

HEALTHCARE PROCEDURES FOR PROBATION STAFF

- AUTHORITY:** Administrative Directive
California Code of Regulations, Title 15 – Minimum Standards for Juvenile Facilities, Sections 1400 - 1436
- RESCINDS:** Procedure Manual Items 3-1-401, dated 01/28/21, 3-3-401, dated 11/27/19 and 3-8-401, dated 01/15/20
MAJOR REVISION / RENUMBERED
- FORMS:**
- | | |
|---|---------------|
| Unit/Treatment Sheet | (F042-202309) |
| Referral for Health Services | (F272-14) |
| Public Health Treatment Authorization | (F272-14) |
| Sick Call Request | (F042-20) |
| Medical Property Receipt | (F042-20) |
| Unit Treatment Sheet | (F042-20) |
| Special Incident Report | (F057-7018) |
| Authorization for Medical Care | (F057-7001) |
| Morning School Report | (F057-6605) |
| County of Orange HCA/JHS Probation Facilities Policies and Procedures | |
- PURPOSE:** To ensure proper consent, access, and documentation of health care for youth in custody across juvenile detention facilities.

I. GENERAL INFORMATION

- A. Orange County Probation Department and Orange County Health Care Agency – Correctional Health Services has developed a policy and procedure manual for health care administration for all facilities to cover the following:
1. Clinical decisions about the treatment of individual youth are the sole province of licensed health care professionals operating within the scope of their license and with facility policy defining health care services.
 2. Safety and security policies and procedures that are applicable to youth supervision staff also apply to health care personnel.
 3. Scope of healthcare to cover healthcare services to meet the minimum requirements for acute care and emergencies and avoid preventable deterioration of health while in confinement.
 4. Healthcare Monitoring
 5. Healthcare staff qualifications.
 6. Healthcare staff procedures
 7. Maintaining individual and dated Health care records for every youth

8. Confidentiality
9. Transfer or release of healthcare summary and records
10. Management of Communicable diseases
11. Access to treatment
12. First Aid kits and AED and emergency response
13. Individualized treatment plans ensure that coordinated and integrated healthcare treatment plans are developed for youth receiving services for significant medical, behavioral/mental health, or dental healthcare concerns.
14. Health clearance for in-custody work and program assignments
15. Health Education that is interactive and gender and developmentally-appropriate medical, behavioral/mental health, and dental health education and disease prevention programs are provided to the youth.
16. Reproductive services and sexual health.
17. Pregnant and post-partum youth
18. Youth with Developmental Disabilities
19. Medical Clearance intake screening
20. Intoxicated youth and youth with substance use disorder
21. Health Assessment of youth and for the timely identification of conditions necessary to safeguard the health of the youth.
22. Health requests for healthcare services
23. Consent and refusal of healthcare
24. Dental care
25. Prostheses and orthopedic devices

II. PROCEDURES

- A. Medical personnel are on duty at Juvenile Hall (JH) 24 hours a day, 7 days a week, to provide intake, routine, and emergency medical care to youth in custody. Probation staff may request consultation, via telephone, with the Medical Unit at any time and in any manner necessary as dictated by the medical needs of the youth.

- B. No youth is to be denied medical attention. Any injury, regardless of its extent, and any youth's complaint, regardless of its credibility, must be reported to the Medical Unit.
- C. If any youth complains of serious pain, sustains a painful injury, or shows behavior that staff feels warrants medical attention, the staff member will notify the Medical Unit and the Duty Officer or the Medical Unit and the Supervising Juvenile Correction Officer (SJCO).
- D. Any staff member aware of anything relating to the physical condition, health care, or general well-being of any juvenile in custody (i.e., injury, behavior, bruise, scratch, talk of illness or medication, previous or current, etc.) must immediately inform the nurse on duty of such information. If a youth who appears to be unconscious, semiconscious, injured, or apparently ill is presented for admittance, healthcare staff will be notified immediately. If an admitted youth has prescription medication, healthcare staff will be notified by unit staff.
- E. Staff are responsible for rendering immediate emergency care pending the arrival of, or delivery to, the Medical Unit.
- F. Probation, Medical, and Mental Health Staff are mandated reporters and are required to report sexual abuse to designated supervisors and officials, as well as to designated State or local services agencies where required by mandatory reporting laws.
- G. All youth detained at JH will be medically screened for admittance by qualified medical personnel. All youth remaining in custody for more than 72 hours will receive a physical examination by a medical clinician. Retention and removal of any prosthesis or medical/dental assisting device shall be determined by medical staff.
- H. Youth requiring special diagnostic evaluation or treatment for serious injuries, illness or other related conditions are referred to Anaheim Global Medical Center (AGMC) or other approved health care providers.
- I. A medical/treatment record form is kept and maintained for each youth in the location where the youth is housed (Unit/Treatment Sheet - F042-202309).
- J. Medical restrictions may be imposed on youth by qualified medical personnel to evaluate and treat known or suspected injuries or illnesses. Each restriction will be ordered for a specific period and recorded on the unit treatment record.
- K. Standard precautions are to be taken for all persons with known or unknown conditions. Staff must wear gloves when providing first aid, when searching or other physical contact with youth, gloves should also be worn. Gloves are available in all living units and should be carried in pouches on staff's utility belts.
- L. Only the Medical Unit staff is to diagnose and prescribe treatment.
- M. Parents requesting information regarding medical treatment or the medical status of youth will be referred to the medical unit.

- N. In the event of hospitalization of youth, the unit supervisor or Juvenile Hall Duty Officer will work collaboratively with the medical unit to notify the youth's parents and answer their questions. Probation staff should make notification of the change in housing and refer any parent requesting medical information to the Medical Unit/Health Care Staff. A visiting pass issued by Juvenile Hall reception is required by parents before they can visit their son or daughter at the hospital.
- O. Unit Supervising Juvenile Correctional Officers (SJCOs) are responsible for the enforcement of Medical Unit orders and administrative procedures in a manner that reflects good judgment, sanitation, and security precautions.
- P. 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 will be documented in Integrated Case Management System (ICMS) or manual logbook. A Special Incident Report (SIR) may be required by SJCO or Medical Unit.
- Q. When an injury occurs (no matter how slight) or in unusual complaint cases (i.e., youth has complained continually about pain in his side, etc.), an SIR detailing all information about the incident will be prepared by unit staff and reviewed by Juvenile Hall Administration.
- R. Medical Consents
1. As soon as the intake process begins, contacting parents and having them respond to Juvenile Hall to sign the medical consent form will be initiated by Deputy Juvenile Correctional Officer (DJCO) staff.
 2. Staff assigned to Intake Units where a youth is housed after booking will make contact with a parent at the initial visit to obtain a signature on the medical consent form.
 3. When a parent's signature is not obtained at the initial visit, staff will contact parents during their after-court visit, and failing that at the 1st weekly visit in the visiting hall.
 4. SJCOs in the receiving units will monitor attempts to contact parents to obtain signatures on the medical consent form until it has been obtained.
 5. If no consent has been signed by the parent and a medical emergency exists, the blanket order from the Presiding Judge will suffice.
 6. Youth may refuse verbally, or in writing, to non-emergency medical, dental and behavioral/mental health care. DJCO's and the Medical Unit staff should document refusals in writing and in ICMS.
- S. Sick Calls
1. Keep blank sick call request forms stocked and, in a location, accessible to youth, as required by law.
 2. Assist youth with completing the sick call request form as necessary.

3. The Juvenile Hall Medical (JH) Unit will triage the sick call requests and respond according to priority of the request.
4. The Medical Unit Nurse will complete all sections indicating "For Medical Use Only."
5. The JH Medical Unit will make rounds and/or telephone units to arrange to see sick call youth.
6. Some sick calls may be seen at different times during the day depending on the volume of youth at sick call.
7. Call the JH Medical Unit with any immediate or emergent care needs and follow their orders. If necessary, an SIR will be written and submitted to administration.

T. Youth's Unit / Medical Treatment Sheet

1. 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.
2. 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.
3. 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.
4. A Unit Treatment Sheet is started by the nurse during the initial intake examination for each youth detained in a juvenile facility.
5. The form then goes to the living unit and remains in a binder.
6. The youth takes the form to sick call or for any treatment by the medical staff.
7. Remember, these are legal documents. It is a confidential document and is not to be viewed by personnel other than Probation (deputized) and Health Care Agency (HCA) (RNs, DRs and therapists).
8. When a form has less than one day's charting space (the form is usable on both sides) or recopying is necessary for clarification of orders, the DJCO will return it to the Medical Unit for the nurse to accomplish.
9. The youth takes the Unit Treatment sheet to the Medical Unit at the time of the release process.
10. If any medical orders have been written or treatment given, this form becomes a permanent part of the medical record.

11. Abbreviations with Explanations by Medical Staff:

- a. NCS – No Contact Sports. The youth may participate in physical activity and LME if it does not involve forceful physical contact. Contact sports include, but are not limited to: handball, basketball, football, baseball, etc.
- b. NPSF – No Preparation or Service of Food. The youth is not allowed to participate in any activity related to pushing food carts, setting up and or serving food.
- c. Med Iso NR – Medical Isolation Non-Respiratory. The youth is to have minimal contact with other youth and staff. The youth may be suspected of having a diagnosis of a communicable condition or be immunocompromised. The youth should be housed in a toilet room and meals are to be served in the room. Unless otherwise noted, no roommate, no outside activity, no food preparation or service, and youth to shower last.
- d. Med Iso RESP – Medical Isolation Respiratory. The youth is to have minimal contact with other youth and staff. The youth may be suspected of having a diagnosis of a communicable condition or be immunocompromised. The youth must wear a protective mask provided by medical staff whenever out of their room. Staff and visitors must wear a mask provided by the medical unit when entering the youth's room or when visiting. The youth should be housed in a toilet room and meals are to be served in the room. No roommate, no outside activity, no food preparation or service, and youth to shower last.
- e. IF – Increase Fluids. Fluids will be served with meals, between meals, and at bedtime in 6 to 8 oz. servings. The preferred extra fluids are water or Gatorade. The nurse notifies the kitchen staff when force fluids are ordered and the fluids are sent to the units on the meal cart.
- f. RA - Restricted Activity. The youth may go to school for academic courses only, but not participate in any hard work details, games or sports. Their pace is generally to be a "slow walk". Staff should use discretion in what the youth may do, depending on the reason for R.A. Staff will refer to the Medical Unit for specific information on the activities in which each youth may participate.
- g. NWL/NHL – No Weightlifting / No Heavy Lifting. The youth may not lift weights heavier than 10-pounds. No weightlifting during school P.E. or LME. Physical activity such as P.E. and LME are permitted.
- h. BR – Bed Rest. The youth is to remain in his/her room except for restroom and hygiene. Shower activity will be determined by medical staff on an individual basis. Meals are to be served in the youth's room. The following activities are not permitted unless otherwise noted by medical staff: sports/LME; school; food

preparation or service; unit clean up. A roommate may be permitted.

- i. UR – Unit Rest. The youth may be out of bed and out of their room in the unit dayroom area. Restroom, shower, and meals may be eaten with the group unless otherwise noted. The following activities are not permitted unless otherwise noted by medical staff: sports/LME, school, food preparation or service, and unit clean up. A roommate may be permitted.
- j. ST - Sick Tray. Unit staff will order sick trays when they deliver the unit meal count. The food is sent from the kitchen and may include the following:
 - (1) Breakfast: Tea, milk, fruit juice, toast, one soft egg, cooked cereal.
 - (2) Lunch: Soup, crackers, cottage cheese, fruit juice, milk, ice cream.
 - (3) Supper: Soup, tea, milk, fruit juice, toast with butter and jelly, Jell-O or ice cream.
- k. RT – Regular Tray. The youth is served the same food as everyone else. The youth may be on a medical observation status but is allowed a regular diet.
- l. NPO – Nothing by Mouth.
- m. AC - Before meals.
- n. BID – Twice a day (morning and evening, unless otherwise specified).
- o. CAP – Capsule. If a symbol follows, it indicates number of capsules (e.g., II=2 capsules, V=5 capsules).
- p. C – With.
- q. DC – Discontinue.
- r. Gtt – A Drop of medicine. If a symbol follows, it indicates the number of drops.
- s. H – Hours.
- t. H₂O – Water.
- u. HS – Bedtime.
- v. OZ – Ounce.
- w. PC – After meals.

- x. PRN – As necessary.
- y. Q – Meaning “Every”. Q4H means every four hours.
- z. QID – Four times a day. Usually AC or PC, plus HS, unless otherwise specified.
- aa. Tab – Tablet. If a symbol follows, it indicates a number of tablets.
- bb. Tbsp – Tablespoon.
- cc. Tsp – Teaspoon.
- dd. TID – Three times a day. The times will be specified.

If staff encounters any discrepancy or abbreviations not noted here, consult with the Medical Unit for clarification.

A few of these abbreviations may not apply to every facility, but all staff should be familiar with these terms.

U. Medication Procedures

1. Requesting of Medical Supplies

- a. All medical supplies will be requisitioned by medical unit staff.
- b. The nurse will check all medications on hand and requisition stock items and refill all individual medications needed. Medical Unit staff will deliver all medication to the appropriate unit.
- c. At any other time when refills are needed, the staff on duty will call to the Medical Unit or Duty Officer requesting refills. Occasions necessitating an emergency order or refill should be kept to a minimum.

2. Medications Allowed in Living Units

- a. Stock items:
 - (1) Tylenol (Acetaminophen)
 - (2) Mylanta (Calcium Carbonate)
 - (3) Benzogel
 - (4) Lotrimin/Anti-fungal Cream
- b. Items issued for individual youth by the Medical staff.

- c. Items brought by parents that have been approved by the Medical Unit. (Whenever a parent brings medication for a youth, staff must refer them to the Medical Unit.)
- d. Youth Guidance Center (YGC) allows for additional medication to be stored in the unit to be given to the youth as prescribed by the Medical Unit. Unit Staff should be familiar with the medication prescribed to youth, their dosages, and medication schedule.

Psychotropic Medications:

- (1) 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.
- (2) When Probation staff observe a youth, who appears to be experiencing or complaining of adverse effects from their psychotropic medication, the Medical Unit will be notified immediately, and the matter documented in ICMS or unit logbook.

3. Storing Medications

- a. All medication must be kept out of the reach of youth.
- b. Medication must always be kept in a secured area or in a locked cabinet other than when it is being dispensed. Youth are not permitted access to medication area.
- c. All medication must be clearly labeled.
- d. No medications are to be kept in living units except those authorized by the Medical staff.

4. Administering Medications

Procedure:

Unit staff will:

- a. Chart all medications and treatment given on the youth's treatment sheet. If a youth refused medication, chart it as refused. Notify the nurse of OCJH Medical Unit and submit a Special Incident Report (SIR) if it is of consequential nature.
- b. If there are any questions about dispensing or a medication has been overlooked, call the nurse of OCJH Medical Unit.
- c. Give no medication to a youth without medical orders.
- d. Be sure all medication is taken or used as prescribed. Oral medication must be observed when taken by direct staff

supervision. If any doubt exists as to the swallowing of medication, the tablets or capsules should be dissolved in water, swallowed, and then followed by another cup of water.

- e. Allow no youth to keep in his possession or permit transport of any medication.
- f. Assure that all hot water bottles are wrapped in a towel to prevent skin burns. Staff should test the warmth of the water, which should be of a "comfortably warm" degree only. Staff may obtain the prescribed equipment from the Medical Unit and the ice from the kitchen.
- g. Supervise NIX Shampoo.
 - (1) NIX shampoo is prescribed by the Medical Unit for treatment of lice infestation. The NIX shampoo is applied to the infected area by the youth under direct staff supervision.
 - (2) Thoroughly wet the hair with warm water. Apply NIX shampoo as any ordinary shampoo. Rub vigorously and continue lathering for a full four minutes, being sure to cover all hairy areas. Then rinse hair thoroughly and rub vigorously with a dry towel.
 - (3) During shampooing, avoid contact with eyes, nose, mouth, or other mucous surfaces. A towel may be held tightly over the eyes for protection from the lather and during rinsing. Should the lather accidentally get in the eyes, the stinging sensation can be relieved by flushing with water.
 - (4) Youth will be returned to the nurse as ordered to determine whether additional shampoos or showers are needed.
- h. Staff members are to request first aid care for themselves only at the Medical Unit. Medication will be issued to staff members only in emergencies. Staff members are not to use any medication from the living unit supply. All on-duty staff injuries, regardless of the extent, must be reported.

V. Treatment of Youth at Anaheim Global Medical Center (AGMC) or Other Contract Medical Facilities

- 1. A nurse or Duty Officer on duty in the Medical Unit will:
 - a. Decide when treatment at AGMC or other Contract Medical Facility is necessary.
 - b. Make prior arrangements with the hospital when a youth is to be taken there.
 - c. Complete all necessary forms and give them to the escort staff with instructions.

- d. Check the papers when the youth is returned from the hospital and forward to the youth's living unit any medical instructions and/or medications that have been ordered for dispensing by the living unit staff.

If after hours and the nurse is not on duty, any treatment must be cleared through JHMU.

2. Escorting staff will:

- a. Never leave a youth unattended. Staff will remain with the youth at all times, including any consultation and evaluation procedures. Youth undergoing surgery are the exception. Staff should remain outside of the operating room, and then accompany the youth to the recovery room.
- b. Check the room where the youth will be to make certain there are no windows or exits through which the youth may escape. If the nature of the exam or treatment requires that you not be directly present, remain directly outside the exit door when a youth is in a room with hospital personnel.
- c. Enforce all department and facility rules while escorting youth.
- d. Except as noted below, use handcuffs and transportation belt during transport to and from the hospital and at all times while there. Exceptions are:
 - (1) When one hand is injured, transport the youth in a wheelchair. The youth is to be shackled with the non-injured handcuffed to the chair used to secure the youth.
 - (2) If both hands are injured, transport the youth in a wheelchair and secure the youth to the chair with a transportation belt around the youth's waist and the frame of the chair.
 - (3) If one or both legs/ankles are injured, transport the youth in a wheelchair. The youth is to be secured to the chair with a transportation belt around the youth's waist and the frame of the chair or handcuffed to the chair if only one hand is capable of being handcuffed.
 - (4) If a gurney is used for transporting, handcuff one of the youth's hands to the rails.
 - (5) The only occasion when a youth may be un-cuffed is when the handcuffs or transportation belt interfere with the examination or X-rays of the youth, or during surgery.

- e. Bring from the hospital to the nurse or Duty Officer the green clinical sheet, and/or written reports of the doctor's evaluation card for further appointments and any prescriptions filled before returning.
- f. If concerns exist regarding an apparent conflict between medical directions and probation security measures, a supervisor should be contacted immediately for clarification or direction.

W. Morning Report – Youth Leadership Academy

- 1. The unit DJCO II Nights 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) Soft diet

X. Cleaning Rooms Between Occupancies

- 1. Staff will supervise the cleaning of all unit sleeping rooms between the use of each youth that has been sick. Clean and disinfect the plastic covered mattress, bed, desk, toilet, walls, and floors then air dry. Place cloth mattress, pillow, and blankets outdoors for sunning and airing for 24 hours (whenever possible). Used linens should be placed in laundry for cleaning.
- 2. Clean youth's individual rooms daily if possible, or on a fixed schedule. They should be swept, mopped, dusted, etc. Mattresses should be aired when the sheets are changed. Rooms should be left clean and disinfected when a youth is released.

REFERENCES:

Procedures:

3-3-003	Deaths, and Other Serious Incidents Related to Youths in Custody
3-5-003	LGBTQI Youth: Intake, Housing and PREA Considerations
3-5-006	Transfer of Youth Between Open Facilities / Returning Youth to Facilities
3-5-010	Roster Codes – Juvenile Hall
3-11-002	Integrated Case Management System (ICMS)

3-12-005	Automated and Manual Logbook
3-12-007	Medical Temporary Release
3-15-001	First Aid Kits
	Special Incident Reports / Routing SIR and DHO Paperwork

Policies:	F-10	Medical Examination and Treatment for Juveniles
	G-8	Injuries and Medical Emergencies

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