

**SAN JOAQUIN COUNTY PROBATION DEPARTMENT
JUVENILE DETENTION POLICY AND PROCEDURE MANUAL**

TO: ALL STAFF

BULLETIN #: D-800

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SUBJECT: HEALTH CARE SERVICES

POLICY

Juvenile Detention administrators, in cooperation with San Joaquin County Health Care Services, which oversees Correctional Health Services, Behavioral Health Services, and Public Health, shall provide detained youth with unimpeded access to health care. The San Joaquin County Probation Department has entered into an agreement with Health Care Services to provide and/or facilitate health care services to youth in Juvenile Detention. Health care services encompass a wide range of services associated with physical health, mental health, and dental health.

PROCEDURES

A. Responsibilities

1. The Juvenile Detention administrator shall ensure that health care services are provided to all youth.
2. The Correctional Health Services Nursing Department Manager, under the direction of the Deputy Director of Correctional Health Services, plans, implements, organizes, and supervises the delivery of the health care and serves as liaison with the facility administrator.
3. The Medical Director of Correctional Health Services is the responsible physician for all clinical aspects of the health care delivered to youth in detention.
4. Health Care Services staff are responsible for youths' medical/mental health and for ensuring that all youth receives appropriate and competent health care Services. Clinical decisions about the treatment of individual youth are the sole province of licensed health care professionals, operating within the scope of their license and within facility policy defining health care services.
5. Health Care Services utilizes San Joaquin General Hospital to provide services for youth whose needs exceed the facility's treatment capabilities.

6. Medical staff providing assessment and/or treatment shall ensure the youth's privacy and respect the dignity of the individual. Youth will be treated in a manner that is conducive to their physical/mental wellbeing.
7. Medical Services will include:
 - a. Health education
 - b. Health promotion
 - c. Disease prevention
 - d. Immunizations
 - e. Diagnosis of chemical dependency
 - f. Screening and treatment of sexually transmitted diseases
 - g. Ectoparasite control
 - h. Medical detoxification

B. Quality Management Program

1. The respective Health Administrators for Correctional Health Services and Behavioral Health Services, in cooperation with the facility administrator, shall develop and implement written policy and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.
2. The respective Health Administrators for Correctional Health Services and Behavioral Health Services, along with the responsible physician and the facility administrator, shall establish policies and procedures to assure the quality and adequacy of health care services are assessed every two years.
3. The policies and procedures shall identify a process for correcting identified deficiencies in the medical, dental, mental health, and pharmaceutical services delivered.
4. Based on the information from these assessments, the respective health administrators shall provide the facility administrator with an annual written report on medical, dental, mental health, and pharmaceutical services.
5. The delivery of health care will be reviewed at a minimum of quarterly to identify and correct deficiencies. Health Care Services will effectively monitor, evaluate, and determine the appropriateness of the services provided.
6. Correctional Health Services and Behavioral Health Services providers and Juvenile Detention administrators will meet monthly to address and respond to health care issues. Such meetings will be documented and meeting records maintained.
7. Annual inspections to improve or ensure the delivery of high quality care will be conducted by:
 - a. The Juvenile Justice Delinquency Prevention Commission

- b. Public/Environmental Health
- c. Medical provider Peer Reviews.

C. Acceptance Criteria

1. Youth admitted into detention must be fully conscious as evidenced by their ability to stand without assistance or speak coherently. Pre-existing orthopedic, neurological, and/or psychiatric pathology that affect mobility and speech may not preclude acceptance into detention.
2. If a youth meets any of the following criteria, he/she must be cleared at San Joaquin General Hospital prior to booking:
 - a. Claims or appears to be ill or injured
 - b. Is intoxicated to the extent that they are a threat to their own safety or the safety of others
 - c. Claims or appears to be suicidal (requires medical clearance by a crisis unit worker)
 - d. Appears to be mentally impaired (requires medical clearance by a crisis worker)
3. Written documentation of the circumstances and reasons requiring a medical clearance whenever a youth is not accepted for booking must be provided to Correctional Health Services.
4. A written medical clearance must be provided prior to admission into detention.

D. Intake Medical Screening Questionnaire

1. The Juvenile Detention intake medical screening questionnaire will be completed on every youth accepted into custody.
2. The medical screening questionnaire shall address medical, dental, and mental health concerns that may pose a hazard to the youth or others in the facility, as well as health conditions that require treatment while the youth is in the facility.
3. Any youth who is suspected to have a communicable disease that could pose a significant risk to others in the facility shall be separated from the general population pending the outcome of an evaluation by health care staff.
4. Prior to booking, if there are indications that a youth is in need of immediate medical services, the booking agent will be advised to have the youth cleared at San Joaquin County General Hospital.

5. Should a response to the medical screening indicate that a youth needs immediate medical attention, Correctional Health Services staff will be contacted. In the absence of Correctional Health Services staff, the youth will be transported to San Joaquin County General Hospital.
6. For non-emergencies and negative findings, the form will be placed in the box provided in Intake for health care paperwork.
7. Correctional Health Services providers shall retrieve documents from the box at least daily.
8. Detention and Probation staff may consult with health care providers prior to accepting a youth into custody.

E. Access to Health Care

1. Behavioral Health Services Hours of Operation at JJC are as follows:
 - a. Monday – Friday: 8:00 a.m – 8:00 p.m.
 - b. Saturday and Sunday: 10:00 a.m. – 7:00 p.m.
 - c. Behavioral Health Services are not on site during legal holidays.
 - d. Behavioral Health Services Psychiatrists are on site 1.5 days a week but can be reached by phone and email Monday – Friday 8:00 a.m. to 5:00 p.m.
 - e. Correctional Health Services and Behavioral Health Services developed joint procedures for reaching the San Joaquin County on call psychiatrist in the event a psychiatrist is needed after hours.
 - f. In the absence of Behavioral Health Staff, JJC staff can call the San Joaquin County Behavioral Health 24 hour services for consultation.
 - g. In the absence of Behavioral Health Staff, in the case of a mental health emergency, JJC staff will arrange for timely transportation to San Joaquin General Hospital for a crisis evaluation performed by a San Joaquin County Behavioral Health Crisis clinician.
2. On site Correctional Health Services providers are available 365 days a year from 7:00 a.m. to 9:30 p.m.
3. The Correctional Health Services medical physician and nurse practitioner are available for consultation during clinic care hours.
4. Additionally, in the absence of on-site health care or services provided by Correctional Health Services, emergency and/or consultation services are available via San Joaquin General Hospital and San Joaquin Mental Health.
5. Upon admission, youth will be provided with written and oral direction, including provisions for youth with language or literacy barriers, for requesting health care services.

6. Youth requesting/requiring access to health care services may:
 - a. Be automatically referred from booking
 - b. Make a verbal or written request to any probation, medical, or mental health personnel
 - c. Be referred by detention staff
 - d. Be transported for emergency or off site health care
 - e. Be transported to off-site health care by a parent or legal guardian when doing so does not jeopardize security or public safety.
7. Staff shall inquire and make observations regarding the health of each youth on a daily basis and in the event of possibly injury.
8. There shall be opportunities available on a twenty-four hour per day basis for youth and staff to communicate the need for emergency health care services.
9. Off-site health care services requested by a parent or legal guardian are the sole financial responsibility of same. San Joaquin County Juvenile Detention shall provide for parents, guardians, or other legal custodians, at their own expense, to authorize and arrange for medical, surgical, dental, behavioral/mental or other remedial treatment of youth that is permitted under the law and consistent with security requirements and public safety.
10. All health care requests will be documented on the intake/sick call request form (see Attachment A). A copy will be maintained in the unit file and medical record. Copies of requests for Behavioral Health Services will be kept in the Behavioral Health Clinic Record.
11. Whenever a youth claims injury or illness, Juvenile Detention staff need to respond according to the severity of the complaint. Options include:
 - a. Submit a clinic slip
 - b. Contact the Duty Officer for guidance
 - c. Consultation with health providers
 - d. Call 9-1-1
 - e. At the direction of the Duty Officer, transport a minor to San Joaquin County General Hospital.
12. Whenever staff calls 9-1-1, the Duty Officer must be notified immediately. The Duty officer will provide direction and initiate the emergency notification process.
13. All youth requesting health care attention, or observed to be in need of health care, are to be given that attention by a licensed or certified health care personnel.
14. All examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined youth.

15. There shall be provisions for obtaining parental consent and obtaining authorization from the court when there is no parent/guardian or other person standing in loco parentis.
16. Conservators can provide consent only within limits of their court authorization.

F. Emergency Treatment

1. In the absence of on-site Correctional Health Services staff, any youth who develops on acute illness or an unexpected health need, which cannot be deferred until Correctional Health Services staff are available, will be transported to San Joaquin General Hospital. Depending on the severity of the illness, transportation will be provided by detention staff or ambulance. Detention staff are responsible for security during ambulance or non-ambulance transports for medical care. The Duty Officer will ensure emergency notifications are made.
2. The Duty Officer may consult with medical personnel at San Joaquin General Hospital prior to making a decision for an emergency transport when on site Correctional Health Services staff are not available.

G. Clinic Care

1. On site Correctional Health Services providers are responsible for triaging requests for health care services and responding to all requests in a timely and appropriate manner.
2. Clinic care will be provided Monday thru Friday from 7:00 a.m. to 9:30 p.m. The medical director or designee will be available for consultation during clinic care hours.
3. If a youth's status or condition precludes attendance at the clinic, arrangements will be made for the youth to receive services on his/her housing unit.

H. Acute Care

1. Respective Correctional Health Services and Behavioral Health Services personnel will consult with Juvenile Detention administrators regarding youth who are diagnosed as having a significant psychiatric and/or medical illness prior to any of the following actions being taken:
 - a. Housing assignments
 - b. Program assignments
 - c. Disciplinary measures
 - d. Admission to and transfers from other facilities
2. In the event a youth is transferred to another facility, Correctional Health Services staff will complete the "Transfers" form and forward to Behavioral Health Services

- staff to complete, who will then forward to a Probation staff for the accepting facility prior to or at the time of a transfer.
3. Correctional Health Services staff will advise the Juvenile Detention administrator and/or Duty Officer who will ensure notification of parent or legal guardian is made.

I. Professional Licensure (J201)

1. State and/or local licensure and/or certification requirements and restrictions apply to Correctional Health Services personnel working in detention as they apply in the community. Current licenses are on file in the Correctional Health Services Administrative offices. .
2. Behavioral Health Services staffs JJC with the same licensure/waivered mental health professionals as they apply in the community. Current licenses/intern registrations are on file in the Behavioral Health Human Resource Office and in the JJC BHS Head of Service Binder.
3. Hiring practices will take into consideration cultural awareness and linguistic competence.

J. Scope of Practice (J201A)

1. Medical care performed by personnel other than a physician will meet Title XV Article 8 requirements.
2. Staff to whom services are delegated by the responsible physician will be:
 - a. Qualified to perform such service
 - b. Legally permitted to perform such services
 - c. Trained in the provision of such service
 - d. Trained in procedures for ensuring safety and confidentiality

K. Job Descriptions

1. Written job descriptions, which define specific duties and responsibilities of Correctional Health Services staff are detailed in Procedure J-202 of the Detention Medical Policy and Procedure Manual.
2. Written job descriptions, which define specific duties and responsibilities of Behavioral Health Services staff are publically posted on the San Joaquin County Human Resources Website.

L. Training

1. Staff development and training appropriate to the delivery of health care services in a detention facility will be provided on a continual basis.

2. New employee orientation for medical personnel will include:
 - a. Security procedures
 - b. Safety
 - c. Disaster
 - d. Emergencies
 - e. Infection control manual
 - f. Universal precautions
 - g. Policies procedures manual
 - h. Philosophy of medical program for detention
 - i. Signs and symptoms of:
 - i. Communicable disease
 - ii. Developmental disability
 - iii. Mental illness
 - iv. Chemical dependency
3. Health Care Services providers, in cooperation with Juvenile Detention administrators, will ensure that detention staff receives training for all new hires and annually thereafter related to health care issues. The training curriculum will contain:
 - a. Actions required for potential emergency
 - b. Signs and symptoms of an emergency
 - c. Methods of obtaining emergency care
 - d. Procedures for transfers
 - e. Signs and symptoms of:
 - i. Mental illness
 - ii. Developmental disability
 - iii. Emotional disturbance
 - iv. Chemical dependency
 - v. Detoxification
 - vi. Communicable disease
 - vii. Exposure prevention
 - viii. Universal precautions
 - ix. Suicide prevention

M. Dispensing Medication

1. Within the detention facility prescribed medication is administered by trained licensed Correctional Health Care staff from 7:00 a.m.- 9:30 p.m.
2. Correctional Health Services staff will generate a photograph of youth taking prescribed medications and attach the photo to the Medication Administration Record to ensure accuracy of delivery.
3. Juvenile detention staff may deliver asthma inhalers.

4. Asthma inhalers are kept in a locked drawer on the youth's living unit for immediate access.
 - a. Detention staff needs to ensure that directions listed on the inhalers are followed.
 - b. If unsure, consult with Correctional Health Services staff or the Duty Officer.
 - c. Inhalers are to be labeled so they are easily identifiable.
 - d. The Unit Supervisor will be responsible for recording the youth's use of an asthma inhaler in the unit medical book and forwarding that information and inhaler to the appropriate unit should a youth be transferred.
 - e. Inhalers are to be returned to the clinic when a youth is permanently released from custody.
5. Youth participating in the Camp Peterson Program shall be provided with sufficient prescribed medication when released from Camp Peterson.
 - a. The Camp Peterson staff on Thursday shall notify the Clinic, Duty Officer, Intake staff, and Behavior Health staff of home pass releases via email by the end of his/her shift
 - b. In cooperation with Behavioral Health Services staff and the pharmacy, the clinic shall ensure that the appropriate amount of medication needed during the release is given to the youth's parent or guardian prior to the youth's temporary release.

N. Health Appraisals and Assessments

1. A complete health appraisal will be conducted by Correctional Health Services staff on all youth within 96 hours (excluding holidays) on their admission into detention.
2. Health appraisals shall be conducted in a location that protects the privacy of the youth and conducted by a physician or other licensed or certified health professional working within his/her scope of practice and under the direction of a physician,
3. Health appraisals will be performed by the Registered Nurse during clinic call and will be conducted in the four following steps:
 - a. Review of the initial health screening conducted upon admittance to detention
 - b. Health history and examination completed within 96 hours of admission
 - c. Results of any necessary laboratory/diagnostic tests reviewed and documented in the medical record
 - d. Updating of the immunization record started within 14 days.
4. The health examination may be modified by the responsible physician for youth admitted with an adequate examination done within the last 12 months, provided

there is reason to believe that no change would be expected since the last full evaluation.

5. When this occurs, health care staff shall review the intake health screening form and conduct a face-to-face interview with the youth.
6. Health Assessments will be routinely conducted and documented in the youth's medical file.
7. For adjudicated youth who are confined for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for medical evaluation and clearance.
 - a. If this evaluation and clearance cannot be completed at the facility during the initial stay, it shall be completed prior to acceptance to the facility.
 - b. This evaluation and clearance shall include screening for tuberculosis.

O. Authorization for Treatment

1. Correctional Health Services Nursing personnel will initiate treatment under direct written orders signed by one of the following:
 - a. Medical Director
 - b. Physician's Assistant
 - c. Nurse Practitioner
 - d. Dentist
 - e. Consulting Physician

P. Communicable Diseases

1. Management of communicable diseases within the detention facility will always include use of universal precautions.
2. Efforts will be directed toward management of specified diseases in a manner consistent with their potential for intra-facility transmission and clinical implications.

1st Priority

Identification and treatment of those communicable diseases most easily transmitted and whose transmission poses the greatest immediate risk.

2nd Priority

Communicable diseases that poses serious, long term health concerns to patients or exposed individuals but which are transmitted only through non-casual contact.

3rd Priority

Identification of a symptomatic stage of primarily significant as a public health concern rather than a crisis. When presenting in a symptomatic form, these infections will receive prompt evaluation and treatment.

4th Priority

Common, self-limiting infections that do not ordinarily pose a significant health hazard, such as a common cold.

3. Notifying Staff of Communicable Disease

- a. Per § 121070 HS, Juvenile Detention administrators are required to provide information to staff regarding specific youth who have identified communicable diseases, so staff can take appropriate action to provide for the care of the youth, the safety of other youth, and their own safety.
- b. Correctional Health Services staff providing medical services in Juvenile Detention shall report in writing to the Deputy Chief Probation Officer (DCPO) the name of the youth, the nature of the communicable medical condition, and shall recommend any precautions staff should take to prevent contamination of other youth or staff.
- c. Upon receiving this information, the DCPO or designee shall enter in the Unit Medical Book the substance of that information. The information shall include:
 - i. Whether contagion may be blood borne or airborne;
 - ii. Any specific precautions, in addition to universal precautions, the staff should take to prevent contamination of other youth or staff. The DCPO or designee shall submit a memorandum to all staff with the name of the youth and whether contagion is blood borne or airborne.
 - iii. In addition to universal precautions, the DCPO or designee shall provide any specific precautions staff should take to prevent contamination of other youth or staff.
 - iv. A copy of the memorandum shall be distributed as follows:
 - a. Youth's Unit File
 - b. Unit Medical Book
 - c. D. O. Medical Book
 - d. Medical Clinic
 - e. JDFS Compliance Officer

4. Responsibility of the Juvenile Detention Unit Supervisor

- a. Whenever a youth is transferred to another living unit, the receiving unit JDUS shall review the youth's file and enter any pertinent information in their Unit Medical Record book.
 - b. Unit staff periodically will receive from the Medical Clinic updated information regarding a youth's medical status and recommendations to be followed by unit staff.
 - c. unit JDUS or acting JDUS is responsible for transferring that information to the Medical Record book before placing the returned clinic slip in the youth's file.
- 5. Responsibility of the Administrative Juvenile Detention Facility Supervisor
 - a. The Compliance JDFS shall be responsible for monitoring to assure medical information is being maintained in the Medical Record book and is transferred from unit to unit as appropriate.
- 6. Communicable Diseases – COVID-19
 - a. COVID-19 will be handled as a **1st Priority** communicable disease.
 - b. Intake Screening for COVID-19
 - i. Intake staff will conduct an initial screening using the current Coronavirus COVID-19 Screening Form with all youth being brought into the facility.
 - ii. Relevant symptoms of COVID-19 include:
 - a. Fever of 100.4 degrees Fahrenheit or higher
 - b. Cough
 - c. Shortness of breath
 - iii. Should a youth meet the criteria for exposure or illness, staff will issue the youth a surgical mask and direct the youth place the mask on. Staff will follow the guidelines set forth in the screening form regarding medical isolation and contact Correction Health staff immediately.
 - iv. Detention Administration, Correctional Health, and Public Health will collaborate to implement medical isolation plans and plans for transportation to an appropriate facility should appropriate isolation not be available or appropriate treatment not be available within the facility.
 - c. Detained youth screening for COVID-19
 - i. Should youth within the facility display the same criteria for exposure or illness, staff will issue youth a surgical mask and direct the youth to place the mask on. Staff will follow the guidelines set in the Coronavirus

COVID-19 Screening Form regarding medical isolation and contact
Correctional Health staff immediately.

d. Treatment of COVID-19

- i. Correctional Health staff will provide treatment as ordered by the Correctional Health Administrator, and/or Responsible Physician.
- ii. For youth being released, Correctional Health staff will coordinate treatment services with public and private community based resources, for any needed follow-up treatment.

e. Prevention of COVID-19

- i. Sanitization of Units and Institution
 - a. Surfaces should be sanitized during each shift daily consistent with the public health guidelines.
 - b. Surfaces that are high traffic or touched often, should be sanitized more often throughout each shift.
- ii. Handwashing
 - a. Detention staff and youth are encouraged to wash their hands in accordance with the Public Health Guidelines.
- ii. Protective Equipment
 - a. Correctional Health staff will utilize protective equipment as directed and authorized by the Correctional Health Administrator and/or Responsible Physician.
- iii. Social Distancing
 - a. Detention staff are encouraged to keep six (6) feet away from one another and youth, when possible.
 - b. Detention staff will ensure and encourage youth to remain six (6) feet away from one another when possible. Detention staff should use all available space within the units and have smaller group activities to accomplish this.
 - c. Recreation and outdoor activity will take into account social distancing guidelines.

f. Wellness Checks

- i. To assist in counteracting the negative effects of any increased time in rooms, alternative activities are available to all youth.
- ii. Detention staff will notify Behavioral Health staff of youth who may be traumatized or fearful of the pandemic.

- iii. Behavioral Health staff will assess and provide therapeutic services to address youth traumatized or fearful of the pandemic in accordance with guidelines set forth by the San Joaquin County Health Services.

7. Universal Precautions

1. Employees working in a custodial environment should always use universal precautions.
2. Routine universal precautions include wearing gloves when:
 - a. Searching a youth
 - b. Searching a youth's room
 - c. Handling food or food containers
 - d. Handling laundry (includes bedding, clothing, towels, etc.)
 - e. Handling youths' hygiene items (toothbrush, combs, etc.)
 - f. Handling recreation and/or activity equipment
3. After each contact, gloves should be removed and disposed of.
4. Staff should always wash their hands immediately after glove removal.
5. Additional precautions may include:
 - a. Disposable masks
 - b. Protective eyewear/face shields
 - c. Disposable foot and/or body coverings
6. Depending on the potential for transmission of the disease, medical staff may direct:
 - a. Youth's linen to be separated from all other linen
 - b. Youth to shower separately and/or last
 - c. Articles contaminated with infectious materials placed in bags labeled "biohazardous waste."
7. Prior to a youth occupying a room previously occupied, the room will be thoroughly cleaned using appropriate disinfectants.

8. Suicide Prevention

1. Juvenile Detention administrators will work cooperatively with Health Care Services staff to ensure the health and safety of youth at risk for suicidal behavior while detained.
2. Key components of the suicide prevention program include:
 - a. Identification
 - b. Training
 - c. Assessment

- d. Monitoring
 - e. Care
3. Youth on suicide watch are to place in a protective setting, free of any object that can be used for self-harm.

9. Reproductive Services

1. The following services are available and provided by Correctional Health Services staff and/or the OB-GYN clinic at San Joaquin General Hospital:
- a. Testing
 - b. Diagnosis
 - c. Counseling
 - d. Termination of pregnancy
 - e. Pre-Natal care
 - f. Procedures for complications
 - g. Procedures for precipitous birth (out of hospital)
2. The health administrator shall assure that reproductive health services are made available to both male and female youth.

10. Individualized Treatment Plans

1. With the exception of special purpose juvenile halls, the health administrator and behavioral/mental health director/responsible physician, in cooperation with the facility administrator, shall develop and implement policy and procedures to assure that coordinated and integrated health care treatment plans are developed for all youth receiving services for significant medical, behavioral/mental health or dental health care concerns. Policies and procedures shall assure;
- a. Health care treatment plans are considered in facility program planning.
 - b. Health care restrictions shall not limit participation of a youth in school, work assignments, exercise and other programs, beyond that which is necessary to protect the health of the youth or others.
 - c. Relevant health care treatment plan information shall be shared with youth supervision staff in accordance with Section 1407 for purposes of programming, implementation and continuity of care.
 - d. Accommodations for youth who may have special needs when using showers and toilets and dressing/undressing.
2. Treatment Planning by health care providers shall address:
- a. Pre-release and discharge planning for continuing behavioral/mental health care, including medications, following release or transfer, which

may include relevant authorization for transfer of information, which may include relevant authorizations for transfer of information, insurance, or communication with community providers to ensure continuity of care.

- b. Participation in relevant programs upon return into the community to ensure continuity of care.
- c. Youth and family participation (if applicable and available).
- d. Cultural responsiveness, awareness and linguistic competence.
- e. Physical and psychological safety.
- f. Traumatic stress and trauma reminders when applicable.
- g. This will be documented in the clinical record.
- h. A youth who is suspected or confirmed to be developmentally disabled is referred to the local Regional Center for the Developmentally Disabled for purposes of diagnosis and/or treatment within 24 hours of identification, excluding holidays or weekends.

11. Medical Transfer Information

- 1. A medical record summary is to be completed by Correctional Health Services staff for youth who are being transferred to:
 - a. Another detention facility
 - b. Institution
 - c. Hospital
 - d. Placement
- 2. Behavioral Health Services staff will contribute relevant information to the transfer packet.
- 3. The health administration, along with the facility administrator, shall assure that the health appraisal/medical examination:
 - a. Is received from the sending facility at or prior to the time of transfer
 - b. Is reviewed by designated health care staff at the receiving facility
 - c. Absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination is completed on the youth within 96 hours of admission, excluding holidays.

12. First Aid Kits

1. First Aid Kits will be available on all the living units and the Intake area for use by detention staff for youth injuries or while awaiting a higher level of medical care to arrive.
2. The responsible Correctional Health Services physician shall approve the contents, number, location and procedures for periodic inspections of the first aid kits
3. Contents of the First Aid Kits

10	1" Band-Aid
1	1" Adhesive Tape
1	2" Stretch Bandage
10	3x3 Sponges
2	4x4 Gauze Sponges (Packs)
1	Eye Pad Dressing
6	Iodine Prep Pad
4	Disposable Gloves
1	Utility Scissors *
1	Disposable Face Shield *
1	Pocket Masks With Valves *

* These items will be provided by Juvenile Detention.

4. An inventory list will be present in each kit to ensure monitoring of contents.
5. Detention staff shall inspect first aid kits for completeness of contents and submit a list of needed items to the Compliance Officer on a weekly basis (Attachment B).
6. The Duty Officer will advise clinic staff, via a hand written list, of needed items for each kit with the exception of pocket mask with valves, disposable face shield, and utility scissors (these items are replaced through the Juvenile Detention Supply Department).
7. Clinic staff will order needed items from Correctional Health Services stock and place them in the kits.
8. Items replaced by Juvenile Detention will be immediately obtained by the Administrative JDFS and placed in the kits.

13. Post Exposure Protocol

1. Juvenile Detention shall have a protocol in place to deal, in a systematic fashion, with employees who have been exposed to needle sticks or high risk bodily fluids while on the job.

2. The purpose of this protocol is to have a definitive treatment plan for an individual who has been stuck with a contaminated needle or has been in an altercation with a youth where bodily fluids were exchanged.
3. According to the Center for Disease Control, it has been found that the immediate prophylactic treatment of high and medium risk needle sticks may be 79% effective in the prevention of the victim contracting HIV.
4. The key phrase is IMMEDIATE TREATMENT, meaning within the first two hours.
5. Because treatment involves ingestion of medications, this portion of the protocol is voluntary.
6. It must be stressed that the high success rate is dependent on the timely start of the medical regimen and the individual cannot decide to start once the window of opportunity has passed.
7. Preliminary education of staff is imperative so they have the means to make an informed decision.
8. It must be assumed that any needle sticks or other blood exposures are high risk.
9. Any needle stick or blood exposures will be immediately reported to the Duty Officer.
10. The Duty Officer, or designee, is to obtain the following information:
 - a. Name of youth;
 - b. Location of youth;
 - c. If HIV, Hbs, Ag, Hep C, or RPR been drawn within the last two weeks.
11. The Duty Officer will direct the employee to report to Employee Health Services at San Joaquin General Hospital if exposure took place between 8:00 a.m. and 4:00 p.m. Monday thru Friday.
12. The Duty Officer will direct the employee to report to the Emergency Room at San Joaquin General Hospital if exposure took place before 8:00 a.m., after 4:00 p.m., or on weekends or holidays.
13. The staff of either the Emergency Room or Employee Health Services at San Joaquin General Hospital will determine the type of exposure and any necessary follow-up
14. The Duty Officer will also complete and submit all necessary paperwork.

14. Medication

1. When a youth is booked in Juvenile Hall and is possession of prescribed medication, Intake/Control staff shall complete the Medication Inventory Form (Attachment C).
2. The form and medication is sent to the Clinic or Mental Health so they may assess, evaluate and determine whether the medication will be maintained for use.
3. If the medication will not be maintained the Clinic or Mental Health staff will route the medication to the youth's personal property.
4. Intake/Control staff shall maintain a copy of the medication inventory form in the youth's file.
5. This form shall also be completed anytime someone brings medication to Juvenile Hall for a youth.

15. Splints/ Appendages

1. Whenever a youth has been directed by Correctional Health Services staff to wear a splint, bandage, etc., and the youth refuses, Correctional Health Services staff are to be contacted.

16. Physical Restrictions

1. Whenever a youth is unable to actively participate in routine programs, medical staff will advise the unit supervisor of the restriction(s) and any other care instructions.

17. Medical Isolation

1. Only Correction Health Services staff may place a youth on medical isolation.
2. In such cases, unit staff will be provided with specific instructions for care and prevention.

18. Health Education

1. The health administrator, in cooperation with the facility administration and the local health officer, shall develop written policies and procedures to assure that interactions and gender and developmentally appropriate medical, behavioral/mental health and dental health education and disease intervention programs are provided to youth.

19. Pregnant Youth

1. The health administrator, in cooperation with the facility administrator, shall develop policies and procedures related to pregnant youth that address the following:

- a. Diet
- b. Vitamins
- c. Education
- d. Use of Restraints

20. Intoxicated and Substance Abusing Youth

1. The responsible physician in cooperation with the health administrator and the facility administrator shall develop and implement policies and procedures that address the identification and management of alcohol and other drug intoxication.
2. Policies and procedures shall include:
 - a. Designated housing including use of any protective environment for placement of intoxicated youth.
 - b. Symptoms of known history of ingestion that should prompt immediate referral for medical evaluation and treatment.
 - c. Determining when the youth is no longer considered intoxicated and documenting requirements of this regulation are discontinued.
 - d. Medical responses to youth experiencing intoxication or withdrawal reactions.
 - e. Management of pregnant youth who use alcohol or other drugs.
 - f. Initiation of substance abuse counseling during confinement and referral procedures for continuation upon release to the community.
 - g. Coordination with mental health services in cases of substance abusing youth with known or suspected mental illness.
3. A medical clearance shall be obtained prior to booking for any youth who is intoxicated to the extent that they are a threat to their own safety or the safety of others.
4. Supervision of intoxicated youth who are cleared to be booked into the facility shall include monitoring by personal observation no less than one every 15 minutes until resolution of the intoxicated state.
5. These observations shall be documented, with the actual time of the occurrence recorded.
6. Medical staff shall conduct a medical evaluation for all youth whose intoxicated behavior persists beyond six hours from the time of admission.

21. Dental Care

1. Dental care shall be provided to youth as necessary to respond to acute conditions and to avert adverse effects on the youth's health and require preventative services as recommended by a dentist.
2. Dental treatment shall not be limited to extractions.
3. Annual dental exams shall be provided to any youth detained for longer than one year.

22. Prostheses and Orthopedic Devices

1. The health administrator shall develop policies and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.
2. Prostheses shall be provided when the health of the youth would otherwise be adversely affected, as determined by the responsible physician.

23. Mental Health Services and Transfer to a Treatment Facility

1. The health administrator/responsible physician, in cooperation with the behavioral/mental health director and facility administrator shall establish policies and procedures for the transfer of youth to a treatment facility.
2. These policies and procedures shall include, but are not limited to:
 - a. Youth who appear to be a danger to themselves or others, or to be gravely disabled, due to a mental health condition shall be evaluated either pursuant to applicable statute or by on-site health personnel to determine if treatment can be initiated at Juvenile Detention.
 - b. Provision for timely referral, transportation, and admission to licensed mental health facilities and follow up for youth whose psychiatrist needs exceed the treatment capability of the facility.
3. The health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall establish policies and procedures to provide behavioral/mental health services. These services shall include, but not be limited to:
 - a. Screening for behavioral/mental health problems at intake performed by either behavioral/mental/medical health personnel or trained youth supervision staff; history of recent exposure to trauma which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violent in the home, traumatic loss), current traumatic stress symptoms, and pregnancy needs.

- b. Assessment by a behavioral/mental health provider when indicated by the screening process.
 - c. Therapeutic services and preventive services where resources permit.
 - d. Crisis intervention and the management of acute psychiatric episodes
 - e. Stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting
 - f. Medication support services including initial and periodic medication support services.
 - g. Assurances that any youth who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self-destructive behaviors shall be provided a mental status assessment by a licensed and/or waived mental health clinician, psychologist, or psychiatrist
 - h. Transition planning for youth undergoing behavioral/mental health treatment, including arrangements for continuation of medication and services from behavioral/mental health providers, including providers in the community, where appropriate.
- 4. Mentally disordered youth who appear to be a danger to themselves or others, or to be gravely disabled, shall be evaluated by on-site mental health personnel to determine if treatment can be initiated at the juvenile facility. If mental health personnel are not on-site, youth will be transported to San Joaquin General Hospital for a crisis evaluation performed by a San Joaquin County Behavioral Health Crisis Clinician.
 - 5. Absent an emergency, all services shall be provided on a voluntary basis. If youth appear to meet criteria for a WIC 5585 hold they will be transported to SJGH for a crisis evaluation performed by a San Joaquin County Behavioral Health Crisis Clinician. If placed on a WIC 5585 hold, San Joaquin County Behavioral Health Services will attempt to place the youth in a 5585 designated psychiatric facility.

24. Pharmaceutical Management

- 1. The health administrator, in consultation with a pharmacist and in cooperation with the facility administrator shall develop and implement written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs.
- 2. Such policies, procedures, space and accessories shall include, but not be limited to, the following:
 - a. Securely lockable cabinets, closets, and refrigeration units

- b. A means for the positive identification of the recipient of the prescribed Medication
 - c. Administration/delivery of medicines to youth as prescribed
 - d. Confirmation that the recipient has ingested the medication
 - e. Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason
 - f. Prohibition of the delivery of medication from one youth to another
 - g. Limitation to the length of time medication may be administered without further medical evaluation
 - h. The length of time allowable for a physician's signature on verbal orders, not to exceed seven days
 - i. Training for non-licensed personnel which includes, but is not limited to:
 - i. Delivery procedures and documentation
 - ii. Recognizing common symptoms and side-effects that should result in contacting health care staff for evaluation
 - iii. Procedures for consultation for confirming ingestion of medication
 - iv. Consultation with health care staff for monitoring the youth's response to medication
 - v. A written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator.
 - vi. Transition planning
3. Consistent with pharmacy laws and regulations, the health administrator shall establish written protocols that limit the following functions to being performed by the identified personnel:
- a. Procurement shall be done only by a physician, dentist, pharmacist, or other persons authorized by law.
 - b. Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health personnel.

- c. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel.
 - d. Repackaging shall only be done by a physician, dentist, pharmacist or other authorized by law
 - e. Preparation of labels can be done by a physician, dentist, pharmacist or other personnel, both licensed and trained non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the youth.
 - f. Dispensing shall only be done by a physician, dentist, pharmacist, or other person authorized by law.
 - g. Administration of medication shall only be done by licensed health personnel who are authorized to administer medication and acting on the order of a prescriber.
 - h. Licensed health care personnel and trained non-licensed personnel may deliver medication acting on the order of a prescriber.
 - i. Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classification: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures.
4. The responsible physician shall establish policies and procedures for managing and providing over-the-counter medications to youth.

25. Psychotropic Medications

- 1. The health administration/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, shall develop and implement written policies and procedures governing the use of involuntary psychotropic medications.
- 2. These policies and procedures shall include, but not limited to:
 - a. Protocols for health care provider written and verbal orders for psychotropic medications in dosages appropriate to the youth's need.
 - b. The length of time medications may be ordered and administered before re-evaluation by a health care professional.
 - c. Provision that youth who are on psychotropic medications prescribed in the Community are continued on their medications when clinically indicated pending verification in a timely manner by a health care provider.

- d. Re-evaluation and further determination of continuing psychotropic medication, if needed, shall be made by a health care provider.
 - e. Provision that the necessity for uninterrupted continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program, including authorization for transfer of prescriptions.
 - f. Provision for regular clinical/administrative review of utilization patterns for all psychotropic medications, including every emergency situation. San Joaquin County Juvenile Detention does not administer emergency medications. All youth needing emergency medications are transported to the San Joaquin General Hospital.
3. Psychotropic medications shall not be administered to a youth absent an emergency unless informed consent has been given by the legally authorized person or entity.
- a. Youth shall be informed of the expected benefits, potential side effect and alternatives to psychotropic medications.
 - b. Absent an emergency, youth may refuse psychotropic medications without disciplinary consequences
4. Youth found by a health care provider to be in imminent danger to themselves or others by reason of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the preservation of serious bodily harm, and when there is insufficient time to obtain consent from the parent, guardian, or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment. San Joaquin County Juvenile Detention does not administer involuntary medications. All youth needing emergency medications are transported to the San Joaquin General Hospital.
5. Assessment and diagnosis must support the administration of psychotropic medication.
6. Administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.

26. Collection of Forensic Evidence

- 1. The health administrator, in cooperation with the facility administrator, shall establish policies and procedures assuring that forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are collected by appropriately trained medical personnel who are not responsible for providing health care to a youth.

27. Sexual Assaults

1. The health administrator, in cooperation with the facility administrator, shall develop and implement policy and procedures for treating victims of sexual assaults and for reporting such incidents to local law enforcement when they occur in the facility.
2. The evidentiary examination and initial treatment of victims of sexual assault shall be conducted at a health facility that is separate from the custodial facility and is properly equipped and staffed with personnel trained and experienced in such procedures.

28. Participation in Research

1. The health administrator, in cooperation with the facility administrator, shall develop site specific policy and procedures governing biomedical or behavioral research involving youth.
2. Such research shall occur only when ethical, medical and legal standards for human research are met.
3. Written policy and procedure shall require assurances for the safety for the youth and informed consent.
4. Participation shall not be a condition for obtaining privileges or other rewards in the facility.
5. This does not preclude the collection and analysis of routine facility data or use of Investigational New Drug protocols that are available in the community.
6. This does not prohibit blind studies of disease prevalence performed under the auspices of the local health officer.
7. The court, health administrator, and facility administrator shall be informed of all such proposed actions.

INTAKE/SICK CALL REQUEST

UNIT NO. _____

YOUTH: _____ DOB: _____

DATE AND TIME: _____ DATE BOOKED: _____

CIRCLE ONE: COMPLAINT (IN YOUTH'S WORDS) OR INTAKE: _____

CIRCLE ONE: CLINIC OR S.J.G.H CALLED

REQUEST SUBMITTED BY: _____

MEDICAL TREATMENT: _____

MEDICATIONS: _____

RETURN TO CLINIC: YES _____ NO _____ DATE OF RETURN: _____

SIGNATURE OF HEALTH CARE PROVIDER _____

DATE: _____

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WEEKLY INVENTORY FIRST AID KITS										
Unit	I	II	III	IV	V	VI	Camp A	Intake	Programming	Court Services
Please Circle							Camp B		Supply	Work Project
Date of Inventory:										
Staff Completing Form:										
SUPPLIED BY CLINIC:										
ITEM		AMOUNT		# IN STOCK		NEEDED				
1" Band-Aid		10								
1" Adhesive Tape		1								
2" Stretch Bandage (Roll)		1								
3X3 Sponges		10								
4X4 Gauze Sponges (Packs)		2								
Eye Pad Dressing		1								
Iodine Prep Pad		6								
Disposable Gloves		4								
SUPPLIED BY COMPLIANCE OFFICER:										
ITEM		AMOUNT		# IN STOCK		# NEEDED				
Utility Scissors		1								
Disposable Face Shield		1								
Pocket Masks With Valves		1								

This form is to be completed on Tuesdays by the JDUS on A.M. shift. After completion, the form is to be submitted to the Administrative Juvenile Detention Facility Supervisor.

Received by Administrative JDFS : ____/____/____ **Initials:** _____

CC: Administrative ADCPO

Attachment B

**SAN JOAQUIN COUNTY
JUVENILE JUSTICE CENTER**

MEDICATION INVENTORY

YOUTH NAME: _____ **DATE:** _____

DOB: _____ **RECEIVED BY:** _____

YOUTH'S MEDICATION

MEDICATION NAME	AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

BROUGHT BY: ☐ **PARENT** ☐ **PO** ☐ **PLACEMENT**
 ☐ **OTHER** _____

ACTION TAKEN: ☐ **CLINC BOX** ☐ **MENTAL HEALTH BOX**
 ☐ **YOUTH'S PROPERTY**
 ☐ **OTHER**

MEDICATION REVIEWED BY: ☐ **CLINIC** ☐ **MENTAL HEALTH**

ACTION TAKEN: ☐ **RETURNED TO YOUTH'S PROPERTY**
 ☐ **KEPT FOR USE**

DATE: _____ **BY:** _____

CC: Administrative-
ADCPO

Attachment C