



Ohio Administrative Code

Rule 5139-35-14 Medical and health care services.

Effective: October 31, 2019

(A) The following standards are mandatory:

(1) Written policy and procedure shall require each CRC to have a licensed physician(s) or medical resources such as a hospital or clinic designated for the medical supervision, care and treatment of residents. The CRC shall ensure twenty-four-hour availability of consultation, advice and emergency services response. Such resources shall be located in the same or nearby community.

(2) Written policy and procedure shall require that a medical examination be conducted within fourteen days before or after admission and updated annually.

(3) Written policy and procedure shall provide for the prompt notification of children's parents/guardians and the responsible agency in case of serious illness, serious surgery, serious injury or death.

(4) The CRC shall have a written policy, procedure, and practice providing for the proper management of pharmaceuticals and shall address the following subjects:

(a) A formulary specifically developed for the facility prescription practices that requires:

(i) Prescription practices including requirements that psychotropic medications are prescribed only when clinically indicated as one facet of a program of therapy.

(ii) "Stop order" time periods for all medications.

(iii) The prescribing provider reevaluates a prescription prior to its renewal.

(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 by persons properly trained and/or under the supervision of the health authority and/or facility administrator or designee.
 - (f) Accountability for administering or distributing medications in a timely manner and according to physician's orders.
- (5) Written policy shall prohibit the administration of stimulants, tranquilizers, or psychotropic drugs, solely for behavior management, unless it is a part of an on-going therapeutic medical treatment procedure prescribed by the responsible health care authority.
- (6) Written policy and procedure require that, following the admission of a child, the CRC shall attempt to verify prescribed medications and the proper dosages of these medications are administered at the time interval prescribed by the appropriate medical authority.
- (7) Written policy and procedure shall require that each staff person who is responsible, in whole or in part, for administering medication to a child be provided with a written schedule of the child's medication. In addition, a copy of this schedule shall be maintained in each child's record and shall, at a minimum, include the following instructions and information:
- (a) The name of the child.
 - (b) The name of each medication to be administered.
 - (c) The proper dosage of each medication to be administered.
 - (d) The timetable for administration.
 - (e) All unique instructions regarding administration.



(f) Information provided by qualified health care personnel concerning possible side effects of each medication.

(8) Written policy and procedure shall require that a medical record be maintained on each child which shall include pertinent information concerning illnesses, communicable diseases, physical abnormalities, allergies and the administration of treatment.

(9) Written policy and procedure shall require a written plan for the staff's response to children who are identified as potentially suicidal.

(10) Written policy and procedure shall require that first-aid kits are available and have been approved by qualified health care personnel. These kits will be maintained to ensure that the contents are in good condition.

(11) Written policy and procedure shall require that all staff be certified and maintain certification in first aid and CPR.

(12) The CRC shall have written policy and procedure governing the development, and subsequent updating, of a facility formulary or drug list for pharmaceuticals stocked by the facility.

(13) Written policy and procedure shall require that children be informed of the procedures for gaining access to medical services.

(14) Written policy and procedure shall provide for informing appropriate staff of special medical and mental health problems of children.

(15) All written policies and procedures are approved by the responsible health care authority.

(B) The following standards are recommended:

(1) Written policy and procedure shall require that in consultation with the child's physician, each facility shall periodically review each child's current regimen of medication and, as authorized by the



physician, make adjustments to that regimen as appropriate. In no event shall a facility begin, alter or suspend a child's medication without the approval of a physician.

(2) Written policy and procedure shall be developed and implemented for medical isolation under the direction of qualified health care personnel.

(3) Written policy and procedure shall require that the responsibility for arranging emergency treatment of dental needs be that of the facility.

(4) Written policy and procedure shall require that poison control numbers and other emergency numbers be clearly posted and readily accessible to staff.

(5) Written policy and procedure shall specify that emergency mental health services for children be provided by qualified mental health professionals.

(6) Written policy and procedure shall provide that at the time of admission, each child shall be screened for symptoms of illness or injury by a licensed physician, registered nurse, licensed practical nurse, physician's assistant, or by a staff person who has received training in health screening techniques. All findings are recorded on an approved screening form.

(7) Written policy and procedure shall provide that when a child requires medical attention in a potentially health-threatening emergency and such treatment conflicts with the religious tenets or practices of the child's custodial parent, the CRC shall immediately transport the child to a medical facility and refer the matter, as appropriate, to a juvenile judge in committing county, the department, the county children services board or county department of human services. The CRC shall further notify the person or agency who placed the child.