

YOUTH GUIDANCE CENTER HEALTH CARE PROCEDURES FOR PROBATION STAFF

- AUTHORITY:** California Code of Regulations, Title 15, Section 1400-1454
Administrative Directive
- RESCINDS:** Procedure Manual Item 3-3-401, dated 08/28/17
- FORMS:** Special Incident Report (F057-7018)
Morning School Report (F057-6605)
Juvenile Health Service Sick Call Request (F042-20)
Unit Treatment Sheet (F042-20)
- PURPOSE:** To establish a daily procedure for youth requiring or requesting medical care from Youth Guidance Center Medical Staff.

I. GENERAL INFORMATION

- A. All youth are to receive reasonable and adequate medical care. Any injury, regardless of its extent, and any youth complaint, regardless of its credibility, must be reported to the Medical Unit.
- B. Immediate emergency care will be provided by facility staff pending arrival of, or delivery to, the Medical Unit and/or medical emergency teams, and/or to a hospital.
- C. A medical treatment record form is kept and maintained for each youth in the location where the youth is housed. It is a confidential document and is not to be viewed by personnel other than Probation (deputized) and HCA (RNs, DRs and therapists).
- D. Medical restrictions may be imposed on youth by qualified medical personnel for the evaluation and treatment of known or suspected injuries or illnesses. Each restriction will be ordered for a specific period of time and will be recorded on the unit treatment record.
- E. Probation staff are responsible for assisting medical staff in the observation, care and treatment of youth housed at the Youth Guidance Center.
- F. Probation staff are responsible for reviewing each youth's Medical Treatment Sheet form and documenting their review by logging it in ICMS. If a medical order is unclear, contradictory or confusing, Probation staff are to contact medical unit staff for clarification. Corrections to medical sheets may be made by medical staff only.
- G. The Medical Treatment Sheet may have special instructions regarding treatment, restrictions, diets, activity and observations. Unit staff will ensure review of the form at the beginning of each shift and when a youth returns from a Medical Unit visit.

- H. Universal Precautions (UP) dictate that all persons' secretions will be considered as possibly infectious. With or without directions from the Medical Unit, universal precautions will be observed for any person discharging bodily secretions. For example, all clothing and linen soiled with the blood from a girl's menstrual period, fights or any injuries, will be red bagged. Gloves will be worn before contact. Hand washing will be done after contact, even when gloves are worn.
- I. All staff will cooperate with the medical staff in order to provide emergency and ongoing medical treatment.
- J. All medical, dental, and optometry appointments must be cleared by medical staff. The youth must fill out a "Sick Call Request" form to request a furlough for these purposes.
- K. Whenever possible and practical, the parents will be responsible for arranging medical, dental, and optometry care. Parents will provide transportation when approved by Supervising Juvenile Correctional Officer (SJCO) and/or Duty Officer (D.O.)

II. PROCEDURE

A. Sick Call Requests

1. Each unit will have a supply of sick call request forms which will be accessible to the youth.
2. It is the responsibility of the youth to complete all information applicable to his/her request for nursing services.
3. All forms turned in will need to be legibly written. No gang style writing will be accepted.
4. The sick call slips are placed in a locked box that the nurse has access to only.
5. If the request is for an urgent or emergent problem, the youth will notify unit staff and they will call the Medical Unit with the request. Juvenile Hall Medical Unit will be contacted if the YGC nurse is not on grounds, it is the nurse's day off, or it is the weekend.

B. Sick Call

1. The Medical Unit will triage the sick call requests and respond according to priority of the request.
2. The Medical Unit will complete all sections indicating "For Medical Use Only."
3. The CCN will make rounds and/or telephone units to make arrangements to see sick call youth.
4. Some sick calls may be seen at different times during the day depending on the volume of youth at sick call.

C. Unit Responsibility

1. Call the YGC/JH Medical Unit with any immediate or emergent care needs and follow their orders. If necessary, a Special Incident Report will be written and submitted to Administration.
2. Keep blank sick call request forms in a location accessible to youth.
3. Assist youth with completing the sick call request form as necessary.
4. Complete a sick call request form for any medical problem they (staff) identify on the behalf of the youth.
5. Ensure the youth is seen at sick call when notified by the Medical Unit.

D. Medications

1. Probation staff are responsible for the delivery of medications. If the youth refuses his/her medication a log note along with a SIR and refusal form must be completed.
2. Probation staff are authorized to deliver **non-aspirin acetaminophen** for headache and **Calcium Carbonate** for stomach ache to youth on a one-time-per-day basis. Note the date and time the medication is dispensed on the youth's Medical Treatment Sheet.
3. Probation staff will administer and document treatments ordered on the youth's Medical Treatment Sheet.
4. Psychotropic Medications:
 - a. Each unit is to have the Medication Indications and Side Effects document attached to the youth's unit medical sheet for review by Probation Staff. Staff are to become knowledgeable of the possible adverse side effects.
 - b. When Probation staff observe a youth who appears to be experiencing or complaining of adverse effects from medication, the Medical Unit will be notified immediately and the matter documented in the log book.

E. Medical Restrictions

1. Staff are required to enforce all medical restrictions. They are as follows:
 - a. Bed Rest (BR)
 - (1) The youth is to remain in his/her room, except for personal hygiene.
 - (2) Meals are to be served in the unit (day area), and a special diet tray will be designated if indicated.

b. Unit Rest (UR)

The youth is restricted to the unit. The following restrictions apply:

- (1) No sports activity.
- (2) No Large Muscle Exercise (LME).
- (3) No preparation or service of any food (to include KPs).
- (4) No regular school attendance.
- (5) No room or unit clean up.

c. Restricted Activity (RA)

The following restrictions apply:

- (1) No sports activity
- (2) No preparation or service of any food
- (3) No strenuous physical activity, including participation in Large Muscle Exercise.

d. No Preparation or Service of any Food (NPSF)

The youth may not participate in the preparation service or clean up of any food.

e. No Contact Sports (NCS)

The youth may not participate in nationball, handball, basketball, football, baseball, soccer or other sports where there is body contact with another individual.

f. No Weight Lifting or Heavy Lifting (NWL)

- (1) The youth may not participate in any and all lifting in LME or total fitness.
- (2) The youth may not lift anything in the unit, i.e. couch, chair, table, etc.

F. Morning Report

1. The unit DJCO is responsible for filling out the Morning School Report (Monday through Friday)
2. The report should include:
 - a. Any population changes (i.e. Medical or CEGU Holds).

- b. All youth on bed rest or unit rest will need to be listed (first and last names must be used), including type of diet required.
- (1) Full liquid diet
 - (2) Clear liquid diet
 - (3) Regular diet
 - (4) Pregnancy diet
 - (5) Soft diet

REFERENCES:

Procedures:	3-1-106	Death, Serious Suicide Attempts and Other Serious Incidents Related to Youths in Custody
	3-1-303	Special Incident Reports
	3-1-401	Health Care Procedures
Policies:	F-10	Medical Examination and Treatment for Juveniles
	G-8	Injuries and Medical Emergencies

Attachments

L Mac Brayne

APPROVED BY:

CONFIDENTIAL PATIENT INFORMATION
CIVIL CODE 56.10 EVIDENCE CODE 994 AND 1040

COUNTY OF ORANGE, CA
HEALTH CARE AGENCY
Juvenile Health Services

SICK CALL REQUEST
PETICIÓN PARA SERVICIOS MEDICOS

Name / Nombre _____ DOB / FDN _____ Unit / Unidad _____

Reason For Sick Call /

Razón por la vista: Medical / Medical Personal Dental HIV Testing / Examen de VIH

Medical or Physical Complaint/
Queja Medica o Fisica: _____

I understand that I may not be seen the same day this request is written /
Entiendo la posibilidad de que no me vean el día de está petición mèdica.

FOR MEDICAL USE ONLY
PARA EL USO MEDICO SOLAMENTE

Date Received: _____ Time: _____ AM / PM TC to Unit to clarify: Yes No

Juvenile Hall YGC YLA Joplin Los Pinos OCH

DISPOSITION RNSC 1 2 3 MDSC PRIORITY Nurse Number: _____

OUTCOME

Date: _____ Time: _____ AM/PM Valid? Yes No Nurse Number: _____

MDSC / PE Resolved Refused Reschedule for: _____ TX Given

MDSC Repeat RNSC: _____ PHN Referral Released

COMMENTS _____

DISTRIBUTION:

1. WHITE TO SCHOOL
2. CANARY TO NURSE
3. PINK TO UNIT

**YOUTH GUIDANCE CENTER
MORNING SCHOOL REPORT**

TO: SCHOOL PRINCIPAL

DATE: _____

FROM UNIT: _____
TEMPORARY ABSENCES FOR DAY

NAME	REASON FOR ABSENCE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	

NAME	<u>POPULATION CHANGES</u> DATE	REASON FOR CHANGE
1.		
2.		
3.		
4.		
5.		
6.		
7.		

No. Boys _____

No. Girls _____

TOTAL POPULATION _____