

<b>San Diego County Probation Department Institutional Services Policies</b>	<b>SUBJECT: Health Services</b>  <b>SECTION: 8</b>  <b>AUTHORITY: Sections 1329, 1341, and 1400-1454, Title 15; California Business and Professions Code, Section 2000 et. seq. (Medical Practice Act), Sections 5144 and 5199 Title 8 CCR</b>
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## 8.0 Health Services

**As the department transitions policy manual formats, the new sections supersede the old manual content wherever conflicts exist. Please see Sections 700-705 for the most current policy related to:**

**700 – Health Authorities**

**701 – Youth Screening and Evaluations**

**702 – Availability and Standards of Care**

**703 – Special Medical Care for Youths**

**704 – Counseling Services**

**705 – Release, Transfers, and Continued Care**

### OVERVIEW:

This section sets forth requirements that shall structure the San Diego County Juvenile Detention Facilities (SDCJDF) Health Care program regarding furnishing medical services to youth.

<b>Section</b>	<b>Subject</b>	<b>Page</b>
8.1	<a href="#">General Provisions</a>	2
8.2	<a href="#">Medical Records and Confidentiality</a>	5
8.3	<a href="#">Management of Communicable Diseases</a>	8
8.4	<a href="#">First Aid and Medical Emergencies</a>	23
8.5	<a href="#">Medical Treatment and Services</a>	26
8.6	<a href="#">Initial Medical Screening</a>	36
8.7	<a href="#">Medical Authorization and Consent Forms</a>	39
8.8	<a href="#">Dental Services</a>	41
8.9	<a href="#">Mental Health Services</a>	42
8.10	<a href="#">Pharmaceutical Management</a>	46
8.11	<a href="#">Suicide Prevention Program</a>	49
8.12	<a href="#">Death of a Youth</a>	53
8.13	<a href="#">Other Medical Concerns</a>	57

<b>San Diego County Probation Department Institutional Services</b> Policies	<b>SUBJECT: General Provisions</b>  <b>SECTION: 8.1</b>  <b>AUTHORITY: Sections 1400-1454, Title 15; California Business and Professions Code, Section 2000 et .seq. (Medical Practice Act)</b>
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## 8.1 General Provisions

### 8.1.1 STANDARDS

Sections 1400 through 1454 of the California Code of Regulations, Title 15, Minimum Standards for Juvenile Facilities, sets forth general provisions that shall structure the San Diego County Juvenile Detention Facilities (SDCJDF) Health Care program regarding furnishing medical services to youth.

The California Business and Professions Code (BP), Medical Practice Act (Sections 2000 et. seq.) sets forth the professional standards for health care services, which shall be followed by the contracted health care professionals at every SDCJDF medical clinic.

### 8.1.2 RESPONSIBLE HEALTH AUTHORITY

Health care services at SDCJDF are provided by California Forensic Medical Group, Inc. (CFMG) under a written contract with the San Diego County Probation Department. The KMJDF and EMJDF medical clinics are staffed by at least one registered nurse (RN) 24 hours per day. Sick Call services are provided seven (7) days per week by the physician/physician assistant or RN, operating under standardized procedures set forth in the CFMG Policy and Procedure Manual.

### 8.1.3 MEDICAL AUTONOMY AND PATIENT TREATMENT DECISIONS

Medical, dental and mental health judgments are the sole province of the responsible physician, dentist and psychiatrist respectively; however, security regulations applicable to SDCJDF personnel also apply to health services personnel. Final medical judgments rest with the Medical Director of CFMG. Decisions which affect both medical and security issues will be discussed between the Division Chief, or their designee, and the medical services manager, or their designee.

Under no circumstances shall medical treatment be withheld or administered, as a vehicle for the punishment or discipline of a youth.

### 8.1.4 ACCESS TO MEDICAL TREATMENT

All youth at a SDCJDF have the right to receive medical treatment. No youth is to be denied medical attention. All complaints of a medical nature, or an injury, reported to SDCJDF officers shall be promptly reported to the Medical Clinic. When dealing with a violent and out-of-control youth (or other security and safety issues), officers should report the problem to the clinic, but may wait for a reasonable amount of time, in order to allow the youth to regain control, before letting a youth leave the unit/dorm to go to the clinic. Services shall be conducted in a private manner such that information can be communicated confidentially.

#### 8.1.5 SCOPE OF HEALTH CARE

Any youth at a SDCJDF who requests medical or dental attention shall be afforded the opportunity for such medical or dental attention and care as soon as reasonably possible (subject to the security concerns of the facility). The scope of health care provided at a SDCJDF is not all-inclusive, and does not include an operating room or trauma facility. The medical clinic is responsible for daily triage of medical complaints; sick call utilizing standardized procedures and the administration of medication. Youth requiring emergency services must be transported to an off-site provider (e.g. Children's Hospital/ Sharp Hospital). SDCJDF officers shall be responsible for arranging transportation and providing security.

#### 8.1.6 HEALTH CARE MONITORING AND AUDITS

The CFMG Program Manager shall be responsible for providing the Division Chiefs a written annual statistical report outlining the types and frequency of health services rendered at each specific SDCJDF medical clinic. All health services shall be discussed at quarterly administrative meetings between the health authority, or their designee, and the Division Chief, or their designee. Quarterly statistical reports shall be provided at these meetings and will include, but not be limited to:

- Sick call visits
- Off-site referrals
- Prescribed medications
- Over-the-counter medications
- X-ray visits
- Grievances
- STD screenings

Additionally, the CFMG Program Manager and the Medical Director will coordinate to arrange for an independent external peer review by a qualified medical practitioner (who is not connected with CFMG or SDCJDF) at least annually. The review will focus on medical practice, assessing appropriateness of medical decision-making and overall quality of care using objective clinical criteria applied by an independent physician of similar training and experience, and the standard of care outlined in the Medical Practice Act (BP sections 2000 et. seq.)

#### 8.1.7 HEALTH CARE STAFF QUALIFICATIONS

CFMG shall be responsible for initially and periodically verifying the license, credentials and privileges of CFMG physicians and medical providers who provide diagnostic and treatment services at SDCJDF, in accordance with the CFMG Policy and Procedure Manual.

#### 8.1.8 HEALTH CARE STAFF PROCEDURES

The CFMG Program Manager shall be responsible for developing written protocols and procedures to determine which clinical functions or services can be safely and legally delegated to health care staff other than a physician, in accordance with the CFMG Policy and Procedure Manual.

#### 8.1.9 MEDI-CAL

Section 1324 (j) of the California Code of Regulations, Title 15, Minimum Standards for Juvenile Facilities, requires procedures for collection of Medi-Cal eligibility information and enrollment of eligible youth.

#### 8.1.10 MALE YOUTH IN WHEELCHAIR

All males booked into a SDCJDF will be housed at East Mesa unless it is determined by the contracted medical provider that it is medically necessary to house them at the KMJDF.

8.1.11 CLOSED CAPTIONING

Closed captioning will be activated whenever videos are shown to the youth. The Institutional Services SPO will inspect this function once per quarter to ensure compliance.

<b>San Diego County Probation Department Institutional Services</b> Policies	<b>SUBJECT: Medical Records and Confidentiality</b>  <b>SECTION: 8.2</b>  <b>AUTHORITY: Sections 1400-1454, Title 15</b>
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## 8.2 Medical Records and Confidentiality

### 8.2.1 HEALTH CARE RECORDS

All youth in a SDCJDF shall have health care records maintained by the medical clinic. CFMG shall be responsible for the maintenance of individual, complete and dated health records that include, but are not limited to:

- Documentation of complete initial screening
- Complete health appraisal forms
- Health service reports (e.g. emergency, dental, psychiatric, and other services)
- Complaints of illness or injury (e.g. sick call slips)
- Prescribed medications and documentation of their administration
- Signature and title of each documenter
- Location where treatment is provided
- Progress notes, including consultations and individual treatment plans, if any
- Consent forms
- Authorization for release of information
- Copies of previous health records
- Immunization records
- Laboratory reports

Maintenance of these records shall be the responsibility of the medical clinic and shall be in accordance with the procedures in the CFMG Policy and Procedure Manual.

### 8.2.2 ACCESS TO HEALTH RECORDS

Access to health records shall be limited to medical staff and those with a right and need to know. All records shall be kept in a secured area when not in use. No youth shall be allowed access to any health record, and a youth shall not be used to translate confidential medical information for another non-English speaking youth.

### 8.2.3 RETENTION OF RECORDS

Health records of all youth shall be retained for a minimum of ten years following the youth's age of majority. Inactive records for youth who have left a SDCJDF will be sent to Iron Mountain for storage. CFMG shall not destroy any medical records.

### 8.2.4 MEDICAL RECORDS ARE CONFIDENTIAL

A youth's medical records represent a confidential source of information which is the property of the Probation Department. Release of any information or records pertaining to the health or medical condition of a youth is restricted, and subject to the provisions enumerated below. A signed Release of Medical Information form (see CFMG Policy and Procedure Manual) is required prior to releasing the medical records of a youth to other than authorized persons and/or agencies.

All medical records generated or obtained by CFMG staff regarding a youth are confidential. The use of these records is limited to the Medical Clinic and the Stabilization, Transition and Treatment Team (STAT), and only for the purpose of attending to the health needs of the youth.

Inquiry	Action
Non-Medical Inquiries go to Watch Commander	Any non-medical staff receiving inquiries from the general public, family members, attorneys or other persons are prohibited from divulging any specific information regarding a youth's state of health, mental or physical condition. All such inquiries shall be directed to the Medical Clinic and/or the office of the Facility Watch Commander.
Only Medical Staff may Release Information	Only medical staff may provide and/or release medical information pertaining to a youth in a SDCJDF to a person outside the facility.
State of Health may be Released by Clinic	Information concerning a youth's state of health may be released by medical staff to a youth's parents, guardians or casework Probation Officer when deemed appropriate by the Medical Clinic.
Institutional Services Officers may be Advised of Medical Issues by Clinic	Institutional Services (IS) officers may be advised of pertinent medical issues that could affect safety or security concerns of the Facility. Psychological evaluations may be released to officers on a need-to-know basis, but only with the prior approval of the Forensics staff and the youth's casework Probation Officer approval shall be based on the nature of information in relationship to the treatment needs/plans for the youth while detained in a SDCJDF.

#### 8.2.5 LIMITED SHARING OF INFORMATION

While non-medical facility personnel should not have direct access to a youth's medical records, in some cases, information may be directly shared between the Medical Clinic, Forensic staff and Probation Officers in certain instances. Appropriate information to be shared, includes information with the potential for impact on the security of the facility and/or the safety of its staff and youth, as well as to facilitate optimal rehabilitation and engagement with youth. Such information may include chronic conditions, communicable diseases, mental instability, physical limitations, and/or medications with significant side effects.

#### 8.2.6 TRANSFER OF MEDICAL RECORDS

The CFMG Confidential Transfer of Medical Information form (see CFMG Policy and Procedure Manual) containing pertinent medical information will accompany a youth when transferred from one facility and/or jurisdiction to another. Written authorization by the youth or parent/guardian is necessary for transferring health records and information unless otherwise provided by law or administrative regulation having the force and effect of law.

#### 8.2.7 INTER-FACILITY TRANSFER OF MEDICAL RECORDS

Youth being transferred between County detention facilities (e.g. East Mesa, Camps, County Jail, etc.) will have a medical screening performed prior to the transfer. The CFMG Inter-Facility Transfer Medical Information Summary form shall be used (see CFMG Policy and Procedure Manual).

#### 8.2.8 CFMG POLICY AND PROCEDURES MANUAL

In accordance with Title 15, Section 1409; CFMG shall develop and maintain a health services manual of written policies and procedures that address, at a minimum, all health care related standards that are applicable to SDCJDF. Each policy and procedure for the health care delivery system shall be reviewed at least annually, and revised as necessary.

## 8.2.9 Court Notification-Letter to the Court

### 8.2.9.1 COURT NOTIFICATION

The Court Notification-Letter to the Court is to inform the court of a youth who is unable to appear for a scheduled court appearance due to medical reasons. The Facility Watch Commander shall be responsible for making the proper notification to the court when a youth is unavailable due to a medical condition or medical treatment plan.

The procedure to notify the Court is as follows:

Step	Action
Medical Clinic	Is responsible for providing the medical information regarding a youth's medical condition to the Facility Watch Commander.
Submittal of Communicable Disease Report Form or a Medical Treatment Order	The medical clinic staff shall submit a Communicable Disease Report Form (based upon the CDC reporting recommendation) or a Medical Treatment Order regarding a youth's health status to the Facility Watch Commander.
Clinic Documentation	The medical clinic will document in the youth's medical chart; the date and time the Facility Watch Commander was notified.
Conditions Requiring Court Notification	The Facility Watch Commander will submit to the Court a Notification Letter for the following medical conditions identified by the medical clinic: <ul style="list-style-type: none"> <li>• Contagious diseases requiring respiratory isolation i.e., TB or other airborne diseases</li> <li>• Communicable disease and/or other diseases that prohibits a youth's safe appearance in court</li> <li>• Medical Emergency i.e., if a youth has been taken off-site for a medical emergency</li> <li>• In-patient hospitalization/psychiatric hospitalization or Medical out of Building (MOB's) for follow-up medical treatment and care</li> <li>• Life sustaining appointment i.e., Chemotherapy or Dialysis</li> <li>• Appointments for corrective treatments of injuries sustained while detained i.e., physical therapy</li> </ul>
Scheduling Conflicts	If a scheduling conflict exists with a court appearance, the Watch Commander will notify the responsible sworn staff and the Court as soon as possible.
Court Contact and Letter to the Court	<ol style="list-style-type: none"> <li>a. The initial contact will be made by a phone call to the court's administrative clerk at 858 634-1668.</li> <li>b. The Watch Commander will FAX the form to the Juvenile Court Administration at 858 634-1679 retaining a copy for the Communicable Disease Log.</li> <li>c. The original Letter to the Court will be sent to the Juvenile Court via County messenger mail.</li> </ol>
Probation Documentation	Upon completion of the above, the Facility Watch Commander shall make a notation in the Facility's "Watch Commander Log" to include: <ul style="list-style-type: none"> <li>• Youth Name</li> <li>• Identification number</li> <li>• Designated Court and scheduled Court appearance date</li> <li>• Date, time and name of the individual notified</li> </ul>
Medically Cleared	Once the youth has been released from medical restrictions, a follow-up Medical Court Report shall be submitted to inform the Court that the youth is now able to appear in Court.

<b>San Diego County</b> <b>Probation Department</b> <b>Institutional Services</b> Policies	<b>SUBJECT: Management of Communicable Diseases</b> <b>SECTION: 8.3</b> <b>AUTHORITY: Sections 1400-1454, Title 15</b>
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## 8.3 Management of Communicable Diseases

### 8.3.1 OVERVIEW

This section covers diagnosis, treatment, control, follow-up management and housing for youth with communicable diseases.

### 8.3.2 General Provisions

#### 8.3.2.1 INTRODUCTION

Youth with communicable diseases (i.e., measles, hepatitis, tuberculosis, AIDS, etc.) impose significant health, safety and security problems for both officers and other youth.

#### 8.3.2.2 MINIMUM STANDARDS

Section 1410, of Title 15, Minimum Standards for Juvenile Facilities, sets forth the provisions which must be followed to safeguard officers and youth. The CFMG Policies and Procedures Manual contains specific medical procedures and case management plans for youth who have or are suspected of having a communicable disease. SDCJDF officers shall follow the orders of the medical clinic as closely as possible in order to prevent the spread of such diseases.

#### 8.3.2.3 INITIAL SCREENING

At the time of initial booking into a SDCJDF, each youth shall be screened for state of consciousness, injuries, drug abuse, signs of illness, and psychiatric disorder requiring further evaluation and/or referral (this can be done by the admitting staff and/or nurse). If there is any question of severe or emergency medical disorder, the nurse or physician shall reject the youth's admission to the facility. (See [Section 8.6](#) below for more detailed information on initial screening).

#### 8.3.2.4 HEALTH ASSESSMENT

At the first reasonable opportunity after admission, (within 96 hours is required by Title 15, Section 1432) each youth shall have a medical examination. A licensed MD, PA, or RN shall be responsible for such examination, which shall be properly recorded. The medical examination may be modified, as determined by a physician, for youth admitted with an adequate examination done within a period of time such that no substantial change would be expected. The physical examinations shall be conducted in a private setting and should include, but not necessarily be limited to:



Step	Action
Medical History	Obtaining a medical history of present and past illness and treatment, including names and location of hospital or doctor, any health problems that are known or suspected, review of systems, status of immunizations, history of exposure to venereal, other contagious or infectious disease, and need for contraceptive information and counseling; a search for symptoms of neurological disease, drug abuse, severe hyperactivity, physical or sexual abuse, psychiatric disorders including severe depression, self-destructive behavior and suicidal tendencies.
Medical Exam	Medical examination including: Temperature, blood pressure, pulse rate, height and weight. With the consent of the patient, a physical exam to include head, ears, eyes, throat, skin, lungs, heart, abdomen, genitalia, extremities, scalp, and basic neurological assessment. Special circumstances would include, but not be limited to: injuries, physical or sexual abuse and symptoms of vermin/ectoparasite infestation.
Dental Exam	Dental examination to identify need for emergency dental care.
Disease Exam	A search for signs of communicable disease, including but not limited to screening for tuberculosis, and Sexually Transmitted Infections in sexually active youth, with their consent.
Lab Screen	Laboratory screening as medically indicated.

#### 8.3.2.5 INSTITUTIONAL SERVICES (IS) OFFICERS

Institutional Services (IS) officers shall inquire and make observations regarding the health of each youth on a daily basis and in the event of possible physical injury.

#### 8.3.2.6 MEDICAL ISOLATION

If a youth is diagnosed by the Facility's Medical Clinic to have a communicable disease, the medical staff shall make the decision as to whether medical isolation of the youth is necessary. If isolation is required, arrangements shall be made to house the youth in KMJDF or EMJDF. All efforts shall be made to "utilize the least restrictive environment" policy for youth with a communicable disease, in so far as the health and safety of staff and other youth are not jeopardized or compromised. Medical Isolation may be used, without communicable diseases, when separation from others is required.

#### 8.3.2.7 SAFETY PROCEDURES

When a youth has been diagnosed as having a communicable disease, it shall be the responsibility of the Medical Clinic to develop and disseminate health and safety practices and precautions to be used when caring for the youth. The Medical Clinic shall disseminate all safety precautions to all officers and units who may possibly come in contact with the infected youth. See Section 8.3.9 for more information.

#### 8.3.2.8 SAFETY PRECAUTIONS

Per CFMG Policy and Procedure Manual reporting requirements, all instances of communicable diseases must be reported to the Division Chief. Safety precautions shall also be available in the unit/dorm to alert officers of the special procedures/care required in interacting with the youth. However, any information of this nature is confidential and is not to be discussed in front of other youth.

#### 8.3.2.9 NOTICE TO OFFICERS

The Facility Watch Commander shall be responsible for maintaining a Communicable Disease File that outlines all youth who have communicable diseases. Dissemination of this information may be made to those officers with the "need to know." (See Manual [Section 8.2](#) above regarding confidentiality).

#### 8.3.2.10 SECURITY CONFLICTS

In situations where a conflict develops between the precautionary medical requirements and standard unit/dorm security practices, the matter shall be referred to the Facility Watch Commander for resolution.

#### 8.3.2.11 DETENTION INCOMPATIBILITY

In situations where detention is incompatible with the medical needs of the youth, the Facility Watch Commander shall notify the Facility Division Chief and casework Probation Officer and provide a full accounting of the problem. Resolution of the problem shall then be decided by the Juvenile Court.

#### 8.3.2.12 OFFICER RESPONSIBILITY

It is the responsibility of all IS officers to follow the safety precautions prescribed by the Medical Clinic. Any conflicts or problems that staff may encounter due to the youth's infection or due to the safety precautions required for contact with the youth, shall be referred to the Division Chief who shall notify the DCPO. In their absence, the problem(s) shall be referred to the Facility Watch Commander.

#### 8.3.2.13 SAFETY EQUIPMENT

Each unit/dorm shall maintain an adequate supply of resuscitation masks and disposable gloves. Officers shall take universal precautions, as necessary, when dealing with youth. Each County vehicle shall also be provided with a first aid kit including a CPR mask and disposable gloves.

#### 8.3.2.14 MASKS

Resuscitation masks shall be readily available to staff and should be used during resuscitation of any individual who has stopped breathing.

#### 8.3.2.15 GLOVES

Disposable gloves should be routinely worn when any contact is anticipated with blood or other body fluids, or when contacting clothing or materials, which may have been contaminated with blood or other body fluids.

#### 8.3.2.16 DISINFECTANT

Disinfectant liquid or a solution spray containing a medically approved concentration of disinfectant (see Manual Section 12.4), or a Blood Spill Kit should be used on any surface contaminated by blood or other body fluids.

#### 8.3.2.17 BLOOD SPILL KITS

Each unit/dorm should have two Blood Spill Kits and it is the housing unit/dorm officer's responsibility to clean up blood spills. If there is excessive blood, consult the Facility Watch Commander for a determination if our Contract Cleaner (see Manual Section 12.3) will respond to clean up the spill.

#### 8.3.2.18 TRANSPORT

Plastic disposable bags should be used to transport and/or store any clothing, towels or cleaning materials that have been contaminated by blood or other body fluids.

#### 8.3.2.19 MED-ISO BAGS

Disposable "Med-Iso" bags shall be readily available for the storage and transfer of clothing and bedding articles which may be contaminated or soiled. (For specific procedures for handling soiled/contaminated articles see Manual Section 11.5).

### 8.3.2.20 CLEANING AND STERILIZATION OF ROOMS

Cleaning of contaminated rooms, sanitary facilities, and work areas, is to be accomplished by using a liquid disinfectant or spray provided by the Facility. (See Manual Section 12 for more details on cleaning.) Youth under current medical restrictions may not be utilized to clean contaminated room or areas contaminated by blood products. When it is necessary to clean up feces ask the youth if he/she will clean up the area. If not, the Facility Watch Commander will contact the Critical Cleaning service to clean the area. Note: Staff shall not ask/ direct a youth to clean another individual's body fluid.

### 8.3.2.21 EXPOSURE TO COMMUNICABLE DISEASES

In cases where a youth or an officer has been exposed to a serious communicable disease, it is the responsibility and duty of the Senior Medical Staff to inform the Division Chief. The Division Chief upon DCPO approval will inform all affected officers and youth of their possible exposure. Information regarding medical testing and immunization procedures shall also be disseminated. Parents of a youth shall be informed of any serious communicable disease exposure by the Medical Clinic, Probation, or Public Health.

### 8.3.2.22 DOCUMENTATION

All youth related, or youth and officer related, incidents of noted body fluid exchange or contact that has a potential for transmitting HIV virus or any other communicable diseases shall be documented in an Incident Report as soon as possible and titled as such. The Supervisor/Watch Commander who receives the Incident Report will immediately forward a copy of the report to the Division Chief. All required testing and reporting procedures pursuant to Penal Code Section 7554, will be coordinated between the youth and Clinic staff according to their policy. Officer related incidents for exposure to blood-borne pathogens or bodily fluid exchange will be coordinated through the San Diego County's Workers' Compensation Program or through a Workers' Compensation Pre-Designated Physician (see Manual Sections 2.8.3 and 2.8.4).

## 8.3.3 Safety Equipment, Precautions and Practices

### 8.3.3.1 SAFETY EQUIPMENT

Consistent with existing policy, each unit/dorm/facility shall maintain an adequate supply of resuscitation masks and disposable gloves. Each county vehicle shall also be provided with a first aid kit including a CPR mask and disposable gloves. Additional safety equipment should include:

Item	Action
Resuscitation Masks	These shall be readily available to officers, and should be used during resuscitation of any individual who has stopped breathing.
Disposable Gloves	These should be routinely worn when any contact is anticipated with blood or other bodily fluids, or when contacting clothing or materials which may have been contaminated with blood or other body fluids.
Disinfectant Liquid or Spray	This should be used on any surface contaminated by blood or other body fluids.
Plastic Disposable Bags	These should be used to transport and/or store any clothing, to transport disposal soiled gloves, towels or cleaning materials, which have been contaminated by blood or other body fluids.

### 8.3.3.2 SAFETY PRECAUTIONS AND PRACTICES

The following general precautions are required for all staff:

1. When dealing with suspected AIDS carriers/patients, extreme care must be used.
2. As information is obtained from the Department of Health Services regarding AIDS, it shall be carefully reviewed and posted for employee perusal.
3. When searching or checking narcotic addicts, wear disposable gloves.
4. Use extreme caution when conducting searches, or dealing with sharp objects which may be contaminated.
5. All sharp objects which are/may be contaminated must be disposed of or held for evidence, and shall be placed in a puncture resistant container and labeled appropriately.
6. If, during a body search, an officer is accidentally punctured with a sharp object, they should immediately report to the Watch Commander and complete a Worker's Compensation Claim (see Worker's Compensation information in Manual Section 2.8). The Watch Commander shall then refer the injured officer to a County approved Workers' Compensation Medical Clinic for treatment. Unless the Officer has a pre-designated treatment provider a list of County contracted Medical Clinics is available in the Supervisor's Office.
7. An employee who has an open wound, skin lesion, or is bleeding, should avoid direct contact with the blood or other bodily fluids of another person, If the employee's broken skin is on the hands, disposable gloves should be worn, especially if handling blood/bodily fluids.
8. Any equipment or clothing coming into contact with contaminated substances or persons, should be disposed of, or properly decontaminated as soon as possible.
9. Employees who come in frequent physical contact with youth should routinely wear disposable gloves, especially during search procedures.
10. Areas that have been contaminated with blood or other bodily fluids should be secured until thoroughly decontaminated.

### 8.3.3.3 DECONTAMINATION PROCEDURES

Areas that have been contaminated with blood or other bodily fluids should be secured until thoroughly decontaminated as follows:

1. Following contact, the contaminated area should be isolated to prevent further contamination, and thoroughly washed with soap and water.
2. Contaminated areas, surfaces, and equipment must be decontaminated with a disinfectant liquid/spray, or a medically approved concentration of disinfectant solution. See Manual Section 12 for more details on cleaning.
3. Clothing and uniforms should be decontaminated by washing with laundry soap using the approved Med-Iso laundry procedures outlined in Manual Section 11.5, or dry cleaning for officer's clothing.
4. Disposable gloves, towels or other items used to clean up contaminated areas shall be placed in plastic bags and disposed at the nearest disposal site approved by the Department of Health Services.

Note: See department policy and procedures chart at back of this section for more specific circumstances and the required actions.

## **8.3.4 Precautions for the Handling of Blood and Other Bodily Fluid Spills**

### 8.3.4.1 INTRODUCTION

Certain communicable diseases are associated with the presence of etiologic agents in a bodily fluid, such as; blood, urine, feces, mucus, saliva, respiratory i.e. droplet or vomit. Patients and carriers of these agents may be asymptomatic. Thus, there is a need for precaution. The following procedures have been developed to provide guidelines for IS officers who may be exposed to youth with communicable diseases and/or their bodily fluids.

	<b>Action</b>
Gloves	Gloves should be worn when the potential exists for hands to be soiled with bodily fluids, blood secretion or excretions.
Wash Hands	Hand washing shall be meticulously practiced, whenever contact with contaminated bodily fluids has occurred.
Avoid any Contact with Body Fluids if You Have an Open Wound or Cut	An employee who has an open wound, skin lesion, or is bleeding, should avoid direct contact with the blood or other bodily fluids of another person. If the employee's broken skin is on the hands, disposable gloves should be worn, especially if handling blood/bodily fluids.
Disposal	Any equipment or clothing coming into contact with contaminated substances or persons, should be disposed of, or properly decontaminated as soon as possible.
Disposable Gloves	Employees who come in frequent physical contact with youth should routinely wear disposable gloves, especially during search procedures.
Area to be Decontaminated	Areas that have been contaminated with blood or other bodily fluids should be secured until thoroughly decontaminated.
CPR Mask	During CPR, officers should use a protective pocket mask, to eliminate direct contact with the victim's mouth and nose. However, the unavailability of a protective mask should not prevent initiation of CPR. Officers should familiarize themselves with the use of a protective mask, either on a training mannequin or another person.
Accidental Sharp Object Puncture	If during a body search, an officer is accidentally punctured with a sharp object, they should immediately report to the Facility Watch Commander, complete a Worker's Compensation Claim in accordance with Manual Section 2.8 and go to a County Approved Medical Clinic for treatment (see Manual Sections 2.8.3 and 2.8.4). Unless the Officer has a pre-designated treatment provider a list of County contracted Medical Clinics is available in the Supervisor's Office.

### 8.3.5 AIDS: Reporting, Disclosure, Testing and Confidentiality

#### 8.3.5.1 AIDS LAWS

The attached chart (at the back of this Section) provides officers with instructions for handling medical responsibilities. The chart is arranged in such a way as to highlight each work activity or circumstance, which may give rise to a duty to act on the part of officers. Following each activity on the chart is a citation of the legal authority or probation policy that mandates action, followed by our procedures for responding. On the far right hand side of the chart, the Probation services are identified that are charged with the duty of responding: (i.e., Adult Services, J.I., etc.). AIDS related laws are intended to serve several purposes as noted below:

#### 8.3.5.2 VICTIMS EXPOSED

The law is intended to provide crime victims who may have been exposed to AIDS or, in some cases, other communicable diseases, with a means of having the accused tested, and with a means of being notified of the test results. (The laws that relate to this purpose provide victims with pre-conviction testing per Sections 199.96 - 199.97 H&S or 1524.1 PC, which is pursued through the District Attorney. You may notice when you review the attached chart that there shall be occasions when probation officers, particularly facility officers, may need to contact the District Attorney regarding initiating pre-conviction testing procedures. Normally however, Probation officers shall be involved with post-conviction matters).

### 8.3.5.3 MANDATE POST-CONVICTION AIDS TESTING

The law is also intended to mandate post- conviction AIDS testing, and AIDS education classes for prostitutes and for drug and sex offenders who are considered at high risk of contracting AIDS (see Sections 1202.1, 1202.6 and 1001.10 of the Penal Code).

### 8.3.5.4 PROMOTE HEALTH AND SAFETY

To promote the Health and Safety of staff and inmates in and outside correctional facilities who may be exposed to AIDS or other communicable diseases while in such facilities or during the probation or parole period following the release from confinement. The law has mandated a variety of means by which this purpose must be served (under 7500-7552 PC and 199.99 H&S), but the primary tools are:

1. Mandatory reporting of suspected disease exposure incidents, to the Public Health Department;
2. Voluntary and mandatory testing by Health services of inmates/youth / probationers;
3. Counseling by Health Services of affected officers inmates/probationers;
4. Providing an AIDS education and training program for officers;
5. Supplying officers with safety precautions relating to contact with potentially infectious bodily fluids;
6. While generally maintaining the confidentiality of information relating to persons who have AIDS or other communicable diseases, notifying or ensuring the notification of specified persons who have a right and need under the law to be informed regarding the infectious condition (per 7520-7523 PC and 121070 H&S).

## **8.3.6 Disinfecting and Sanitizing a Contaminated Room**

### 8.3.6.1 ROOM DECONTAMINATED

The sleeping quarters of a youth, who has been ill, infested with ectoparasites or had a communicable disease, must be decontaminated prior to being assigned or occupied by another youth. When these circumstances occur, the following disinfecting and sanitizing procedures shall be implemented. (Also see Manual Section 12 for more details on cleaning).

### 8.3.6.2 YOUTH OR CONTRACT CLEANER TO CLEAN ROOM

Whenever possible, the youth who was ill or infested, shall be utilized to decontaminate the room. If this is not possible, then the Watch Commander shall contact the Contract Cleaner to perform the decontamination procedures (see Manual Section 12.3). Under no circumstances shall a youth be exposed to another person's blood or body fluids. Youth, who are not the subject of the contamination, shall not be used to sanitize a contaminated room.

### 8.3.6.3 CLEANING SUPERVISED

The decontamination of a room by a youth shall be directly supervised by an officer who is fully knowledgeable of the required safety precautions. (See Manual Sections 12.4 and 12.5 for more specific details on cleaning).

### 8.3.6.4 PRECAUTIONS FOR CLEANING CONTAMINATED ROOM

All persons involved in the cleaning of a contaminated room (including the affected youth) shall adhere to the following safety precautions:

1. At all times, plastic disposable gloves shall be worn.
2. Protection masks shall be made available for all officers or youth who wish to wear them. Officers are required to inform youth of the availability of protective masks, prior to initiating decontamination procedures.
3. Med-Iso bags shall be used for gathering; storing and transporting all potentially contaminated clothing and bedding (also see Manual Section 11.5).

#### 8.3.6.5 CLEANING SOLUTION

A disinfectant solution or a disinfectant spray or liquid approved by the Division Chief for decontamination procedure, shall be utilized for sanitizing the room (see Manual Section 12.4 for more information on cleaning solutions).

#### 8.3.6.6 ROOM

The room, toilet, bed, desk, mirror, wash basin, windows, floor and any other item found in the room shall be thoroughly disinfected and left to air dry, to complete decontamination procedures.

#### 8.3.6.7 BEDDING

Mattresses and pillows shall also be thoroughly washed with the disinfectant solution and placed in the sun for 24 hours to dry.

#### 8.3.6.8 CLOTHING

Contaminated clothing, linen and bedding shall be disposed/cleaned according to the medical isolation procedures as outlined in Manual Section 11.5.

### **8.3.7 Diagnosis, Treatment and Housing for Youth with Acute Illnesses**

#### 8.3.7.1 OVERVIEW

The diagnosis, treatment and housing of youth with a serious psychiatric or physical illness, presents a special problem for IS Administrators and medical/mental health staff. With respect to detecting and handling a youth with an acute illness, the following procedures shall be utilized.

#### 8.3.7.2 MEDICAL ASSESSMENT

The Medical Clinic shall initiate a medical assessment of each youth admitted to KMJDF/EMJDF as part of the initial health screening (see Manual Sections 8.6 and 5.1.2) and make psychological/other referrals as needed. Upon transfer to CB or GRF, the medical file is screened as part of the transfer process (see Manual Sections 8.6 and 5.1.2) and appropriate medical and psychological/other referrals are indicated or arranged as needed.

#### 8.3.7.3 OFFICERS WHO SUSPECT A YOUTH IS ILL SHALL REPORT IT TO THE CLINIC

Probation officers who have reason to suspect a youth is suffering from a severe illness or mental problem, shall notify the Medical Clinic or STAT Team as appropriate, and the Watch Commander. An Incident Report shall be written to document the officer's observations and suspicions. At the earliest opportunity the youth shall undergo a screening assessment conducted by the Medical Clinic or Forensic staff to evaluate their condition.

#### 8.3.7.4 MENTAL HEALTH PROBLEM

Youth identified by the Medical Clinic or Forensic staff, as potentially having a disabling psychiatric or medical problem, shall be referred to the facility's physician if the problem is medical in nature or the psychiatrist if the youth exhibits a mental disturbance.

#### 8.3.7.5 DOCTOR'S ASSESSMENT

The facility's physician and/or psychiatrist shall conduct an assessment of the youth and prepare a recommendation to the Facility's Watch Commander, indicating whether the necessary care can be provided within the facility, or if the required health care is beyond the resources available within the facility.

8.3.7.6 ISSUES TO BE ADDRESSED

If applicable, the physician's/psychiatrist's recommendation shall address the following issues:

1. The need to transfer the youth to another facility
2. The housing requirements within the facility (i.e., Medical Isolation, Single Room Status, Suicide prevention, etc.)
3. The physical activity restrictions
4. Precautionary measures
5. Diet
6. Any other clinical concerns (i.e., special protocols)

8.3.7.7 TREATMENT NEEDS BEYOND THE FACILITIES ABILITY

Youth who have health care needs beyond the facility's available resources, or whose adaptation to a facility environment is significantly impaired, shall be transferred or committed to a facility where the necessary care is available. The Division Chief shall be responsible for obtaining the necessary authorization for a transfer of this nature.

8.3.7.8 PRIVATE INSURANCE:

Youth with private insurance may elect to be sent to their a health care provider in the community or health care facility in accordance with their private insurance , subject to security and transportation concerns. Youth without private insurance will be treated in an appropriate health care facility in the community paid for by CFMG in accordance with CFMG Policy and Procedure Manual provisions. Youth without insurance requiring psychiatric hospitalization will be cared for in a County approved mental health facility and paid for by the County. Arrangements for admission and bed space in an off-site facility shall be the responsibility of the referring physician or psychiatrist. (See ‘Right to Private Medical Care’ paragraph below.)

8.3.7.9 CHOICE OF FACILITY

Youth who have parents with the financial ability or with insurance may designate a facility of their choice to provide medical treatment. However, such choice is contingent upon security concerns and may be overridden by the Division Chief and or his/her designee.

8.3.7.10 RIGHT TO PRIVATE MEDICAL CARE

A youth has the right to receive private medical attention and health care services located outside the facility (at their own expense) by complying with the following guidelines:

Step	Action
Private Medical Appointment Refer to Clinic	Any parent/legal guardian who feels it is necessary for a youth to see their own private doctor or dentist shall be referred to the Medical Clinic for initial arrangements and information.
Clinic Shall Make the Appointment	The Medical Clinic shall obtain necessary information from the parent/legal guardian to make the appointment The clinic shall make the appointments if possible. If the parent/legal guardian must make the appointment for payment purposes or already has an appointment, it shall be changed by the clinic. This is to keep family visiting from occurring during the appointment and for officer safety. The clinic shall inform the private physician's office that the youth's appointment time and date are confidential, and are not to be given out to anyone, including the parent/legal guardian, again for purposes of officer's safety.



Transportation Information	The clinic shall complete the medical information on the top half of the "Transportation Officer Information" and call the JFS Transportation office and inform them of date and time of appointment. Once this information is completed, the Facility transportation officer shall make a copy and send this copy to JFS Transportation, where it shall be used to make transportation officer assignments. The original slip shall be kept in the Facility to be used when the actual transportation occurs.
Paperwork	On the date of the appointment, any medical paperwork to be completed by the private medical provider shall be provided by the clinic in accordance with the CFMG Policy and Procedure Manual. Paperwork shall be picked up from the clinic by the transporting officer, and must be returned to the clinic, upon the youth's return from the scheduled appointment.

### 8.3.8 Medical Care for Segregated Youth

#### 8.3.8.1 REASONABLE ACCESS

All youth separated from the general population shall have reasonable access to medical and mental health care and treatment. Each morning, clinic staff will ask each youth on Administrative Separation (A.S.) if they have any medical problems and will document in their medical files. (Title 15, Section 1411)

#### 8.3.8.2 PROCEDURE FOR MEDICAL TREATMENT

The referenced procedures outlined below, define the minimum standards, which are acceptable for the provision of medical services for youth in isolation.

Step	Action
Notify Clinic	Probation officers shall notify the Medical Clinic or Forensics staff whenever a youth is placed in Separation (e.g. Administrative Separation – see Manual Section 7.7.8; Disciplinary Removal – see Manual Section 5.13. This provision extends from newly arrested youth, to youth who are disciplinary removals from a living unit.
Medical Assessment Required	Medical and mental health personnel are required to conduct an initial medical assessment at the earliest opportunity following notification. The assessment shall determine the youth's need for medical care, and overall medical/mental fitness for separation. The youth's physical condition (i.e., checks for bruises, scratches, bone fractures, etc.) and mental attitude (i.e., suicidal tendencies, etc.) are critical factors in determining the appropriateness of separation.
Subsequent Evaluation	Subsequent medical/mental health evaluations shall be scheduled at the discretion of the Health Services personnel, based on the medical or mental needs of the segregated youth. At a minimum, medical and mental health (when available) personnel on a daily basis shall see each youth in separation.
Ask Each Youth Daily if They Need to See a Nurse	To assess each youth's need for medical care, Probation officers shall have daily contact with all youth in separation. Each youth shall be asked if they need to see a nurse. All requests to see a nurse shall be promptly relayed to the Medical Clinic.

Document Medical Contacts	All contact between a youth in separation and medical personnel shall be documented in the youth's medical records.
Security	Probation Officers shall provide standby assistance, to ensure security is maintained, during all consultations between medical personnel and youth in Administrative Separation.

### 8.3.8.3 ACCESS TO SICK CALL

Health care access for youth on A.S.

1. Youth on Administrative Separation will be monitored by Medical Personnel every 24 hours.
2. Probation Department will notify the clinic daily of those youth on A.S.
3. The youth will be placed on the Sick Call List. The Medical Provider will visually examine the youth and illicit any health care concerns. Follow through treatment plans will occur as needed.
4. Youth will continue to have access to sick all slips per usual protocol.

Note: Main Control/Central Control will provide a list of names at Midnight and give to the Charge Nurse who will place the names on the proper Sick Call list for the following day.

## 8.3.9 **Medical Isolation**

### 8.3.9.1 QUARANTINE

Medical isolation is quarantine from people. It occurs when a youth is suspected of having a communicable disease or requires medical separation of a youth and consists of the following:

### 8.3.9.2 SEPARATE LIVING SPACE

Youth assigned to a medical isolation status are required to be quarantined in separate living quarters, for their own welfare and welfare of others.

### 8.3.9.3 DOCTORS MAKE THE ISOLATION DETERMINATION

Determination of the need for medical isolation is primarily a medical decision Medical Clinic staff shall make the initial placement of a youth in medical isolation. Doctor assessments and medical examinations determine the need for continued isolation practices.

### 8.3.9.4 OFFICERS NOTIFICATION

The Medical Clinic shall promptly notify the Facility Watch Commander when a youth is placed on a medical isolation status. The Facility Watch Commander shall arrange for separate housing and ensure that proper notification is visible which indicates the youth's medical isolation status, medical restrictions and safety precautions.

### 8.3.9.5 COMMUNICABLE DISEASE PRECAUTIONS

If the results of a medical assessment, examination, or laboratory test indicate the presence of a communicable disease, the following safety precautions shall be invoked:

1. Isolation in a room equipped with a toilet, wash basin and soap;
2. Meals are to be served on paper plates with disposable utensils;
3. The youth shall handle their own food which is to be provided only by a housing unit officer;
4. Youth shall remain in their rooms at all times, unless other directions are given by Medical Clinic staff;

5. Safety precautions regarding the use of masks, gloves and other items prescribed by the Medical Clinic shall be posted on the youth's room door;
6. Linen changes shall occur according to the procedures for the handling of medical isolation laundry. (See Manual Section 11.5).

#### 8.3.9.6 TERMINATION OF STATUS BY MEDICAL STAFF

Medical Isolation precautions may be terminated only by the Medical Clinic based upon their determination that the youth is no longer infectious. Medical clinic will provide a Medical Treatment Order (MTO) at that time.

#### 8.3.9.7 TREATMENT AS PRESCRIBED BY ATTENDING DOCTOR

All youth suspected and/or diagnosed to have a communicable disease, shall be treated as directed by the attending physician. Actions, or requests for action, which may deviate from prescribed medical orders may be authorized only by the Medical Clinic or the Facility Watch Commander.

#### 8.3.9.8 YOUTH TOO SICK TO BE IN CUSTODY

When a youth's medical condition becomes incompatible with detention, medical personnel shall immediately notify the Watch Commander and Division Chief for resolution of the problem.

#### 8.3.9.9 DAILY NURSE VISIT

All youth placed on medical isolation shall be seen at least once a day by Clinic staff.

#### 8.3.9.10 STAFF IN CLINIC

When a detainee is housed in Medical Isolation status in the Medical Clinic, the Watch Commander shall assign an officer to be present in the Medical Clinic on a 24 hour basis.

### **8.3.10 Respiratory Protection and Aerosol Transmissible Diseases**

#### 8.3.10.1 PURPOSE

Probation employees may work in environments that contain Aerosol Transmissible Diseases (ATDs). These contaminants can cause or exacerbate respiratory disease and other health problems. Generally, these contaminants cannot be eliminated or controlled. State regulations require employees to utilize respiratory protection to prevent health problems by providing clean air to breathe.

#### 8.3.10.2 POLICY

The CAO Administrative Manual section 300-01 states that each county department shall comply with the California Occupational Safety and Health Administration's (Cal/OSHA) Respiratory Protection Standard (Title 8 California Code of Regulations [T8CCR] Section 5144), the Cal/OSHA Regulations on Aerosol Transmissible Diseases (T8CCR Section 5199) and other stated provisions to ensure the safe and effective use of respirators.

#### 8.3.10.3 DEFINITIONS

Aerosol Transmissible Disease (ATD): A disease or pathogen spread by droplet or air for which airborne precautions are required.

Aerosol Transmissible Pathogen (ATP)/Airborne or droplet (most common pathogens, not an inclusive list): Varicella (chickenpox), Measles, SARS, Smallpox, Tuberculosis, Meningitis, Pertussis or any other disease the public health guidelines recommend airborne infection isolation. Isolation is mandatory during the acute stage of the illness.

Exposure Incident: An event in which all of the following have occurred: 1) an employee is exposed to an individual who is suspected of having a reportable ATD, work in an area or use equipment in an area that is reasonably expected to contain ATPs associated with a reportable ATD. 2) The exposure occurred without the benefit of applicable exposure controls and 3) it reasonably appears from the circumstances of the exposure that transmission of the disease is likely to require medical evaluation.

N95 Respirator: The most common of the seven types of particulate filtering facepiece respirators. This product filters at least 95% of airborne particles but is not resistant to oil. (Centers for Disease Control, 2014)

8.3.10.4 STANDARDS

In compliance with County policy and Title 8 CCR Regulations, the Department expects its employees to adhere to the standards described below.

Respiratory Protection Program	The San Diego County Probation Department shall maintain a Respiratory Protection Program, as specified in T8CCR 5144 and 5199. The Respiratory Protection Program format is standard across all county departments. The Probation Department's Respiratory Protection Program complies with county policy and state regulations. It can be found in Appendix A of the Institutional Services Manual.
Occupational Exposure	Sworn officers are required to supervise probationers in Institutions. During these activities, officers may encounter individuals that are ill with an Aerosol Transmissible Disease (ATD). Additionally, support staff may also directly contact members of the public that are ill with an ATD. Therefore, probation employees with public contact face occupational exposure to ATDs, as defined in Title 8 CCR Section 5199(b).

8.3.10.5 RESPIRATOR USE - MANDATORY OR VOLUNTARY

Probation Employees face different occupational exposures based on their job duties. Assignments and duties establish whether T8 CCR §5199 requires mandatory or voluntary use of respirators, as specified below:

Facility	Respirator Use
Camp Barrett and GRF	Respirator use is voluntary. Youth in Camp settings who are suspected to be ill with an ATD will be transferred to KMJDF or EMJDF as soon as possible. When the ill youth is identified, officers will require the youth to wear a surgical mask before and during transport to KMJDF or EMJDF. The youth will not remove the mask until instructed by Medical Staff. As long as the youth wears a surgical mask, officers at these facilities are not required to wear respirators.
KMJDF or EMJDF	Respirator use is mandatory. KMJDF and EMJDF house youth who are ill with ATDs. These youth will reside at the facilities and receive care from the Medical Clinic until they are no longer ill. ATD youth will be separated from the general population in an isolation area to prevent others from becoming ill and are required to wear a surgical mask when they are out of their room. Sworn officers at KMJDF and EMJDF will be assigned to the isolation area to care for youth ill with an ATD. While assigned to the isolation area (unless all ATD youth are in their rooms) or when in the immediate presence of an ATD youth, sworn officers shall wear N95 respirators provided by the Probation Department. Officers are not permitted to wear personal respirators.
Support Staff	Support staff may encounter members of the public who are ill with an ATD when providing services at field offices, reception areas and in support areas of 24-hour facilities. Support staff will not be required to provide any services for ATD youth quarantined in an isolation area. Support staff will hand out surgical masks to members of the public who appear ill or are coughing in reception areas. Support staff are not required to use N95 respirators.

### 8.3.10.6 N95 RESPIRATOR SUPPLIES/REPLACEMENT

N95 shall be available at each facility and the respirators are disposable. Officers shall replace them on a daily basis or when they become wet, dirty, damaged or otherwise unusable. The Department Respiratory Administrator will provide for the replenishment of protective equipment as necessary

### 8.3.10.7 ATD SURGE STAGES

If ATD cases are not promptly isolated, ATDs may spread quickly from person to person. The below table outlines the number of cases involved in a “surge”, or quick spread & increase, in the number of ATD cases. In each stage, respirator use is mandatory for officers having contact with ill individual.

Stage 1: One or two ATD cases

Stage 2: 10-15 ATD cases

Stage 3: Rapidly increasing number of ATD cases

Once ATD cases increases beyond stage 3, a pandemic may be declared, which will cause the suspension of normal operations and initiation of civil defense procedures. A state of emergency may be declared. Medical Isolation procedures may be necessary for the entire facility, at the direction of the Medical Clinic.

During an ATD outbreak or pandemic, additional supplies of N95 respirators are available through the county emergency stockpile. The Watch Commander can contact the Office of Emergency Services at (858) 565-3490 to gain access to the stockpile.

### 8.3.10.8 ISOLATION AREA ACTIVITIES

Youth recovering from an Aerosol Transmissible Disease need to rest. While housed in the isolation area, the following restrictions on normal activities may apply:

- No recreation
- No school
- No program
- Minors on bed rest (remain in rooms)
- Showers & phone calls may occur one at a time.

The Watch Commander and Medical Clinic will consult daily on the appropriate activity level for recuperating ATD youth and will direct staff on the appropriate level of activity based on each youth’s medical condition.

### 8.3.10.9 MEDICAL TREATMENT

All youth suspected and/or diagnosed to have an Aerosol Transmissible Disease shall be treated as directed by the attending physician. Actions, or requests for action, which may deviate from prescribed medical orders may be authorized only by the Medical Clinic or the Watch Commander.

### 8.3.10.10 SEASONAL INFLUENZA EXEMPTION

Seasonal influenza is exempt from the provisions of Title 8 Section 5199. If the Medical Clinic diagnoses a ward with seasonal influenza, housing in an isolation area is not required, but may be recommended by CFMG staff.

### **8.3.11 Tuberculosis Surveillance and Seasonal Flu Vaccine**

#### 8.3.11.1 PURPOSE

The County of San Diego Probation Department recognizes the need to safeguard employees who work in areas or perform tasks which have a potential for serious exposure to Aerosol Transmissible Diseases (ATDs). The written plan is designed to reduce the risk of transmission of an airborne pathogen between sworn officers and probationers. The Respiratory Administrator or designee will review and adapt the policy annually.

#### 8.3.11.2 SCOPE

The TB Surveillance Policy applies to sworn officers assign to work with probationers that may have a reasonably anticipated risk exposure to an aerosol transmissible disease.

#### 8.3.11.3 POLICY

The Probation Department will offer voluntary TB Testing to staff who have been exposed to TB. The Seasonal Influenza vaccine will be offered annually at no cost to the employee who has been identified to have an increased occupational risk to aerosol transmissible diseases or pathogens.

- TB Testing may be offered more frequently should an employee be involved in an exposure incident.
- The employee will be issued a control number and directed to go to the County's health provider (U.S. Health Works) to obtain a TB test.

#### Seasonal Flu Vaccine

- The Seasonal Influenza Vaccine shall be offered to employees annually during the period of time designated by the Center for Disease Control.
- Employee participation in the Seasonal Flu Vaccination program is voluntary. No discipline will result from declining participation in this program.

#### ATD Exposure:

Employees who are knowingly exposed to an ATD infected person or area without the use of personal protective equipment must:

- Report the incident immediately to their Supervisor or Director.
- Follow existing policy on reporting work injury/exposure incidents.

#### ATD Exposure Notifications:

In the event of an exposure incident, affected employees will be notified of the occupational exposure:

- In person by a manager, or
- In writing, requesting the employee obtain a TB Skin Test at a County's Health Provider or designated locale.

#### Record Keeping:

Records of training, respirator fit testing and exposure incidents shall be maintained in accordance with Title 8 Section 5144 and 5199.

- Records of respirator fit testing are maintained on the "S" Drive by the Respiratory Administrator and are available on request.
- Records of exposure incidents are confidential medical information and are maintained by Probation human resources staff. They are available on a "right to know/need to know" basis in accordance with the Health Information Privacy Protection Act (HIPPA).

<b>San Diego County</b> <b>Probation Department</b> <b>Institutional Services</b> Policies	<b>SUBJECT: First Aid and Medical Emergencies</b> <b>SECTION: 8.4</b> <b>AUTHORITY: Sections 1400-1454, Title 15</b>
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## 8.4 First Aid and Medical Emergencies

### 8.4.1 INTRODUCTION

Institutional Services (IS) Officers are responsible for administering first aid, CPR and A.E.D. (Automatic External Defibrillation) at the scene of a medical emergency, until relieved by qualified medical personnel. The objective of any first aid measure is to prevent further injury, and to save a life.

This section provides a reference guide for non-medical personnel, regarding first aid instruction applicable to a variety of medical emergencies.

### 8.4.2 FIRST AID REQUIRED

All officers are required to render assistance and follow prescribed first aid procedures to save the life of, or deter further injury to, any youth in need, until medical personnel respond and assume responsibility over the situation.

### 8.4.3 FIRST AID TRAINING REQUIRED

All IS officers shall be required to pass training classes in Basic First Aid and Emergency Care, and Healthcare/Law Enforcement CPR, in accordance with the mandates as specified in Section 1412, Title 15, of the California Code of Regulations, Minimum Standards for Juvenile Facilities. Training and certification must be maintained and renewed at least once every two years. (See Manual Section 3.5 for more information on training.)

### 8.4.4 FIRST AID KITS

First aid kits shall be available in all SDCJDF housing units/dorms. The CFMG medical director shall promulgate an inventory list of what each kit shall contain. The contents of the kit shall be inventoried every Thursday. The inventory list shall be initialed by the officer conducting the inventory and the kit shall be restocked as needed.

### 8.4.5 GENERAL GUIDELINES FOR EMERGENCIES

In the event of a medical emergency, injury or illness, the following general guidelines shall structure the administering of first aid:

1. Alert other officers and summon trained medical personnel from the Medical Clinic by activating the "Medical Emergency" procedures. (See Manual Section 13.2).
2. Remain calm, use universal precautions and begin first aid.
3. Clear and maintain an open airway and check for breathing.
4. Check the pulse rate. If necessary, initiate CPR and utilize A.E.D. as indicated. (A.E.D. procedures located in Manual Section 13.2.1.)
5. If the victim is bleeding, try to stop or impede the blood flow.
6. Protect any open wounds.
7. Back-up/Main Control/Central Control officers respond to the location with emergency equipment (A.E.D., oxygen, etc.)

8. Initiate treatment or preventative measures for shock.
9. Upon reporting a medical emergency, provide responding personnel with the following information:
  - The youth's name;
  - The nature of the injury/illness;
  - The injury site;
  - The patient's condition.
10. Assist medical personnel as directed, and in transporting victim to medical clinic.

#### 8.4.6 MEDICAL CLINIC ACTIONS

Actions of the Medical Clinic staff shall be governed by the CFMG Policies and Procedures Manual and applicable state laws regulating professional standards of medical treatment. Upon arrival at the scene of a Medical Emergency, the nurse will take charge of the medical aspect of the emergency. Facility officers will maintain responsibility for security.

### **8.4.7 Critical Illnesses or Injury of a Youth**

#### 8.4.7.1 FACILITY POLICY

In the event of a critical illness or injury, especially in situations where the individual is unconscious, has experienced severe blood loss, has stopped breathing, or has no pulse; every effort and available resource must be immediately utilized to sustain life. Using approved first-aid methods, while simultaneously obtaining medical assistance, shall be staff's primary and initial responsibility.

In the event a youth appears to be non-responsive to first-aid/resuscitation measures, and officers believe death has occurred, lifesaving procedures shall still be maintained. Facility officers are prohibited from undertaking the responsibility for determining the existence of life or death. Under current guidelines, the determination of life or death is a medical function. If a youth is found to be in respiratory/cardiac arrest, officers shall assume the condition has just occurred, and begin immediate resuscitation procedures.

#### 8.4.7.2 EMERGENCY RESPONSE

Any officer who encounters a medical emergency; immediately incurs a two-fold responsibility requiring sound judgment and action. Officers must obtain the assistance of additional officers and medical personnel and provide life sustaining first-aid.

The first officer on the scene of a critical situation shall summon whatever assistance is necessary, up to and including activation of the "Medical Emergency" response procedures (see Manual Sections 8.4 and 13.2). The officer shall then initiate first-aid and/or CPR, as necessary. Youth who happen to be in the vicinity of the emergency situation, may assist in summoning additional officers/medical assistance. However, utilizing youth to assist with first-aid or CPR measures is prohibited.

Prior to the arrival of medical personnel, the senior Officer at the scene shall designate the use of personnel and resources to provide life-sustaining measures. Officers shall not relinquish their efforts to provide life-sustaining measures, until relieved by Medical Clinic staff.

#### 8.4.7.3 SECURITY DURING EMERGENCIES

Officers must be aware of security concerns during emergency situations even while attempting to render first aid to the victim. There are some youth who may attempt to take advantage of an emergency situation to attempt an escape. Other youth may become so distraught at the sight of a serious injury that they become a danger to themselves or others. All youth in the vicinity of an emergency should be returned to their rooms, living area, or another location within the facility as soon as feasible, and reassured that the victim will be cared for.



#### 8.4.7.4 TRANSPORTATION GUIDELINES

Probation transporting service may be initiated by the Facility Watch Commander at the recommendation of the medical staff for any non-life threatening condition.

The process for making transport arrangements should take approximately twenty (20) to thirty (30) minutes. Based upon the comfort level of the Transporting Officer, the officer may elect to confer with the Facility Watch Commander and/or medical staff to discuss the option of using another method of transportation.

The medical staff will advise the Facility Watch Commander when 9-1-1 has been activated for any life threatening condition. The Watch Commander at any time has the ultimate authority to override any decisions made by the medical clinic in the activation of the 9-1-1 system.

<b>San Diego County</b> <b>Probation Department</b> <b>Institutional Services</b> Policies	<b>SUBJECT: Medical Treatment and Services</b> <b>SECTION: 8.5</b> <b>AUTHORITY: Sections 1400-1454, Title 15; Welfare and Institutions Code Sections 220-222</b>
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## 8.5 Medical Treatment and Services

### 8.5.1 OVERVIEW

The following policies structure the provision of medical treatment for youth in a SDCJDF.

### 8.5.2 MEDICAL CLINIC RESPONSIBILITY

Treatment for injuries, illnesses, and other medical problems, is the responsibility of the Medical Clinic Staff. Unit/Dorm Officers are prohibited from prescribing treatment for any illness or injury related condition.

### 8.5.3 INSTITUTIONAL SERVICES OFFICER RESPONSIBILITY

All officers are responsible for ensuring that medical instructions and administrative procedures are carried out properly and in a manner which reflects good judgment, sanitation and security precautions.

### 8.5.4 DAILY SICK CALL

For routine medical complaints youth will have sick call slips made available in all housing units. Officers will direct youth in the sick call process as posted in units/dorms and will direct emergencies to the clinic at any time. In the event that a youth speaks a foreign language, translator services will be arranged as needed through coordination with the Watch Commander. In the event that a youth has literacy barriers in filling out a sick call slip, unit/dorm officers may assist by filling out the slip as dictated by the youth, or by direct liaison with the clinic. (Title 15, Section 1433(a)). [See attachment 8.5.4.1.](#)

### 8.5.5 MEDICAL STAFF COLLECTS SICK CALL SLIPS

Medical staff will collect sick calls slips five (5) times a day and evaluate any immediate concerns. Sick call is in the AM, 7 days a week, conducted by the PA, the NP or occasionally a RN. Each sick call request by a youth will be triaged within 24 hours and responded to within 72 hours. When warranted, the youth shall be seen by CFMG or arrangements made for out of the building medical treatment as requested by medical staff. All sick call slips shall be maintained by the clinic in the youths' medical record.

### 8.5.6 MEDICAL EXAMINATION ROOMS

Medical examination rooms shall be available at all times for the treatment of injuries and illnesses. The medical examination room is required to:

1. Have sufficient lockable storage space for readily available supplies and drugs.
2. Have emergency equipment and supplies, basic medical supplies, and equipment appropriate to the services provided by the Medical Clinic.
3. Be clean, sanitary and orderly at all items.

### 8.5.7 REPORT ANY INJURY

Any Institutional Services (IS) officer aware of an injury, bruise, scratch, illness, abnormal behavior, or condition which could impact a youth's physical or mental well-being shall be reported to the facility's Medical or STAT Team immediately. If a nurse or other medical personnel are not immediately available or when the injury is particularly significant, the officer shall notify the Watch Commander. The Watch Commander shall then be responsible for seeing the youth and evaluating the situation to determine the appropriate course of action.

### 8.5.8 DOCUMENTATION OF ALL YOUTH INJURIES VIA INCIDENT REPORT

All injuries incurred by a youth shall be documented, either in an Incident Report. The medical staff completes the Medical Addenda Form at the time that the youth is seen and a copy is kept in a medical records notebook documenting all daily treatments. The original Medical Addenda Form is then forwarded to the Watch Commander's Office for attachment to the appropriate Incident Report. The Watch Commander is responsible for reviewing the Medical Addenda Form to insure that it is congruous with the Incident Report.

## **8.5.9 Individualized Treatment Plans**

### 8.5.9.1 OVERVIEW

Clinic Staff shall ensure that individualized treatment plans are developed for all youth who receive services for significant health care concerns.

### 8.5.9.2 RESTRICTIONS

Health care restrictions shall not limit a youth's participation in school, work assignments, exercise and other programs, beyond that which is necessary to protect the health of the youth or others.

### 8.5.9.3 ROUTINE TREATMENTS IN THE CLINIC

Treatments to be performed on a routine basis at the Medical Clinic or under the supervision of medical staff shall be recorded in the Unit/Dorm Logbook to enlist officer support in ensuring the continuity of prescribed treatments.

### 8.5.9.4 TREATMENT PLAN DOCUMENTED

Any treatment plan, which is to be carried out in a unit/dorm by IS officers, must be documented in the Unit/Dorm Log.

1. Medical staff shall provide a MTO (Medical Treatment Order) (see sample blank MTO in Appendix A, page A-92) form to the unit/dorm officers regarding the treatment procedures.
2. Only treatments which are routine and minor in nature may be carried out by SDCJDF officers (i.e., shampoo treatments, saltwater gargles, foot soaks, facial cleansing, Band-Aids, etc.).
3. Unit/Dorm officers document the exact nature of the treatment and time(s) to be performed.

### 8.5.9.5 SPECIALTY ITEMS

Treatment Plans may include specialty items (e.g. special soap for sensitive skin, or hypo-allergenic lotions) that are furnished by the youth's parent(s)/guardian(s). All such items must be cleared through the clinic and certified as medically necessary prior to use by youth. When not in use these specialty items shall be kept in the staff closet. Youth shall not be allowed to take any of these specialty products or items to their rooms.

8.5.9.6 PRESCRIBED TREATMENT

Only medical/mental health personnel shall prescribe treatment for an illness or injury sustained by a youth. Officers may hand out Band-Aids and antibiotic ointment for very minor cuts.

**8.5.10 Physical Examinations**8.5.10.1 PHYSICAL EXAM WITHIN 96 HOURS

Physical examinations are conducted on all youth within 96 hours after their detention hearing. A registered nurse practitioner, physician's assistant or a licensed physician shall perform this examination; in a setting which offers the youth an acceptable level of privacy. This exam is in addition to the initial intake screening and is necessary to accurately develop an individualized treatment plan for each youth.

8.5.10.2 EXAM TO INCLUDE

At a minimum, the physical examination shall include the following:

Step	Action
History	Obtaining a medical history of present and past illness and treatment; including the names and location of hospitals or doctors, any health problems that are known or suspected, review of systems, status of immunizations, history of exposure to sexually transmitted infections or other contagious/infectious disease, the need for contraceptive information and counseling, a search for symptoms of neurological disease, drug abuse, severe hyperactivity, physical or sexual abuse, psychiatric disorders (including severe depression), self-destructive behavior and suicidal tendencies.
Record Current Functions	A medical examination, which obtains the youth's temperature, pulse rate, respiratory rate, blood pressure, height and weight. With the consent of the patient, the exam shall also include examination of the head, ears, eyes, throat, skin, lungs, heart, abdomen, genitalia, extremities and scalp. Additionally, a basic neurological assessment shall be conducted.
Dental Exam	A dental examination to identify the need for emergency dental care.
Symptoms of Communicable Diseases	An examination for signs or symptoms of communicable diseases, including but not limited to, screening for tuberculosis and sexually transmitted infections (STIs) in sexually active youth (with their consent).
Lab Tests	Laboratory tests will be conducted when medically indicated. Pregnancy screenings are conducted for female youth. Any abnormality in the laboratory test results shall be brought to the attention of the Facility physician and retesting shall occur at the discretion of the physician.
Prostheses/ Orthopedic Device	If a youth requires the use of prosthesis, the Facility treating physician shall make a medical determination whether the use of such device is medically required and non-use of such device would adversely affect the youth. Once prescribed by the physician, the prostheses shall not be removed unless there is probable cause to believe that they present risk of bodily harm to someone in the facility or they threaten facility security.
Incident Report	If prosthesis is removed from a youth, it shall be returned to the youth when the identified risk no longer exists. Officers shall write an Incident Report if prosthesis is removed and also when it is returned. Such shall be authorized by the Watch Commander or Unit Supervisor.

Modified Exams for Previously Examined	Modified physical examinations are permitted for youth who have had a previous physical examination at a SDCJDF within the last six (6) months. Under such circumstances an interval physical shall be conducted which consists (at a minimum) of a review of recent medical incidents and laboratory screening.
Medical Transfer Summary	All youth who have a court ordered placement outside their own home (i.e., Camp setting, 24 hour school, etc.) must have a Medical Transfer Summary completed prior to release. The Clinic shall, if necessary, conduct a complete physical examination prior to their transfer or release, in order to complete the Summary. A copy of the Summary shall be made available to the receiving agency.

### 8.5.11 Physician Consultations

#### 8.5.11.1 DOCTOR TO BE AVAILABLE MONDAY THROUGH FRIDAY

A certified physician shall be available, Monday through Friday; to attend to the medical needs of youth detained. A designated on-call physician shall cover non-work hours and weekends. All physician consultations shall be structured according to the following guidelines:

Step	Action
Complaints Assessed Daily	Youth medical complaints and injuries shall be assessed and screened on a daily basis by unit/dorm nurses to determine proper triage.
Notifying Unit/Dorm Officers who is to See the Doctor	Following completion of the "sick-call", each housing unit/dorm shall be notified by the nurse as to the names of the youth who need to be scheduled to see a doctor. Unit/Dorm officers shall arrange for the availability of the youth, for their scheduled doctor's visit.
Security	Unit/Dorm officers shall provide escorts and standby assistance for youth who are designated security risks when they visit the Medical Clinic.

#### 8.5.11.2 DAILY TRIAGE

Youth medical complaints, injuries, and requests for treatment shall be triaged daily and youth will be referred and/or examined as necessary. Emergency cases will be seen immediately.

### 8.5.12 Hospital Services

#### 8.5.12.1 INTRODUCTION

The extension of hospital services to youth housed in a SDCJDF represents an additional service provided by the Facility Medical Clinic. The following provisions govern this service:

#### 8.5.12.2 MEDICAL STAFF TO DETERMINE WHEN TO SEND TO HOSPITAL

Medical Services are available twenty-four (24) hours per day on site or after hours by phone. In a medical emergency situation, the on-duty physician shall determine the appropriate facility/hospital for treatment/transport. The clinic staff shall inherit the responsibility for determining the need for hospital services. The Facility Watch Commander, clinic staff or M.D. may override transport, if determined appropriate.

### 8.5.12.3 MEDICAL CONSENT FORM

A Medical Consent Form (see sample blank form in Appendix A, page A-93), signed by the youth's parent/legal guardian, must accompany a youth who requires services of a hospital. If a Medical Consent Form is not available, consent for treatment must be obtained either from a Juvenile Court Judge or the youth's casework Probation Officer, pursuant to Section 739 of the Welfare and Institutions Code. Any additional paperwork that is necessary shall be provided by the Clinic in accordance with the CFMG Policy and Procedure Manual, for services or patient treatment rendered by a youth's private health care provider or CFMG.

### 8.5.12.4 CONSULTATION FORMS

When officers escort a youth to a medical, psychiatric or dental appointment out of building, the Clinic shall be responsible for providing any Consultation Forms or other paperwork to be completed and returned to the Medical Clinic upon the youth's return from the appointment.

Medical staff shall inform the Watch Commander of any serious medical problems affecting a youth in detention. Such notification shall take place at the earliest possible opportunity, following confirmation of the medical problem.

At no time shall medical treatment be withheld or administered, as a vehicle for the punishment or discipline of a youth.

### 8.5.12.5 SECURITY PROCEDURES FOR ESCORT OFFICER

A transportation officer shall be assigned to accompany a youth referred to the hospital for emergency care. Unless otherwise authorized, all youth shall be transported in restraint gear, handcuffs and/or shackles, as the need for security dictates. Restraint gear is applied for the safety of the transporting officer and to minimize a youth's opportunity for escape. Waist chains shall be used for transportation; however, leg chains may be suspended for medical conditions such as a cast on a leg with the approval of the Watch Commander. Restraint gear shall not be used as a disciplinary or punitive measure. A youth in labor, delivery or recovery shall not be restrained.

Should the youth be admitted to the hospital, the transportation officer shall contact the facility to which he is assigned and report to the Watch Commander that the youth was admitted. The Watch Commander shall arrange for proper security for the duration of the youth's stay in the hospital. In the event the officer's shift will conclude prior to the hospital making a determination as to if they will be admitting the youth, the transporting officer will contact the Watch Commander, who will make a determination on how the transportation officer will be relieved.

1. Remain with the youth at all times, including the consultation, evaluation and examination procedures; officer may step to a protected area during x-ray or similar treatment;
2. Enforce all facility rules during the hospital visit and while escorting the youth;
3. Remove the handcuffs and/or shackles for treatment and examination purposes only, and replace them as soon as feasible;
4. Return the necessary paperwork following completion by the emergency room physician or consulting doctor;
5. Consult the nurse on duty at the Facility and the Watch Commander immediately upon notification that the youth needs to be admitted to the hospital. Follow all instructions received, regarding security arrangements.

### 8.5.12.6 NOTIFICATION POLICY

In situations where emergency care at a hospital is indicated, the Watch Commander shall be immediately notified. The youth's parents and the casework Probation Officer shall also be notified at the earliest opportunity. The Facility Watch Commander shall be responsible for the notifications. (See Manual [Section 8.12.3](#) for more information on Notifications.)

## 8.5.13 Nurse Coverage and Rounds

### 8.5.13.1 NURSE SERVICES

The following policies and procedures structure the provisions of nurse services for youth detained in a SDCJDF.

24 Hours a Day Service	Nurse coverage shall be provided on a 24-hour basis for all youth detained in KMJDF and EMJDF.
Sick Call 7 Days a Week	“Sick call” shall be held 7 days a week at a time designated by each facility. Any youth wishing to see the nurse may submit a sick call slip. All complaints of illness and/or injury made to Probation officers shall be reported to the nurse. Any officer observations of illness or injury to a youth shall also be reported to the nurse.
Dispensing Medication	Medication rounds shall be held approximately four (4) times a day. Only the youth, who are scheduled for medication, shall be seen by a nurse at this time.
Injury or Illness After Sick Call	All injuries or illnesses occurring after the regularly scheduled “sick call” shall be reported to the nurse via telephone. The youth (if the condition permits) shall be seen by the nurse at the Medical Clinic. Emergency illness or injuries shall be reported immediately to the Medical Clinic, and the nurse shall respond to the unit/dorm.
Security	During all nurse rounds, unit/dorm officers shall be required to provide security services and stand by the nurse at all times. Officers shall be responsible for ensuring all the youth behave appropriately, quietly, and that order is maintained at all times.
Weekend Sick Call Service	On weekends, all sick call slips shall be reviewed and triaged by the clinic nurse. If a complaint is deemed to be of an emergency nature, the clinic nurse shall contact the on-call doctor to provide resolution.

## 8.5.14 Nurse Reporting Procedures When a Youth Refuses to Eat Meals

### 8.5.14.1 PROCEDURE

The following procedure shall be followed when a youth refuses to eat meals:

Officers Shall Note Youth Refusing to Eat	It is the responsibility of unit/dorm officers to note when a youth refuses to eat regular meals. After a youth refuses their second meal in a row, it shall be noted in the Unit/Dorm Logbook and a Psych referral filled out and sent to the STAT Team (see <a href="#">Section 8.9</a> below).
Refusal of Three (3) Consecutive Meals	If three (3) consecutive meals are refused, unit/dorm officers shall notify the Watch Commander and the medical clinic.
Appropriate Health Measures	The Watch Commander and the Supervising Nurse shall discuss this matter with the Facility physician; in order to determine what health measures are appropriate.

## 8.5.15 Health Clearance for Youth Workers

### 8.5.15.1 MEDICAL AUTHORIZATION REQUIRED FOR FOOD SERVICE WORK BY YOUTH

Medical authorization is required before any youth may assist with food preparation or service in the unit/dorm (see Manual Section 6.4.3), or work in the Facility Kitchen (see Manual Section 6.4.4). As part of the initial medical screening assessment, medical clinic staff shall note any condition that would limit a youth from working as a food server, either in the unit/dorm or Facility Kitchen.

The medical clinic shall notify the housing unit/dorm if the youth is cleared for kitchen duty.

### 8.5.15.2 CLEARANCE REQUIRED TO WORK IN KITCHEN

The following practices shall be adhered to by all officers regarding medical authorizations that allow a youth to assist with kitchen/dining room work.

Step	Action
Must Have Clearance Before Working in Kitchen	No youth shall be assigned kitchen/dining room work activities, without clearance from the medical clinic.
No Kitchen Patrol (NKP) Only Removed By Medical Staff	Youth placed on No Kitchen Patrol (NKP) status, can only be removed from this status by medical staff. Unit/Dorm officers may not alter or delete a youth's NKP status.
NKP If Youth Needs Lab Tests	If there is a reasonable suspicion that a youth may have a communicable disease and the clinic orders laboratory tests, the youth must be placed on NKP status until the tests are completed and the results recorded in the youth's record.
Open Wounds, Cuts or Respiratory Problems	Youth with apparent cuts, open wounds or respiratory problems shall not be utilized for any type of food service operation and/or preparation, and should be referred to the Medical Clinic for evaluation.

## 8.5.16 Medical Restrictions and Limitations for Youth

### 8.5.16.1 INTRODUCTION

Occasionally, it may be necessary to restrict and/or limit the physical activities of a youth due to a medical condition. This section sets out the general guidelines for such restrictions and limitations.

### 8.5.16.2 BED REST

When the illness or injury is severe enough the clinic will assign the youth to a temporary period of Bed Rest. Because Camp facilities do not have bed rest, youth assigned to Camps will be transferred to the EMJDF or KMJDF if Bed Rest is ordered. When on Bed Rest the youth stays in bed; no school, no sports, no movies, no work, etc. This is a medical restriction and unit officers are not allowed to modify or suspend it in any way. Most Bed Rest orders are for a specific period of time and expire at the time written on the Medical Treatment Order (MTO).



8.5.16.3 PHYSICAL ACTIVITY RESTRICTIONS

For medically imposed physical activity restrictions, all officers shall adhere to the following practices:

<b>Status</b>	<b>Action</b>
Physical Activity Limitations	All youth are required to participate on a daily basis, in some form of physical activity, unless their medical condition prohibits and/or restricts such activity.
Non-Sport (NS) Status	A youth who has an injury or illness that prevents participation in exercise and/or other physical activities shall be assigned a non-sport (NS) status by the Medical Clinic and a MTO (Medical Treatment Order) form will be sent to the unit/dorm indicating length of NS status. (See sample blank MTO in Appendix A, page A-92)
Walking Only Non-Sport Status	This is a special designation for pregnant female youth. They are non-sport status for all strenuous sports activities, but are allowed to walk around the quad (or dayroom) during regular sport time for the other youth.
Note on Roster	All youth assigned to a non-sport (NS) status shall be noted on the daily unit/dorm roster sheet prior to the commencement of a physical activity. Youth listed as non-sport may be restricted from participating in physical, recreational activities.
Only Medical Staff May Take Youth Off NS Status	Under no circumstances shall unit/dorm officers remove a youth from a non-sport status. Only medical personnel shall determine when a youth is able to participate in a physical activity.
No Cover Vests	A No Cover Vest is an orange vest with the words “No Cover” written in large letters on the back. This vest is assigned by the clinic to those youth who have a medical condition (e.g. pregnancy, bad knees, etc.) that limits their mobility, and cannot normally get into the “Cover” position (see Manual Section 5.10 for more information about “Cover”). When the “Cover” command is given to the unit/dorm or group, “No Cover” youth sit on the floor with their arms and legs crossed and heads bent down.

8.5.16.4 YOUTH LIMITATION AS HEALTH CARE WORKER

Youth are not allowed to participate in any aspect of health care delivery, including control of access to care, provision of direct patient care services, scheduling of appointments and handling of medical records or equipment.

8.5.16.5 OTHER LIMITATIONS

Other restrictions and prohibitions effecting the utilization of a youth are outlined below:

<b>Tasks</b>	<b>Restrictions and Prohibitions</b>
Not Clean Rooms Occupied by Med-Iso Youth	Youth are prohibited from assuming responsibility for tasks associated with health care. Youth may not clean rooms, which were previously occupied by another person, who was classified as a "Medical Isolation", or infected with a contagious disease.
Clean Up of Bodily Fluids	Youth may not be assigned housekeeping tasks associated with the clean-up or decontamination procedures of bodily fluids or blood products. Youth may clean up their own bodily fluids. See Manual Section 12.4 for more information on cleaning blood/other spills.
Serve Meals	Youth may not be assigned duties which require them to serve meals to other youth on "Medical-Isolation".
No Direct Clinic Access	Youth may not be utilized as a worker with direct access to the Medical Clinic.

8.5.16.6 PERMITTED TASKS

Tasks that are generally permitted for youth to accomplish are outlined below:

<b>Tasks</b>	<b>Permitted Task</b>
Non-Medical Housekeeping	Youth may be assigned janitorial and housekeeping chores, provided the tasks are not associated with health or medical services.
Food Preparation	Youth may be assigned food preparation and service tasks in the individual units/dorms, when approved by the Medical Clinic and/or nursing staff (usually within three days of admission). See Manual Section 6.4.3 for food service duties in the unit/dorm.

## 8.5.17 Health Education for Youth

8.5.17.1 GENERAL PROVISIONS

The Wellness Team will provide health education classes to youth in a SDCJDF. The CFMG Program Manager, in cooperation with the Division Chief, will develop services that are age-specific and sex-appropriate health education and disease prevention programs for all youth.

Topics may include, but are not limited to: personal hygiene and nutrition; communicable disease prevention; effects of smoking and guidance on smoking cessation; self-examination for breast, testicular and skin cancer; dental hygiene; drug abuse; family planning; physical fitness; chronic diseases; and, stress management.

## 8.5.18 Female Youth Medical Services

8.5.18.1 SERVICES AVAILABLE

The following medical services are available to all female youth in a SDCJDF, as mandated in Sections 220-222 of the Welfare and Institutions Code.

<b>Service</b>	<b>Action</b>
Physician of Choice	All female youth shall have reasonable access to the services of a physician of choice, in order to determine whether they are pregnant. Expenses incurred due to the services of a physician of choice, shall be borne directly by the youth or her parents/ legal guardian.
Pre-Natal Care	Pregnant youth shall be permitted reasonable access to pre-natal care, including vitamins, from their private physician. The youth or her parents/legal guardian shall pay all expenses incurred through the private physician's services.
Upon Request	At their request, a female youth shall be allowed to continue usage of the following: <ol style="list-style-type: none"> <li>1. Personal hygiene items associated with the menstrual cycle and reproductive system;</li> <li>2. Birth control measures as prescribed by her physician and dispensed by the Medical Clinic.</li> </ol>
Education and Information on Birth Control	Upon request, a female youth shall be furnished with information and educational materials regarding prescription birth control measures.
Abortions	A female youth, who is pregnant and desires an abortion, shall be permitted to obtain an abortion subject to eligibility, as established by the Therapeutic Abortion Act as set forth in Section 25950 of the Health and Safety Code and current state laws.

8.5.18.2 PREGNANT YOUTH DIET

Pregnant youth will be provided with a special diet per recommendation from medical staff.

The minimum diets provided shall be based upon the nutritional and caloric requirements found in 2011 Dietary Reference Intakes (DRI) of the Food and Nutrition Board, Institute of Medicine of the National Academies; the 2008 California Food Guide, and the 2010 Dietary Guidelines for Americans. Pregnant youth shall be provided with a supplemental snack. The Medical Clinic shall notify the kitchen of pregnant youth so that extra milk and a snack can be provided daily. (Title 15, Section 1417 and 1461)

<b>San Diego County Probation Department Institutional Services</b> Policies	<b>SUBJECT: Initial Medical Screening</b>  <b>SECTION: 8.6</b>  <b>AUTHORITY: Sections 1400-1454, Title 15</b>
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## 8.6 Initial Medical Screening

### 8.6.1 OVERVIEW

The purpose of this section is to outline the requirements for officers and medical staff during the initial health medical screening of youth at any SDCJDF. Also see Manual Sections 5.1.2 and 5.1.3 for a more detailed sequence of events during the initial intake screening.

### 8.6.2 INITIAL MEDICAL CHECK

Within six hours of admission to KMJDF/EMJDF each youth shall have an initial medical screening to determine if the youth has any immediate medical needs that require staff attention. This assessment shall be started by the Detention Control Unit (DCU) and Intake/Booking/Release Unit (IBR) officers conducting the youth initial search (see Manual Sections 5.1.2 and 5.1.3.) The initial medical check shall focus on appraising:

- The youth's state of consciousness;
- Signs of intoxication;
- Physical injuries,
- Medical illness and/or psychiatric disorders, which require further evaluation and/or referrals.

### 8.6.3 ABNORMALITIES

Any abnormalities noted in the initial screening shall require a nurse/physician evaluation to determine the youth's ability/suitability to be admitted to KMJDF/EMJDF.

### 8.6.4 AUTHORITY TO ADMIT

The authority for ultimately admitting a youth shall rest with the Facility Watch Commander. A youth cleared for admittance into KMJDF/EMJDF by the nurse may be rejected by the Watch Commander for medical reasons. Similarly, a youth not cleared by the nurse may be accepted into KMJDF/EMJDF by the Watch Commander

### 8.6.5 INCIDENT REPORT

Any youth rejected by the Watch Commander shall require the Watch Commander to complete an Incident Report. Any youth not cleared by the nurse, but admitted by the Watch Commander, shall require an Incident Report documenting the reasons for the Watch Commander's decision to admit. Medical personnel shall also document any decision to deny admittance of a youth to KMJDF/EMJDF, and the reasons for that decision.

### 8.6.6 NURSE EXAMINATION

Following completion of the initial screening procedure on entry, all youth admitted to KMJDF/EMJDF shall receive a second evaluation by a member of the nursing staff prior to being processed into a KMJDF/EMJDF housing unit. This evaluation shall supplement the initial assessment and shall involve the procurement of an initial appraisal as to the youth's current state of medical/mental health and a detailed medical history of the youth.

## 8.6.7 Youth Under the Influence

### 8.6.7.1 MEDICAL DETOX HOLD

All youth arrested for possession or under the influence of drugs and/or alcohol, or who appear to be in a state of intoxication, must undergo a medical assessment performed by a nurse or physician, to determine suitability for admittance to KMJDF/EMJDF. If the individual is admitted into KMJDF/EMJDF (see “Authority to Admit” paragraph in [Section 8.6](#) above), the following services and procedures shall be implemented, based upon recommendations by medical staff. Should a youth be rejected admittance to KMJDF/EMJDF based upon a medical condition, he/she will be transported by the arresting agency to a hospital for examination and clearance for detention in KMJDF/EMJDF. Upon the youth’s return to KMJDF/EMJDF, medical precautions will be taken per established policy.

<b>Step</b>	<b>Action</b>
Detox Hold	Any youth admitted to KMJDF/EMJDF who is determined to be under the influence of drugs or alcohol shall be placed on a detox hold in IBR (or as directed by the Watch Commander) for their own safety and welfare, as well as the safety and welfare of others.
Notify Watch Commander	When a youth is placed on withdrawal protocol, the Medical Clinic may notify the Facility Watch Commander as needed based upon severity of condition.
Hall Checks Every 15 Minutes Minimum	Every youth placed on detox hold for being under the influence purposes shall be monitored via hall checks every fifteen (15) minutes at a minimum. Frequency of checks may be increased at the discretion of either the Watch Commander or medical personnel. Officers should be periodically opening the doors and performing “direct observations” of the youth’s condition. Periodic Medical Checks (see following paragraph) should document (in the youth’s medical record) breathing, movement, awareness of surroundings, etc. A separate hall check log shall be utilized to document monitoring of youth under the influence of drugs and/or alcohol while on medical hold. The purpose of such checks shall be to assess the youth's safety and welfare. Any apparent changes that reflect on the youth's state of health or welfare shall be immediately reported to the Watch Commander and Medical Clinic.
Re-Assessed Periodically	All youth placed on detox hold for being under the influence shall be periodically assessed by the Medical Clinic in accordance with the CFMG Policy and Procedure Manual. Frequency of assessments shall take into account the degree of exhibited intoxication, the drug or combination of drugs consumed, and any other factors placing the youth at risk.
Release of Medical Hold	A youth may be released from medical or detox holds only by Medical Clinic personnel.
Security	For security and safety reasons, all medical assessments shall be performed in the presence of custodial officers. The level of security shall be commensurate with the youth's potential for aggressive and violent behavior.
After 24 Hours Youth Must See A Doctor	Any youth held on Medical Hold for longer than 24 hours, shall be evaluated by a physician to determine the need for hospitalization or doctor continuance of medical services at the facility.
Unit Notification	Unit officers receiving a youth following detox hold shall be informed of that fact, and briefed by the Facility Watch Commander and a representative of the Medical Clinic as to any safety and security precautions to be taken or medical orders to be followed.

## 8.6.8 Ectoparasite Control

### 8.6.8.1 BUG SCREEN

Youth admitted to a SDCJDF shall be screened for Ectoparasite infection (i.e., lice, crabs, etc.) during their initial medical screening, and whenever requested by a youth or Facility officers. Youth found to have an infestation shall be subjected to the following treatment procedures:

1. Nix Shampoo shall be prescribed by the Medical Clinic for the treatment of lice. The Nix shampoo shall be applied by the youth to the infested area, under the direction and supervision of a Facility officer.
2. Shampoo shall be applied undiluted, to hair and scalp or any other infested area. Nix should not be applied to eyelashes or eyebrows. After the initial application, the lotion shall remain on the infested area for 5-10 minutes. The youth shall then wash thoroughly with warm water, soap and/or shampoo. Dead Ectoparasite and eggs may require the use of a fine-toothed comb (provided by the Medical Clinic) for removal.
3. Use Of Lotion: Lotion shall be prescribed by the Medical Clinic for the treatment of scabies. When using the Elimite lotion, it shall be left on the body over night or up to 12 hours, then the next morning rinsed off. During all uses, the youth shall avoid contact with their eyes, nose, mouth or other mucous membrane areas. Should the lotion accidentally come in contact with user's eyes, a thorough flushing of the eyes with clean water is recommended to relieve irritation.
4. After Procedure: Following the procedure, the youth shall be issued a clean set of clothing and linen. Repeat applications of Nix/Elimite may occur at the discretion of the Medical Clinic.
5. Roommates: Roommates of a youth, who has been identified as an Ectoparasite carrier, shall be referred to the unit/dorm nurse for an Ectoparasite evaluation.
6. Youth's Room: The room where a youth with Ectoparasite infestation was living must be completely sanitized, prior to reoccupation. Linen, bedding and clothes shall be placed in Med-Iso bags, and forwarded to the Main Control for cleaning. (See Manual Section 5.1.3.7 and 11.5). The room and mattress shall be cleaned with an approved disinfectant spray solution pursuant to the procedure as outlined in Manual Sections 12.4 and 12.5.

<b>San Diego County Probation Department Institutional Services</b>  Policies	<b>SUBJECT: Medical Authorization and Consent Forms</b>  <b>SECTION: 8.7</b>  <b>AUTHORITY: Sections 1400-1454, Title 15; IMQ Standard J-307</b>
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## 8.7 Medical Authorization and Consent Forms

### 8.7.1 MEDICAL CONSENT

The provision of routine medical and dental care to youth through the Facility Medical Clinic, or another appropriate health care provider, requires the consent and authorization of the youth's parents or legal guardian. To obtain such permission, a current "Authorization for Medical Care and Release of Medical Records" (Probation Form #J109) must be completed and signed by a parent or legal guardian. The Probation Department is responsible for obtaining a completed medical authorization form. This form is also called the "Medical Authorization Cover Letter" and an example of this form can be found in Appendix A, page A-93.

In accordance with Institute for Medical Quality (IMQ) Accreditation Standards for Juvenile Facilities, Standard J-307, a complete health appraisal (including lab tests and immunization updates) must be completed within 14 days after admission to a SDCJDF. Therefore, the consent form must be completed as soon as possible to ensure compliance.

In the absence of parental consent, a Court Order is obtained. Parental consent, once obtained, is valid for one year from the date signed.

### 8.7.2 MEDICAL CLINIC RESPONSIBILITIES

The Medical Clinic shall engage in a continual process of updating requests for medical authorizations by notifying Probation. As a last resort, authorization for medical care is obtained directly from the Juvenile Court, through a request filed by the casework Probation Officer.

### 8.7.3 INFORMED CONSENT

Informed consent is an agreement between the patient, parent/legal guardian, and the attending physician. This consent may involve a treatment plan, examination or medical procedure. After the patient and parent/legal guardian have been fully informed of the material facts surrounding the nature, consequences, risks and alternatives concerning the proposed treatment, examination or medical procedures, action may be initiated.

It is the policy of the SDCJDF to obtain informed consent as required by law, prior to all examinations, treatments and/or medical procedures. Any youth who refuses treatment, examination, or medical procedures, shall not be treated unless the medical problem presents an emergency and the criteria as set forth in Manual Section 13.2 has been met and the medical staff will obtain a signed refusal.

### 8.7.4 YOUTH REFUSAL OF MEDICAL SERVICES

If a youth or their parent/legal guardian refuses treatment, examination, or medical procedures for the youth, such refusal shall be documented and the youth or parent/legal guardian shall sign and acknowledge their refusal. A youth who refuses medical treatment or an examination shall not incur punishment or discipline for their decision.

### 8.7.5 EMERGENCY CARE AND INFORMED CONSENT

When an emergency such as a serious illness, injury or accident occurs, a reasonable effort shall be made jointly by the Watch Commander and the Medical Clinic to contact a youth's parent/legal guardian to obtain a consent for medical/dental care prior to the commencement of that care (if time and conditions permit). In situations where the Medical Clinic has diligently tried to contact a parent or legal guardian to obtain consent, but to no avail, then consent shall be authorized by the casework Probation Officer pursuant to Section 25.8 of the Civil Code or by order of a Juvenile Court Judge.

### 8.7.6 NOTIFICATION OF NEXT OF KIN

In those instances where the youth must be sent to a hospital for treatment of a serious injury or illness, the Medical Clinic shall make the necessary arrangements and inform the Watch Commander of the particulars. The Watch Commander shall be responsible for informing the next of kin/guardian about the youth's injury/illness. The Watch Commander shall continue trying to reach the next of kin by phone until they are contacted or a message is left (e.g. answering machine.) If the contact has not been completed when the Watch Commander has completed his/her shift, the on-coming Watch Commander shall inherit the responsibility for contact.



<b>San Diego County</b> <b>Probation Department</b> <b>Institutional Services</b> Policies	<b>SUBJECT: Dental Services</b> <b>SECTION: 8.8</b> <b>AUTHORITY: Sections 1400-1454, Title 15</b>
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## 8.8 Dental Services

### 8.8.1 OVERVIEW

This section outlines the requirements for dental services for all youth.

### 8.8.2 GENERAL PROVISIONS

Dental screening is completed within 96 hours of admission to KMJDF/EMJDF (see Section 8.5 above). Dental services are provided at KMJDF or EMJDF on Fridays and are under the supervision and direction of a licensed dentist. Youth desiring dental services must fill out a sick-call slip and will be scheduled for appointments as soon as practical. Note: youth in Camp settings will be transported to KMJDF or EMJDF for dentist appointments.

### 8.8.3 PROCEDURES

Dental services shall be provided to youth according to the following guidelines:

Step	Action
Immediate Dental Care	If the need for immediate dental care is noted at the time of the youth's initial assessment, the clinic will evaluate and make necessary arrangements for an appointment.
Emergency Care	Emergency dental care shall be provided by the dental services contracted by the California Forensics Medical Group. Consent for treatment is obtained through the Medical Authorization form signed by the youth's parent/legal guardian and is held on file at the Medical Clinic. If a consent form is not on file, the procedures outlined in Manual <a href="#">Section 8.7</a> shall be invoked.
Security	If an out of building appointment is necessary, escort services shall be provided to a youth as outlined in Manual <a href="#">Section 8.5.4</a> .
Tooth Knocked Out	If by accident/incident, a youth's tooth is knocked out; officers shall immediately locate the tooth and place it in a cup of cold milk in an effort to protect the fibers on the tooth and/or in the mouth. Notify the Medical Clinic immediately and escort the youth with the tooth, to the clinic for evaluation and emergency referral to a dentist as indicated by medical staff

### 8.8.4 DENTAL HYGIENE

Youth shall be afforded the opportunity to brush their teeth after every meal. If necessary, youth can receive instructions in proper brushing techniques from the medical staff. Dental floss is prohibited for security reasons. (Also see Manual Section 10.3.)

<b>San Diego County Probation Department Institutional Services Policies</b>	<b>SUBJECT: Mental Health Services</b>  <b>SECTION: 8.9</b>  <b>AUTHORITY: Sections 1400-1454, Title 15</b>
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## 8.9 Mental Health Services

### 8.9.1 OVERVIEW

Mental health services at SDCJDF are provided under a Memorandum of Understanding between San Diego County Health and Human Services Agency and the San Diego County Probation Department. The San Diego County Children’s Mental Health Services, Juvenile Forensic Services Unit (STAT Team), provides mental health counseling services and 24-hour on-call psychiatrist services. This section sets forth the general guidelines for crisis intervention, diagnosis, treatment and referral services.

### 8.9.2 STAFF QUALIFICATIONS

Juvenile Forensics shall be responsible for initially and periodically verifying the license, credentials and privileges of STAT Team Psychiatrists, Psychiatric Nurses and Licensed Mental Health Clinicians who provide diagnostic and treatment services at SDCJDF, in accordance with the Juvenile Forensic Services Policy and Procedure Manual.

### 8.9.3 INITIAL SCREENING

Initial mental health screening of all youth shall be conducted while the youth is being booked (see Manual Sections 8.6, 5.1.2 and 5.1.3). If a youth presents as either gravely disabled or a danger to him/herself the STAT Team shall be notified immediately.

The youth may be evaluated by licensed health personnel to determine if treatment can be initiated at the facility.

### 8.9.4 RECORD KEEPING

The Facility STAT Team shall maintain accurate and complete records of all mental health interventions and will adhere to standards of confidentiality outlined in [Section 8.2](#) above.

All Progress Notes, treatment plans, Request for Crisis Intervention forms filled out by unit/dorm officers, psychotropic medication orders, and any other information shall be placed in the youth’s medical chart that is maintained by CFMG. CFMG shall maintain responsibility for storage and security in accordance with [Section 8.2](#) above.

## 8.9.5 Psychological Evaluations and Counseling Services

### 8.9.5.1 INTRODUCTION

SDCJDF are increasingly populated by youth who have chronic mental health disabilities exacerbated by acute traumatic events. Some have extensive learning disabilities, chemical dependency and the precursors of personality disorder. For many, the expression of emotional distress is coupled with aggressive/assaultive behavior, which contributes to a pattern of recidivism within both the Probation and Mental Health systems.

### 8.9.5.2 COOPERATION

Although final medical judgments regarding physical health services rest with the Medical Director of CFMG, Juvenile Forensic Services and the STAT Team will collaborate with CFMG to provide mental health services within SDCJDF.

Professional differences of opinion that cannot be resolved by the respective Program Managers will be taken to the Quality Assurance Peer Review Committee and subsequently to the Director of the Health and Human Services Agency in accordance with the Juvenile Forensic Services Policy and Procedure Manual.

### 8.9.5.3 INITIATION OF SERVICE

Under normal circumstances, the STAT Team will be notified that a youth needs mental health services when housing unit/dorm officers fill out a Request for STAT Team Intervention (Mental Health Services) (see sample blank form in Appendix A, page A-94). A designated STAT Team member will review the referral forms each day, mark them with the appropriate triage code and assign to available staff. Each case will be seen according to need as outlined in the Juvenile Forensic Services Policy and Procedure Manual.

### 8.9.5.4 EMERGENCY SERVICE

Youth who exhibit symptoms of acute mental instability such that immediate care is necessary, shall be referred by the STAT Team to the on-duty psychiatrist for evaluation. In an extreme emergency, the on-call psychiatry staff can provide emergency mental health services 24 hours per day.

### 8.9.5.5 CONFIDENTIALITY

Services shall be conducted in a private manner such that information can be communicated confidentially.

### 8.9.5.6 CONSULTATIONS

The STAT Team provides psychological consultations and counseling services to youth while they are in a SDCJDF. Other required services shall be arranged through the following administrative procedures:

1. Psychological evaluations or competency exams ordered by the Juvenile Court or desired by the youth's parent, legal guardian or attorney, shall be arranged through the casework Probation Officer.
2. Scheduled appointment times for a psychological evaluation by other than STAT Team staff, are arranged via mutual agreement between the Facility Watch Commander and the casework Probation Officer. Office space for the psychological evaluation shall be provided by The Facility.
3. Counseling services ordered by the Juvenile Court or designated as part of the casework Probation Officer's treatment plan for a youth, shall be arranged by the casework Probation Officer, through the office of the Facility Watch Commander. The Watch Commander must approve appointment times and dates. Appointments that conflict with meal service times should be avoided.

## **8.9.6 Mental Health/Psychiatric Referrals**

### 8.9.6.1 POLICY

It is the policy of SDCJDF to refer all youth exhibiting mental health problems, to the Forensics/STAT Team. Referrals for mental health services may originate from the youth, attorneys, parents, the casework Probation Officer, Facility officers, or health services personnel. For Facility custodial officers and medical personnel, the following procedural guidelines shall structure the mental health referral process:

#### 8.9.6.2 FACILITY OFFICER RESPONSIBILITY

Attending to the mental health needs of youth detained in a SDCJDF is the responsibility of all custodial officers. Any youth who appears to be gravely disabled, exhibits symptoms of mental instability (i.e., severe depression, unfocused anger, withdrawal, insomnia, loss of appetite, etc.), has difficulty in coping with the unit/dorm program, engages in self-destructive behavior, attempts suicide or displays any other behavior which an officer member ascribes to a diminished state of mental health, shall be promptly referred to the STAT Team (or Medical Clinic if the STAT Team is not immediately available) for evaluation. In cases where grave disability is apparent, and immediate response is necessary, the Facility Watch Commander shall also be notified.

#### 8.9.6.3 DOCUMENTATION

As a safety and security precaution, a memorandum shall be posted in the Unit/Dorm Logbook, to alert on-coming officers of a mental health referral and the actions taken. As the severity of the problem dictates, officers shall take necessary steps to secure the safety of a gravely disabled youth, such as placing them on Suicide prevention status and/or separation to the safety room.

#### 8.9.6.4 STAT TEAM RESPONSIBILITIES

It shall be the responsibility of the Juvenile Forensics Services STAT Team to evaluate the referral of any youth for mental health services to determine the level of response to be taken.

#### 8.9.6.5 NON-ACUTE REFERRALS

All referrals shall be submitted to the Juvenile Forensic Services STAT Team utilizing the Request for STAT Team Intervention (Mental Health Services) (see sample blank form in Appendix A, page A-94). All crisis intervention requests shall be screened by a representative of the Juvenile Forensic Team to determine the appropriate course of action. Services provided by the Juvenile Forensics STAT Team may include but are not limited to triage, assessments, crisis intervention, evaluation for medication, prescription of medication and referral for inpatient screening.

#### 8.9.6.6 INFORMATION SHARING

Any treatment plan or physician order for a youth which requires the involvement of custodial officers, or which impact on unit/dorm security and safety, shall be promptly relayed to the pertinent living unit/dorm and appropriate staff members (i.e., Unit/Dorm Shift Leaders, Unit/Dorm Supervisor, Watch Commander, etc.).

### **8.9.7 Duty to Warn**

#### 8.9.7.1 POLICY

Due to the high risk of the youth served by the STAT Team, it has become increasingly common for clinicians, in the course of routine assessments, interviews and mental status examinations, to discover homicidal threats, ideation, intents and plans in the youth. According to California case and statutory law, commonly known as the Tarasoff doctrine, mental health professionals have a “duty to warn” when a youth makes a serious threat of violence against a reasonably identifiable victim or victims. Any such threat discovered by any staff member shall be reported to the Facility Watch Commander immediately.

## **8.9.8 Continuation of Medical Care Following a Youth's Release or Transfer**

### **8.9.8.1 FACILITY RESPONSIBILITY**

When a youth is in a SDCJDF, their health and well-being becomes a facility responsibility. Upon a youth's release or transfer, safeguards shall be taken to inform the responsible agency/person, of the need for continued health services. To ensure that recommended health/mental health care procedures/services are continued following a youth's release from a SDCJDF, the responsibilities and duties enumerated below shall be invoked:

### **8.9.8.2 TRANSFER AND RELEASE ARE CLEARED BY THE CLINIC**

All youth shall be processed and cleared through the Medical Clinic prior to a temporary or permanent release or transfer. The medical staff is responsible for communicating appropriate medical information along with applicable medication and/or records, to the person/agency to whom the youth is released.

### **8.9.8.3 CLINIC TO INFORM GUARDIAN OF NEEDED CARE WHEN YOUTH ARE RELEASED**

It shall be the responsibility of the Medical Clinic to ensure the continuation of medical care, following a youth's release or transfer to another facility, by informing the responsible agency/person of the youth's need for continuing medical care. This is accomplished by preparing a medical transfer summary for the receiving facility or person.

### **8.9.8.4 CLINIC / BOOKING COMMUNICATION**

The Medical Clinic and/or Forensic shall inform the Booking and Release Clerk of all youth with special medical, mental needs or health problems (i.e., prescription medication, etc.) and request a "Medical Hold" be placed on the youth's booking slip. The Booking Clerk shall be responsible for flagging the youth's original booking slip, by placing a sticker in section #27 of the booking slip. No youth may be released from KMJDF/EMJDF until the "Medical Hold"/"Mental Hold" status has been removed. "Medical Holds" may only be removed by CFMG Health Services personnel and/or STAT Team Mental Health staff.

### **8.9.8.5 MEDICAL HOLD REQUIRES PERMISSION TO RELEASE**

Release procedures for a youth with a "Medical Hold" require the approval of Medical Clinic staff. The booking and release clerk must contact the Medical Clinic and receive express authorization prior to processing the youth for release.

### **8.9.8.6 RELEASE A MEDICAL HOLD**

To remove a "Medical Hold" restriction, a medical staff member must personally respond to the booking and release office where the youth is being held, and evaluate the youth's "Medical Hold" status. In order to delete the "Medical Hold", the medical staff member must inform the person responsible for assuming custody of the youth, of all pertinent medical information. During this briefing, the necessity for continued medical treatment shall be emphasized, accompanied by the Medical Transfer Summary.

### **8.9.8.7 CLINIC STAFF SHALL INFORM GUARDIAN**

When appropriate, the responding Medical Clinic staff shall give the responsible parent and/or agency representative; instructions, information, records and necessary medication, to ensure the continuation of needed medical treatment and services.

### **8.9.8.8 GUARDIAN'S SIGNATURE**

The parent or agency representative shall be required to sign the youth's medical card, indicating their acknowledgment of the youth's need for continued medical treatment/services.

<b>San Diego County</b> <b>Probation Department</b> <b>Institutional Services</b> Policies	<b>SUBJECT:    Pharmaceutical Management</b>  <b>SECTION:     8.10</b>  <b>AUTHORITY: Sections 1400-1454, Title 15</b>
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## **8.10                   Pharmaceutical Management**

### 8.10.1 OVERVIEW

This section sets forth the requirements for the Medical Clinic to provide secure storage, controlled administration, and proper disposal of all medication, including psychotropic medications, within each facility.

### 8.10.2 RESPONSIBILITY

CFMG shall be responsible for developing written policies and procedures governing the use of all medications, including psychotropic medications. In accordance with Title 15 requirements, these procedures must address both voluntary and involuntary administering of medications.

### 8.10.3 USE OF YOUTH’S MEDICATION

In those cases where a youth has prescription medication in his/her possession at the time of booking; the medication may be administered as continuing treatment provided the requirements set forth in Chapter 4 of the CFMG Policy and Procedure Manual are met.

## **8.10.4                Medication**

### 8.10.4.1 INTRODUCTION:

The Medical Clinic is responsible for obtaining, secure storage, and dispensing all medication in each facility in accordance with the CFMG Policy and Procedure Manual.

### 8.10.4.2 KEPT UNDER LOCK AND KEY

All medications, as well as all syringes and needles, must be kept under lock and key at all times when not in use.

### 8.10.4.3 POSITIVE IDENTIFICATION

Prior to administering any medication, medical staff shall ascertain the positive identification of a youth, to ensure that only the youth to whom the medication is prescribed, receives it.

### 8.10.4.4 YOUTH SHALL NOT DELIVER MEDICATION

Under no circumstances may a youth be utilized to deliver medication to another youth. Under no circumstances may a youth handle medication intended for another. Medication shall not be given to any youth unless that youth is to take the medication right away. (See procedures below.)

#### 8.10.4.5 PROCEDURES FOR DISPENSING MEDICATION

The following policies and procedures structure the dispensing and control of medication in a SDCJDF:

1. No medication shall be given to a youth by any Facility housing unit/dorm officer.
2. All questions and concerns regarding a youth's medication are to be directed to the Medical Clinic and/or the unit/dorm nurse. Under no circumstances shall officers administer medication to a youth.
3. Youth shall not be permitted to transport medication or possess medication either on their person or in their room, without the express approval and consent of Medical Clinic staff. Officers discovering medication on a youth, in a room, or locker assigned to a youth shall immediately confiscate the medication and notify the Medical Clinic.
4. Medication prescribed for a youth shall be documented in that youth's medical record (in accordance with CFMG Policy and Procedures Manual). The date, time and signature of the medical staff dispensing the medication shall be recorded at the time the medication is given to the youth.
5. Medication administered to youth by the medical staff shall be taken only as prescribed. Youth receiving medication to be taken orally shall be observed taking the medication under the direct supervision of the nurse. To ensure that oral medication is swallowed, all youth shall undergo a visual inspection of the mouth cavity. Medication shall also be dispensed at the times prescribed by the medical instructions of the physician. If for any reason medication is not given at the specific time prescribed, the reason shall be recorded in the youth's medical record (in accordance with CFMG Policy and Procedures Manual), including a refusal by the youth to take the medication.
6. If medication is not administered to a youth at the prescribed time, due to the youth's unavailability, (i.e., court, kitchen worker, of building excursion, etc.) unit/dorm officers shall notify the Medical Clinic upon the youth's return to the unit/dorm. Medical staff shall then determine the appropriateness of providing the prescribed medication to the youth, at that time.
7. All administering of medication shall be recorded including non-prescription medications. Youth requests to housing unit/dorm officers for Tylenol or Maalox are to be recorded on the unit/dorm Over the Counter (OTC) sheet (see sample blank form in Appendix A, page A-95). Tylenol and Maalox will be administered by the Nurse during normal rounds.
8. See procedural [attachment 8.10.4.5](#).

## 8.10.5 Medication; Storage, Security and Control

### 8.10.5.1 PROCEDURES

The following procedures are in effect for the storage and security of medications, which are used and dispensed by the Facility Medical Clinic.

Step	Action
Medications are Locked-Up	All medications shall be kept in a locked storage cabinet, at all times. Appropriate storage areas include lockable cabinets, closets and refrigeration units.
Medications Brought in by Parents Must be Cleared by the Clinic	Medications brought into the facility by parents for youth, must be cleared by the Clinic. See <a href="#">attachment 8.10.5.1</a> . All medication shall be administered in accordance with the CFMG Policy and Procedure Manual.
Security	All medications contained in the Medical Clinic must be clearly labeled, inventoried and properly stored and secured.
No Medication Supplies in Unit/Dorm	No medication or medical supplies shall be stored in the housing units/dorms except for those authorized by the Medical Clinic (e.g. first aid kit supplies). Authorized medical supplies and medications, including non-prescription drugs such as aspirin and Tylenol shall be kept in a locked cabinet at all times.
Officer Personal Medication	Unit/Dorm officers are required to keep their personal medications under their direct control or in a locked cabinet or closet. Under no circumstances shall personal medication be stored or placed in an area where youth may have direct or indirect access.



<b>San Diego County</b> <b>Probation Department</b> <b>Institutional Services</b> Policies	<b>SUBJECT: Suicide Prevention Program</b> <b>SECTION: 8.11</b> <b>AUTHORITY: Section 1329, Title 15</b>
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## 8.11 Suicide Prevention Program

### 8.11.1 OVERVIEW

Title 15 of the California Code of Regulations, section 1329, (“15 CCR 1329”), Suicide Prevention Program, sets forth the requirement that San Diego County Probation Juvenile Detention Facilities have a comprehensive written suicide prevention program developed by the health administrator, mental health director and facility administrator.

Suicide is defined as an intentional self-injurious behavior that causes or leads to one’s own death.

A suicide attempt is defined as serious harm to self that could result in death with no intervention.

### 8.11.2 INTRODUCTION

Prevention of juvenile suicide in detention facilities is a priority of the San Diego County Probation Department. The suicide prevention policy outlined in this document incorporate the following eight critical components shown to be essential to successful suicide prevention : (1) Staff training, (2) Intake screening/ongoing assessment, (3) Communication, (4) Safe housing , (5) Levels of supervision, (6) Intervention, (7) Reporting, (8) Follow-up/Mortality Review.

This policy is designed along the principles that engagement with youth, avoiding separation of youth when possible, and maintaining normalcy in routine as much as possible within the general population all increase the safety of youth who have expressed or have a history of suicidal behavior.

Each facility shall have written procedural manuals describing operational steps related to suicide prevention, suicide ideation/gesture response, attempt suicide response, and suicide response. These procedures will direct line staff, supervisors and managers in their responsibilities before, during and after suicide related incidents.

### 8.11.3 STAFF TRAINING

All sworn institutional staff shall receive 8 hours of suicide prevention training that includes warning signs and symptoms, identification and management of suicidal youth, and components of the facility’s formal suicide prevention policy. Annual refresher training will include a review of predisposing factors, signs and symptoms.

### 8.11.4 INTAKE SCREENING AND ON-GOING ASSESSMENT

Primary screening for suicide risk will take place immediately upon arrival at each probation facility. The officer responsible for processing new intakes will administer the Columbia-Suicide Severity Rating Scale (C-SSRS) on all youth entering their facility (See procedural [attachment 8.11.4.1](#). Affirmative responses to certain questions on the screening tool will generate notification to the Watch Commander who will consult with the STAT Team (when available) and make decisions about appropriate next steps. In addition to the C-SSRS, youth entering a detention facility on new charges will receive a secondary screening tool. 24 to 48 hours after the youth receives a housing assignment on a new booking, the electronic self-report version of the Massachusetts Assessment of Youth Symptom Inventory-2 (MAYSI-2) will be administered. Youth who score in the “Warning” range of the Suicide Scale will be considered positive and an immediate referral will be made to the STAT team for more extensive evaluation. In addition to the MAYSI-2, all youth will receive an intake evaluation conducted by contract medical provider which will include screening of risk factors for suicidality. Exceptions to any of these steps can be made at the direction of the Watch Commander for uncooperative youth or those under the influence.

Youth will be screened for suicidal and self-harm thoughts by sworn institutional staff at the beginning of any behavioral sanction imposed on youth that restricts their movement for varying amounts of time and includes, but is not limited to, separation and time-out. Reporting of youth's responses will be documented in the appropriate log and/or report. See procedural [attachment 8.11.4.2](#).

#### 8.11.5 COMMUNICATION

Strong communication regarding youth related suicidality is critical to maintaining prevention efforts. Sworn institutional staff shall routinely inquire about potential concerns that transporting or arresting officers may have regarding a youth's mood and suicidality. Maintaining open lines of communication to family members and other significant people in the youth's life provides crucial information throughout the stay in detention and the potential risk of suicide.

Probation staff will receive training on suicide warning signs, and must communicate with all members of the multidisciplinary team (Probation, Education, the contracted medical provider, STAT), and actively make appropriate referrals to the mental health and medical staff using the [Suicide Prevention Referral Form](#) developed by the STAT Team.

Watch Commanders are responsible for informing sworn institutional staff when a youth is placed on suicide prevention and when suicide prevention status changes. Watch Commanders are also responsible for briefing the incoming Watch Commanders regarding suicide prevention status of youth. Importantly, authorization for suicide prevention, changes in suicide prevention status, and the observation of youth placed on suicide prevention shall be documented in writing on designated forms and distributed to sworn institutional staff, Behavioral Health, STAT Team and Medical staff. See procedural [attachment 8.11.5.1](#).

Multidisciplinary team (MDT) meetings will take place at least bimonthly at each facility and will be attended by sworn institutional staff, medical staff, and mental health staff as well as education staff when possible. These meetings will serve as one forum for sharing and discussing behavioral observations of youth by all disciplines, in order to provide more comprehensive and up to date information regarding a youth's status and warning signs related to suicidality and other issues. See procedural [attachment 8.11.5.2](#).

Sworn institutional staff are expected to use all communication skills and tools to engage suicidal youth, including active listening and staying present with the youth if they believe that there is imminent risk of harm. Staff shall trust their own judgement and observation of risk behavior regardless of contrary information they may receive from other team members.

#### 8.11.6 SAFE HOUSING

Housing decisions regarding suicidal youth takes into account the finding that separation increases a sense of alienation in juvenile detention youth and also removes the youth from proper staff supervision. In general, suicidal youth shall be housed in the general population, located close to sworn institutional staff in order to promote not only increased observation of the youth, but also to promote increased and routine engagement with the youth by sworn institutional staff including shift leaders and supervisors.

**Clothing:** When a decision is made to place a youth on Suicide Prevention and at a point when it is necessary for the youth to return to his or her room, sworn institutional staff shall, in consultation with Mental Health Staff (when available) assess the need to have the youth change into a suicide prevention gown. Factors to be considered in the assessment are to include but are not limited to: the youth's immediate behavior, the youth's emotional state, the youth's responsiveness to counseling. See procedural [attachment 8.11.6.1](#).

If it is determined that it is necessary to have the youth change into a suicide prevention gown, and the youth refuses, the Youth will be placed under constant monitoring by sworn institutional staff until such time as the youth cooperates with the clothing change, or it is determined by sworn institutional staff that the suicide prevention gown is not necessary to ensure the youth's safety. While under constant monitoring, sworn institutional staff will offer on-going counseling in an effort to ensure the youth's safety and support emotional stability.

Youth who are compliant with the process will be strip searched to ensure they are not in possession of items that could be used to harm themselves. They will be provided a suicide prevention gown following the strip search.

Rooms: When available, established suicide rooms will be used to house suicidal youth in areas that maximize interaction and engagement between sworn institutional staff and the youth at risk and minimize the depersonalizing aspects of confinement.

Rooms designated to house suicidal youth will be suicide-resistant, free of protrusions and provide full visibility. Since almost all suicides in juvenile detention occurs through attempts at hanging, special care shall be given to exclude any item or fixture that could act as an anchoring device for hanging. Rooms will be free of electrical outlets, clothing hooks, towel racks, and bunks with open bottoms. Rooms will contain tamper-proof light fixtures, and ceiling/wall vents.

Emergency equipment: Housing units will contain emergency equipment including a first aid kit, CPR mask or CPR shield, and rescue tools (e.g., safety scissors to quickly cut through fibrous material). Emergency equipment shall be checked daily by sworn institutional staff to ensure that it is in working order and kept in the same location in each unit so staff can quickly locate it, even if they are not familiar with the unit.

#### 8.11.7 LEVELS OF SUPERVISION

Two levels of supervision for Suicide Prevention are to be used when supervising at-risk youth, close observation and constant observation:

Close observation is used primarily with youth who are not actively suicidal, but express suicidal thoughts without specific intent or plan and/or who have a recent prior history of self-destructive behavior. Youth who deny suicidal thoughts or do not threaten suicide, but demonstrate behavior that indicates potential for self-harm shall also be placed on close observation. Any staff member may place a youth on close observation (See procedural [attachment 8.11.7.1](#)) Notification of the Watch Commander shall immediately occur thereafter. Once a youth is placed on close observation, safety checks shall occur at staggered intervals no longer than every 5 minutes (See procedural [attachment 8.11.7.2](#)). The Watch Commander, with cause, may extend the maximum time between safety checks from 5 minutes to 10 or 15 minutes. The Watch Commander will speak with the youth prior to the cessation of the five minute safety checks. Mental health staff shall be notified when a youth is placed on close observation status. Only mental health staff can remove a youth from Suicide Prevention. The Watch Commander will discontinue the youth from close observation.

Constant observation: Constant observation is only to be used with youth who are actively suicidal, with intent and plan, either threatening or engaging in suicidal behavior. Any staff member may place a youth on constant observation (see procedural [attachment 8.11.7.3](#)). Sworn institutional staff shall remain with the youth continuously and on an uninterrupted basis. Sworn institutional staff shall make attempts to engage youth in supportive ways. Monitoring by closed circuit television is not an acceptable manner to provide constant observation. Mental health staff (when available) will provide ongoing assessment and supportive counseling to the youth. Assessment will focus on current behavior and changes in thoughts and behavior since the last assessment. Only mental health staff can remove a youth from Suicide Prevention. The Watch Commander will discontinue the youth from contact observation.

#### 8.11.8 INTERVENTION

An individualized treatment plan shall be developed for any youth held on suicide prevention. This treatment plan will be developed by licensed mental health staff and will include involvement by the youth. The plan will include signs and symptoms specific to the youth, triggers or circumstances to consider as increasing recurrence of suicidality, describe how the youth can avoid suicidal thoughts and discrete steps and actions that staff will take if suicidality reoccurs. This document, developed while a youth is on suicide prevention, will be distributed to medical staff and sworn institutional staff when the youth is taken off suicide prevention status. See procedural [attachment 8.11.8.1](#).

Since previous suicidal behavior is a strong predictor of future suicidal behavior, all youth who are discharged from suicide prevention will receive frequent follow-up by mental health staff as clinically indicated until their release from custody. Additionally, youth discharged from suicide prevention will be discussed at MDT meetings.

If staff discover a youth engaging in self-harm behavior, they will immediately survey the scene and assess the severity of the emergency, announce medical emergency if necessary, alert other staff to bring medical personnel if necessary, and immediately begin first aid and/or CPR once back-up officers arrive. Staff will be trained never to assume that the victim is dead. Rather, they shall always initiate life-saving procedures and continue until medical personnel arrive.

#### 8.11.9 REPORTING

In the event of a suicide or suicide attempt, the Watch Commander shall report the event up their chain of command in order to ensure that the Executive Team is notified immediately. The victim's family will also be notified by the Watch Commander, Division Chief or Executive Staff, with Mental Health Staff when available. The staff that observed the youth's behavior will complete an incident report and include statements from all staff that had contact with the youth prior to the suicide or attempt. The incident report will be reviewed through the Chain of Command. The probation department's medical contractor will complete their suicide paperwork and addendum.

#### 8.11.10 MORBIDITY AND MORTALITY REVIEW

Suicide of youth in detentions is extremely stressful for both staff and other youth. Staff may experience a sense of misplaced guilt and youth can experience the event as traumatic. Critical Incident Stress Debriefing within the first 72 hours can assist both staff and youth who may be affected (see Operations [Policy 936](#)). In addition, staff will be reminded of the availability of Employee Assistance Program services as well as Peer Counseling to provide support.

A systematic review of critical incidents such as a serious suicide attempt will take place through a morbidity review (see [policy 4.4.14](#)). In the event of a completed suicide, a mortality review will be conducted. Both reviews are to be inclusive of staff from all levels and disciplines who were involved in the care of the youth. Morbidity and mortality reviews will include a critical inquiry of (1) circumstances surrounding the incident, (2) facility procedures relevant to the incident, (3) relevant training of staff involved in the incident, (4) mental health and medical reports, (5) potential precipitants leading to the incident, (6) recommendations for changes in existing policy, procedures, training, physical environment, medical and mental health services, and operational procedures.

#### 8.11.11 CRITICAL INCIDENT REPORTING REVIEW

In addition to the reports required by the Board of State and Community Corrections (BSCC) (Title 15, Section 1341) and California Government Code (Section 12525), in the event of a death, the incident will be reviewed by an administrative panel. See Institutional Services Policy 4.4.14 for detailed information. The Chief Probation Officer will notify the Juvenile Justice Commission of serious incidents. See Institutional Services Policy 4.4.8 for detailed information.

<b>San Diego County</b> <b>Probation Department</b> <b>Institutional Services</b> Policies	<b>SUBJECT:    Death of a Youth</b>  <b>SECTION:     8.12</b>  <b>AUTHORITY: Section 1341, Title 15</b>
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## **8.12                Death of a Youth**

### 8.12.1 OVERVIEW

The death of a youth while in custody at a SDCJDF is a most serious matter regardless of the circumstances surrounding the manner of death. Immediate concerns include preservation of the scene (potential crime scene), ensuring proper notifications are made and all required reports are completed in a timely manner. All Facility staff shall adhere to the following procedures:

### **8.12.2            Initial Actions on Discovery of Body**

#### 8.12.2.1 FIRST ON SCENE

Any officer discovering a youth who appears to be dead shall immediately activate the ‘Medical Emergency’ procedures outlined in Manual Sections 8.4, and begin first aid. Facility officers are prohibited from undertaking the responsibility for determining the existence of life or death. Under current state law and department guidelines, the determination of life or death is a medical function. If a youth is found to be in respiratory/cardiac arrest, officers shall assume the condition has just occurred, and follow the steps below:

1. Immediately summon other staff and medical assistance (Medical Emergency);
2. Intervene to save life by administering C.P.R./First Aid unless immediate intervention would jeopardize the safety of staff or other youth;
3. Call 911 for emergency assistance if required;
4. Notify Watch Commander (if they did not respond to the Medical Emergency call);
5. Remove other youth from the scene and secure the area;
6. Preserve the scene as much as reasonably possible. (In the event the youth is declared dead by medical staff, the area may be a crime scene.)
7. Follow the instruction of the on-scene medical representative for treatment and/or transportation of the youth.

#### 8.12.2.1 PRESERVE THE SCENE

The highest ranking Probation Officer at the site shall preserve the scene and direct other officers as the need arises. Once the immediate emergency is handled, the entire area shall be preserved. No one shall change, alter or move any object, item of clothing, furniture, etc., until cleared to do so by the senior officer. The Senior Officer shall also follow the steps below:

1. Immediately collect and secure all records, logbooks, files, etc.
2. Take photographs of scene, if possible.
3. Maintain a time/action sequence log. Initiate as soon as possible. Identify a person responsible for maintaining.
4. Get written statements from all involved staff and witnesses prior to their leaving (when possible).
5. The Watch Commander shall immediately notify the Division Chief or the next person in the chain of command.

## **8.12.3 Notifications**

### **8.12.3.1 REQUIRED NOTIFICATIONS**

If a death or serious injury requiring hospitalization has occurred in a SDCJDF, the Senior Officer in charge at the scene shall immediately initiate action to notify the following persons:

1. Facility Watch Commander (if Senior Officer is not the Watch Commander);
2. Facility Division Chief;
3. Deputy Chief Probation Officer of Juvenile Institutions;
4. Director of the Department of Health Services (through Health Services personnel);
5. Assistant Chief Probation Officer;
6. Chief Probation Officer;
7. The Presiding Judge of the Juvenile Court;
8. Quality Assurance Specialist at Probation;
9. School Principal.
10. The Probation Officer's Association and Supervising Probation Officer's Association

When notifying the chain of command, if the officer attempting contact is unable to reach their direct superior, they shall notify the next person in the chain of command.

### **8.12.3.2 NOTIFICATION OF CORONER**

In the event a youth is pronounced dead at a SDCJDF, or on arrival at the hospital, the Deputy Coroner must be notified. If the death occurs enroute to the hospital, the Facility Division Chief or the Senior Officer in charge shall telephone the Coroner's office to report the death.

Hospital staff, via the assigned liaison staff, shall also be advised to summon the Deputy Coroner.

### **8.12.3.3 NOTIFICATION OF LAW ENFORCEMENT**

In the event of suspicious circumstances apparent violence causing serious injury and death, or in the event the Deputy Coroner is not satisfied the death was the result of natural causes, the San Diego Police Department shall be immediately notified, as well as the Facility Division Chief and Deputy Chief Probation Officer.

### **8.12.3.4 NOTIFICATION OF NEXT OF KIN**

The notification of a youth's next of kin (i.e., parents, legal guardian, etc.) is required if a youth dies while in the protective custody of a SDCJDF. The responsibility for the notification lies with the Coroner.

### 8.12.3.5 NOTIFICATION OF OVERSIGHT AGENCIES

In addition to the above, the DCPO of Institutions shall direct the notifications of a death in custody to the following oversight agencies for the Probation Department and Institutions.

1. Presiding Judge of the Juvenile Court of San Diego County (notification required within 24 hours);
2. The Juvenile Justice Commission of San Diego County (notification required within 24 hours);
3. State of California, Department of Justice/Attorney General (notification required within 10 calendar days);
4. The Board of State and Community Corrections (BSCC) (notification required within 10 calendar days) (Title 15, Section 1341(a));
5. Citizen’s Law Enforcement Review Board (CLERB) of San Diego County (notification required within 10 calendar days).

All documentation intended for these agencies shall be filed through the Office of the Deputy Chief Probation Officer for Institutions.

(Note: Also see Manual Sections 4.1.3 and 4.4.13 - 4.4.15 for additional information and requirements about reports and notifications).

### 8.12.3.6 DOCUMENTATION

The Facility Division Chief or their designated representative shall be responsible for the coordination of all required documentation. Such documentation shall include, but not be limited to:

1. Facility/Medical/Housing Unit/Dorm logs.
2. Incident Reports (if any).

Additional documentation required by any oversight agency shall be provided as necessary. Such documentation may include, but not be limited to:

1. Probation Department Notification Correspondence.
2. Agency specific forms for reporting a death in custody (e.g. DOJ Form “CJSC 713” – see sample blank form in Appendix A, page A-31).
3. Medical Examiner Records/Reports.
4. Certificate of Death.
5. Law Enforcement Homicide Report (if death not due to natural causes).

## **8.12.4 Notifications of Serious Illness or Injury When Death is Possible**

### 8.12.4.1 HOSPITALIZATION OF YOUTH

Whenever a serious illness or injury results in a youth being hospitalized, Medical Clinic staff will determine when the condition is serious enough to warrant notifying the next of kin. The Clinic staff shall advise the Watch Commander of the youth’s general condition as soon as possible. The Watch Commander, Division Chief, or Executive Staff will contact the youth’s family. The notification shall be documented. Facility officers shall also notify the youth’s casework Probation Officer at the earliest opportunity.

### 8.12.4.2 NOTIFICATION OF PARENT AND ALLOWING TO GO TO HOSPITAL

The youth’s next of kin will be allowed at the hospital, except under unusual circumstances.

### 8.12.4.3 SUICIDE PREVENTION (SW)

Whenever a youth attempts self-harm, notification shall occur as stated in section 8.11.7.

#### 8.12.4.4 CASEWORK Probation Officer

The casework Probation Officer is to be notified of serious illness or injury. If the Watch Commander is unable to reach the youth's family, the casework Probation Officer shall be requested to assist in contacting the family. The casework Probation Officers shall also be instructed to have the youth's family contact the Watch Commander or Medical Clinic through the Facility's general information number.

### 8.12.5 **In-Custody Death Review**

#### 8.12.5.1 POLICY

In the event of an in-custody death a review committee must review the incident within 30 days from occurrence. The committee shall include but is not limited to:

- DCPO Institutional Services
- Facility Division Chief
- Probation Department Quality Assurance Specialist
- The Watch Commander who was on duty at the time of the death.
- Director of the Department of Health Services and/or Designee
- Medical Director
- Medical Program Manager
- Assistant Medical Program Manager
- STAT Team Program Manager
- Unit SPO

Upon completion of the review the Probation Department Quality Assurance Specialist shall complete a review report for the Chief Probation Officer, Assistant CPO and DCPO of Institutional Services.

### 8.12.6 **Post Trauma Counseling**

#### 8.12.6.1 COUNSELING AFTER DEATH OF A YOUTH

If a youth's death occurs, obvious feelings of frustration, anxiety, and sadness will result. This is an important time for staff and other youth to have available counseling so they can express their feelings and sentiments regarding the incident. If requested, the resources will be provided. Immediate defusing should take place as soon as possible after the incident. It is suggested that the staff most closely involved with the incident be removed to another area of the facility.

The "wind down" period is very important for staff to collect their thoughts and critique the incident. It also lends itself to an organized and consistent process for beginning the cumbersome task of investigating the incident and compiling reports. While the Department offers services through its Peer Support Program, outside assistance may be available through:

- Juvenile Forensic Services
- Employee Assistance Program
- Private Sources



<b>San Diego County</b> <b>Probation Department</b> <b>Institutional Services</b> Policies	<b>SUBJECT: Other Medical Concerns</b>  <b>SECTION: 8.13</b>  <b>AUTHORITY: Sections 1400-1454, Title 15</b>
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## **8.13 Other Medical Concerns**

### 8.13.1 COLLECTION OF FORENSIC EVIDENCE

Collection of forensic evidence for the purpose of prosecution by the clinic staff who are responsible for the ongoing health care for the youth could create a conflict of interest and negatively impact the health of the youth. Therefore, and in accordance with Section 1452 of Title 15, CFMG health services staff shall not participate in the collection of forensic evidence, including drawing of blood alcohol samples or body cavity searches.

Any requirement for the collection of forensic evidence shall be performed by qualified and appropriately trained medical personnel who are not affiliated with CFMG.

### 8.13.2 SEXUAL ASSAULT

Any incidents of sexual assault occurring within a SDCJDF shall be referred immediately to the Watch Commander for referral for medical evaluation and counseling services. The Watch Commander will also be responsible for reporting the incident to the Department's Ombudsman/PREA coordinator, Chief Probation Officer and to the local Police Department as required by law.

### 8.13.3 PARTICIPATION IN MEDICAL RESEARCH

Any biomedical or behavioral research involving youth shall be done only when ethical, medical, and legal standards for human research are met, and only with the prior approval of the Division Chief.