San Diego County Probation Department

Institutional Services Policy Manual

Special Medical Care For Youths

703.1 PURPOSE AND SCOPE

The purpose of this policy is to address youths who may have special medical care needs.

703.2 POLICY

It is the policy of the Department for custody staff to work cooperatively with qualified health care professionals to ensure that youths with special medical care needs are provided adequate care.

703.3 CHRONIC DISEASE CARE

The Department, represented by the facility Division Chief and/or the Contract Officer's Representative, should work with the Contracted Medical Services Provider to develop programs or procedures to assist youths with chronic diseases. Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. The Contracted Medical Service Provider should identify the common chronic diseases at the facility and the youths who would benefit from special medical care. The Contracted Medical Service Provider should maintain a list of these youths to facilitate the implementation of any treatment plan and follow-up care.

703.4 COORDINATED CARE

The Department, represented by the facility Division Chief, the Contract Officer's Representative, and the Quality Assurance Specialist, should work with the Contracted Medical Services Provider to ensure youths with special medical care needs, including physical disabilities that require medical care, receive coordinated health care (15 CCR 1431). Youths with special medical care needs should be identified so custody staff can assist as necessary with any treatment plans.

703.5 DETOXIFICATION

Youths experiencing symptoms of drug or alcohol withdrawal should be seen promptly by a qualified health care professional or transferred to an off-site emergency facility for treatment (15 CCR 1431).

Any youth showing signs of drug or alcohol withdrawal symptoms shall be placed in a protective environment and assessed in accordance with the Contracted Medical Service Provider's protocols on management of intoxication (withdrawal) and detoxification under supervision of a physician and the Safety Rooms and Camera Rooms Policy (when applicable). Appropriate medical responses to youths experiencing intoxication or withdrawal reactions shall occur. When it is determined that the monitoring requirements can be discontinued, initiation of substance abuse counseling for case management and referral procedures for continuation upon release shall be instituted (see the Case Management and Discharge Plan policies) (15 CCR 1431).

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Pregnant youths who use alcohol or other drugs shall receive counseling services as determined by their individualized treatment plan and in accordance with the Availability and Standards of Care Policy.

703.6 SUBSTANCE ABUSE CARE

Youths should receive substance abuse education or counseling and be referred for treatment as necessary (15 CCR 1431).

703.7 INFIRMARY CARE

Infirmary housing may be provided for diagnosis, illness, or treatment that requires limited observation and/or management and does not require admission to a health care facility.

The Contracted Medical Service Provider in coordination with the Quality Assurance Specialist should develop protocols for infirmary care that include:

- (a) A youth may only be assigned to infirmary housing with the approval of the Provider or the authorized designee.
- (b) A physician or other qualified health care professional must be on-call or available 24 hours a day.
- (c) A qualified health care professional is on-site each day.
- (d) All youths in infirmary housing are kept within sight or sound of a qualified health care professional or other trained staff member who is able to summon medical assistance.
- (e) Special directions for the care of each youth in infirmary housing will be readily available for care providers who are monitoring these youths.
- (f) Infirmary housing may only be discontinued as directed by a qualified health care professional.
- (g) A record should be kept for each youth in infirmary housing and included with the youth's medical record.