific medical procedure that is not generally available.
- (9) Written policy and procedures must require that information about access to health care services be communicated both orally and in writing to youth upon arrival at the facility.
- (10) Written policy and defined procedures require that sick call be conducted by a physician or other qualified health personnel and be available to each youth according to the following schedule:
- (a) in small facilities of fewer than 25 youth, sick call is held once per week, at a minimum; and
 - (b) in medium-sized facilities of from 25 to 100 youth, sick call is held at least three days per week.
- (11) If a youth's condition or status precludes attendance at sick call, the facility must make arrangements to provide sick call services to the youth.

Authorizing statute(s): 41-5-1802, MCA

Implementing statute(s): 41-5-1802, MCA

History: NEW, 1999 MAR p. 121, Eff. 1/15/99; AMD, 2005 MAR p. 2665, Eff. 12/23/05; AMD, 2011 MAR p. 570, Eff. 4/15/11.