

## Management of Terminal Illness

<b>Effective Date:</b>	6-3-24
<b>Revised Date:</b>	6-3-24
<b>Issuing Authority:</b> Chief Probation Officer	

### 720.1 PURPOSE:

To ensure the medical and mental health needs of a terminally ill youth booked into a Juvenile Detention and Assessment Center JDAC(s) and Treatment Facility (TF) are met through established clinical practice guidelines and community standards of care. The care shall be aimed at supporting continuity of specialty care, with dignity and respect for the youth's needs.

### 720.2 DEFINITIONS:

Hospice: A program which delivers medical and support services aimed at providing comfort for the individual youth who is terminally ill.

### 720.3 GUIDELINES:

- A. At any time the medical care of the youth exceeds the level of care available within the JDACs and Treatment Facilities (TFs), every effort shall be made to commence a special MDT to discuss alternative housing and treatment options, such as alternative levels of care, which may include acute hospitalization, hospice services, and/or house arrest.

### 720.4 RESPONSIBILITIES:

- I. Probation Officer and Transportation Officers:
  - A. Collaborate with the Supervising Correctional Nurse I/II to ensure continuity of care is met.
  - B. Ensure all recommendations of the Multidisciplinary Team (MDT) are followed should youth require alternative care and services.
- II. Compliance Unit:
  - A. Complete appropriate section in the Accommodation Referral Form (located in CE).
  - B. Participate in MDT process.
  - C. Collaborate with the Health Service Manager (HSM), Superintendent, Probation Officers, and schools in coordinating alternative care and services for youth.
- III. FAST:

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- A. Meet with the youth to review any psychological issues related to terminal illness.
  - B. Attend MDT and provide any pertinent information regarding the youth's behavioral health issues.
  - C. Follow up on any behavior health issues discussed during MDT and document in the CE.
  - D. Document information and recommendations made at the end of the MDT in CE, no later than one (1) business meeting.
- IV. Correctional Nurse I/II:
- A. Complete an Accommodation Referral Form (located in CE) once a youth is identified/diagnosed with a terminal illness.
  - B. Implement all physician orders, medical treatment plan directives, and appointments for youth.
  - C. Participate in the MDT process.
- V. Supervising Correctional Nurse I/II:
- A. Initiate a Medical Treatment Plan.
  - B. Participate in the MDT process.
- VI. Health Services Manager (HSM):
- A. Collaborate with the Chief Medical Officer, Supervising Correctional Nurse I/II, the youth's primary care provider, pediatrician, and/or consultant physician to ensure continuity of care is met.
  - B. Collaborate with the Supervising Correctional Nurse I/II and Superintendents in preparation of alternative housing services and care, such as: House arrest, acute hospitalization, or hospice care.
  - C. Initiate a special Multidisciplinary Team (MDT) meeting to discuss the medical and psychological care needs of the youth.
  - D. Initiate or facilitate the early release of terminally ill youth in a timely manner consistent with the laws of jurisdiction.
  - E. Provide the youth's parent(s)/guardian(s) sufficient and relevant information to make informed decisions, including the process for obtaining specialty/second opinion consultations.
- VII. Chief Medical Officer:
- A. Collaborate with the Health Services Manager and Supervising Correctional Nurse I/II when a youth has been identified with a confirmed diagnosis of terminal illness.
  - B. Collaborate with the youth's primary care provider, pediatrician, and/or consultant physician.

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- C. Ensure medical treatment and care is provided at a level consistent with community standard.
- D. Ensure appropriate pain management is provided and documented in the Electronic Health Record (EHR).