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**Notes and
References**

Health/Medical Services and Procedures

I. General Policies

A. Maintain a healthy environment

1. Method

- a. Assure adequate ventilation, light, heat, protection from undue noise, abuse from other youth.
- b. Provide for medical separation of youth with contagious disease.
- c. Assure that suicidal youth are protected from themselves.
- d. When possible, separate youth into groups based upon such factors as age, maturity, sophistication, and gender.

B. Maintain adequate nutritional needs

1. Method

- a. Provide meals that meet daily minimum nutritional requirements.
- b. Only restrict diets under the direction of a physician/nurse.
- c. Consult with a dietician (member ADA) to ensure special nutritional needs of diabetics or other illnesses are met.
- d. Modified diets
 - 1) Once it is ascertained that a youth has a special dietary need, staff will immediately make a referral to medical staff. Medical staff will give specific instructions as to the special diet. After hours, staff can contact the on-call physician.

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- 2) When diabetic youth are in custody, refer to Medical staff for diet plan.
 - 3) When pregnant youth are in custody, refer to Medical staff for evaluation to see if a modified diet is required.
 - 4) Youth who have other modified medical diets, food allergies or other restrictions of certain foods are to be referred to the Medical staff for evaluation and recommendation.
 - 5) Special diets will be documented in the Comments Section of the roster and noted under the Special Instructions section on the youth's overview page in IMPACT.
- e. Withholding of regular meals, or cutting down of amounts served, as a disciplinary measure is not permitted.
- C. Maintain access to medical/mental health care
1. Method
 - a. Staff will observe and interact with youth to assess the need for medical and/or mental health care. Youth can also request to see either medical or Behavioral Wellness staff by speaking directly to the unit staff or submitting a confidential referral that is only seen by the youth and either mental health or medical staff. Information about medical and mental health services available is given to the youth upon intake by the Intake Officer and the information is posted in each housing unit.
 - b. Medical and mental health staff are on duty in the SMJH seven days per week. In addition, an on-call Physician is available after hours.

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- c. The Health Care Liaison (HCL) is a staff member, usually a Sr. DPO or Sr. JIO who has received instruction from the responsible physician in limited aspects of health care coordination, including reviewing receiving screening forms reviewing non-emergency health-related requests, and helps carry out clinician orders regarding such things as diet, housing and work assignments.
- d. The HCL does not deliver health care.
- e. For non-critical medical concerns, the HCL will contact the doctor or nurse or the On-Call Physician after hours , who will advise as to the next step of treatment. The HCL will indicate the medical problem to the medical personnel, who will designate a plan of action.

II. Emergency Medical/Mental Health Procedures

- A. Medical emergencies will be staffed with on-duty medical staff. If medical staff is not on site, staff will call the On-call Physician, or call 9-911 if necessary. The Supervising Probation Officer (SPO)/Manager must be notified immediately.
- B. Mental health/psychiatric emergencies will be staffed with on-duty mental health personnel. If unavailable, the HCL or Probation facility staff will contact S.A.F.T.Y. for an assessment/evaluation and appropriate level of mental health intervention. If S.A.F.T.Y. determines that a §5585 WIC evaluation is appropriate, they will conduct the assessment in coordination with Behavioral Wellness. The SPO/Manager must be notified immediately.
- C. If the youth cannot be transported by a county vehicle for a medical emergency, staff are to dial 9-911 to summons an ambulance.
 - 1. The paramedics are to be given a concise statement of the youth's condition.

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2. Unless directed otherwise by the facility SPO, a JIO will accompany the youth in the ambulance and a second JIO will follow the ambulance to the hospital in a county vehicle with a copy of the youth’s Medical Consent Form and the Wellpath Referral Form, if medical is on site during the emergency.
 3. Parent(s)/guardians are to be notified when appropriate.
 4. The assigned Deputy Probation Officer (DPO) or SPO in his/her absence need not be notified late at night unless the youth requires hospitalization.
 5. If the youth is returned to Juvenile Hall, the assigned DPO is to be notified the following morning.
 6. Staff will advise the Emergency Room clerk to forward the bills for medical care to Probation Administration, 117 East Carrillo, Santa Barbara, CA 93101
 7. Staff are to write “Santa Maria Juvenile Hall” next to their name when they sign all hospital forms.
- D. Juvenile Hall staff will notify the Emergency Room prior to transporting a youth for treatment whenever possible.
1. SMJH: Marian Hospital Emergency Room, Phone No. 739-3200
- E. Procedures
1. JIOs will closely supervise the youth at the hospital at all times, and should explain this to the attending physician and nurse at the onset.
 2. Youth transported to the hospital in a county vehicle are placed in restraints based on the youth’s assessment outcome using the Use of Physical Restraints for Transportation (Juv-Pro-185) unless medical reasons prohibit it or directed by the SPO.
 - a. Leg irons may be used as an alternative to handcuffs.

PRO-116

223 WIC

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- b. Pregnant youth will only be restrained using handcuffs placed in the front only, once they have reached 20 weeks gestation. Restraints shall be removed from pregnant youth if deemed medically necessary during a medical emergency, labor, delivery or recovery after delivery.
- 3. Unless directed otherwise by the facility SPO, all youth being transported via ambulance will be accompanied by a JIO and another JIO will follow in a county vehicle.
- 4. In the absence of a signed Parental Medical Consent Form, staff are to give a copy of the “Authorization for Examinations and/or Diagnostic Procedure, Emergency Surgery or Medical Treatment” to the Emergency Room staff as soon as possible.
- 5. If the illness is critical or the youth dies, the Manager will notify the Deputy Chief Probation Officer, Chief Probation Officer, and the Board of State and Community Corrections (BSCC), as well as the parent(s)/guardian.
- 6. A Worker’s Special Report (WSR) is to be filed describing the medical emergency, and will serve as official documentation for medical billing purposes.
- 7. Unless continued custodial presence is required at the hospital, as approved by the SPO or Manager, the youth should be released from custody to a parent/guardian.
- 8. All medication is to be handled by the JIO, not by youth.
- 9. In accordance with section 34.6 of the Civil Code, any unmarried female youth may give consent to be hospitalized, and receive medical, and/or surgical care related to the prevention or treatment of pregnancy, regardless of custody status. Notwithstanding Section 223 WIC, the consent of parents of such youth shall not be necessary in order to authorize such hospital, medical and surgical care.

* See Consent for Medical Treatment Attached

Per Court Order 5-3-00 Judge Ochoa

Section 34.6 Civil Code

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- a. Parental notification is prohibited without the expressed consent of the youth.
- 10. Prescription Medicines:

When medical staff are NOT on duty, Walgreens Drug Store is contracted to fill prescriptions.

Santa Maria Phone No. 928-4633 or 614-4667

Staff will show their Juvenile Hall/Probation ID at the pharmacy, get a receipt, indicate the youth's name and birth date on the back, and provide it to SMJH Administration for processing.

- F. The SMJH is equipped with Automatic External Defibrillation (AED) machines. All staff that received AED training or have a current certification in First Aid/CPR that includes the use of an AED are expected to use the AED based on their training and assessment of a victim who is NOT breathing and is unconscious and when medical staff are not on site. Refer to Attachment B for additional directions on AED Operations and Emergency Response.
- G. The SMJH is equipped with Narcan. All staff that received training on the signs and symptoms of opiate overdose and the administration of Narcan are expected to administer the Narcan based on their training and assessment of the person and when medical personnel are not on site.

III. Receiving and Handling of Medications at Intake

- A. Procedures:

These procedures are to ensure and provide a continuum of care for youth in the facility with conditions requiring medication(s).

- B. Upon admission, the Intake staff will take custody of all medications arriving with a youth.

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1. JIO staff at Intake will instruct parents/guardians that the medications must be in its original prescription bottle and that Juvenile Hall staff will not accept medication delivered in unmarked containers.
 2. The Administrative Office Professional (AOP)/JIO Intake Staff will check the youth's Office file or IMPACT to make sure there is a current Medical History/Consent for treatment signed by the parent/guardian as well as an immunization record. If appropriate, the Intake staff or AOP will contact the parent or guardian and request that they come to the Juvenile Hall to sign the necessary forms (Medical Consent and Consent for Psych. Medications) and provide a copy of the youth's immunization record.
 - a. Consent for Psychotropic Medication must be explained to the parent/guardian by a psychiatrist or their designee prior to obtaining their signature.
- C. Review of Prescription
1. Intake staff will review prescription information on the medications to verify that it belongs to the youth in question. Once verified, the Intake staff will deliver the medication(s) to on-duty medical staff. Medical staff will make the determination relative to administering the medication.
 2. If medical staff are not on duty and the next dosage is scheduled to be given before they return to duty, Sr. DPO /Sr. JIO will immediately contact the On-Call Physician to receive further instructions. (See on-call telephone list at Intake)
 3. Information for On-Call Physician

The Sr. DPO/Sr. JIO shall have the prescription bottle in hand and provide the following information to the On-Call Physician:

 - a. Regularity with which the youth has been taking the medication(s)
 - b. Date the prescription was last filled

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- c. Number of pills left in the container
 - d. Indicated dosage
 - e. Physician that prescribed the medication(s).
4. Documentation
- The Sr. DPO/Sr. JIO will document in a Worker's Special Report (WSR) the information received from the On-Call Physician, to include:
- a. Name of physician consulted
 - b. Direction to continue or hold medication(s)
 - c. Dosage
 - d. Date and time the medication is to be given
 - e. The circumstances requiring the call
5. The On-Call Psychiatrist must make the determination relative to psychotropic medication. Refer to Chapter 4125 for the ADMHS Bridge order procedures.

D. Medication Storage

- 1. If the medication has been cleared by either the On-Call Physician and/or Psychiatrist, and medical staff is not on site, the Sr. DPO/Sr. JIO will place the medications in the medical office. The Sr. DPO/Sr. JIO will complete a medical referral form with the name of the medication, dosage, date and time given and place the form in the medical office with the medication.
- 2. If it has not been cleared for administering, it will be placed in the medical office.

Chapter 4125,
Section X

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3. All medications received shall be inventoried by the Intake staff and noted on the Medication Intake and Release form.
- E. Documentation
1. The Sr. DPO/Sr. JIO will submit a
 - a. Medical referral
 - b. Behavioral Wellness referral if the medications are psychotropic
 2. The Sr. DPO/Sr. JIO will, if appropriate, document in the End of Shift Report directing the next shift's Sr. DPO/Sr. JIO to follow up with Medical/MH staff.

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F. Handling of Medications Received via UPS

All medication received via UPS during business hours will be immediately hand-delivered to on duty medical staff. If medication is received after hours or there is no medical personnel on site, the Sr. DPO/Sr. JIO will contact the on-call physician for direction. All medication received and any actions taken will be documented by the Sr. DPO/Sr. JIO in a WSR.

IV. Handling of Court-Ordered Medications and Medical/Mental Health Evaluations

- A. The Juvenile Court has the authority to order a youth be seen by or evaluated by Behavioral Wellness staff or to be given prescribed medications.
- B. If an order indicates the need for medical or Behavioral Wellness staff to evaluate the youth for medications the Administrative Office Professional (AOP) shall provide Medical and Behavioral Wellness staff with a copy of the Court Order.

V. The Poison Control Center

- A. The Poison Control Center's phone number is 1-800-411-8080.
- B. Staff are to have labels/bottles and other information available when contacting Poison Control.

VI. Biohazard Disposal

- A. During normal operations within Santa Barbara County Juvenile facilities exists the use of "sharps," which includes razors and needles, as well as dressings that are contaminated with blood or bodily fluids needing proper handling and disposal. Based upon OSHA and medical protocol, these items are to be handled and disposed of in a certain fashion. This protocol will address the initial handling, securing, holding area, and disposal of these items.
 - 1. Initial Handling of Contaminated areas/items

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- a. In accordance with Departmental protocol, all staff in the Probation Department are required to attend Blood Borne Pathogens Training class. This course covers blood borne diseases, bodily fluids, their transmission, exposure control plans, personal protective equipment, Hepatitis B vaccine, response to, disposal of, and decontamination routine for emergencies involving blood or bodily fluids, post-exposure evaluation, and follow up program.
 - b. Staff are directed to abide by the Blood Borne Pathogen guidelines. Whenever blood and/or bodily fluids are present it should be considered contaminated. The use of latex gloves in the presence of blood or bodily fluids is always recommended. Cleaning of blood or bodily fluids from environmental surfaces (tables, walls, and floors) should be done using a freshly mixed solution of one part household bleach to ten parts water.
2. Securing contaminated areas/items
- a. Contaminated gloves, bandages, gauzes, any type of dressings and all “sharps” will be secured in designated containers provided by medical staff. Storage containers including bags will be provided by the facility medical staff and are considered disposable items.
 - b. Cleaning materials such as towels and mop heads, as well as contaminated clothing, should be properly secured in the red plastic biohazard bags.
 - c. During regular business hours, medical staff will be responsible for securing, transporting, and depositing the storage containers. After hours, on-site staff will facilitate this routine.

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3. Holding Area
 - a. All disposable items will be stored in containers labeled Biohazard.
 - b. Contaminated cleaning materials and clothing are maintained in red biohazard bags and placed in the laundry bins to go out on scheduled laundry days.
4. Disposal
 - a. Items in the Biohazard cans will be picked up for disposal every 12 weeks or sooner, which will be coordinated by medical staff.

VII. General Policies and Essential Standards per California Medical Association

- A. Juvenile Hall health services are accredited by the Institute for Medical Quality (IMQ) of the California Medical Association.
- B. A detailed Procedural/Protocol Manual covering treatment of youth is maintained by medical staff.
- C. The health care/medical office and the equipment in said room are used exclusively by the medical staff, unless otherwise directed by the medical staff.
- D. Access to treatment for youth
 1. Upon Intake/Admission, all youth are advised that medical and mental health care services are provided for them at Juvenile Hall and that they have unlimited access to said services.
 2. Medical and Mental Health personnel will receive a copy of the Santa Barbara County Juvenile Hall Screening form (Pro-65) and all youth will be seen by medical staff within 96 hours of admission.

Pro-65
See Chapter
4108 Intake

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3. If a youth requests Medical/Mental Health services or if it is determined by Intake personnel that a youth is in need of said services, a separate referral will be submitted.
 4. Information is posted on the bulletin boards in each unit and at Intake informing youth that medical/mental health care services are provided at Juvenile Hall and how to access said services.
- E. Level of care
1. Generally, youth with health care needs are treated in the facility by the physician and/or nurse. Further instructions are written to Juvenile Hall staff by the physician and/or nurse to provide continuing care when medical staff are not at the facility.
 2. Removal from the facility to obtain necessary medical/dental services as recommended by medical staff, unless an emergency situation demands immediate transportation to the hospital.
- F. Special medical care and care plans
1. Each youth's medical/dental care service needs are evaluated on a case-by-case basis. Youth needing specialized care are treated according to specific instructions given to Juvenile Hall staff by the medical staff.
 2. The physician or nurse, on an "as needed" basis, inform the Juvenile Hall staff of special medical needs for a particular youth, such as medication, restricted foods, physical activity, need for frequent observation, type of treatment, etc. The order will be filed in the youth's Unit File and/or posted at the staff counter.
 - a. A Medical Restriction Log is provided to all units daily.
- G. Detoxification Procedure
1. Prior to accepting a youth from Law Enforcement or any other Peace Officer, any youth who exhibits symptoms of being under the influence of drugs or alcohol and is unable to care for their own safety will be

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transported, by the delivering agency, to a hospital for a medical evaluation. The examining physician determines if hospitalization is needed or not. Youth not needing hospitalization are returned to Juvenile Hall and admitted. Medical care instructions are given to Juvenile Hall staff and Juvenile Hall medical staff. For billing purposes, a Worker's Special Report is prepared whenever a youth has received medical treatment prior to admission to the Juvenile Hall.

2. Youth who exhibit signs of intoxication after admission are referred to Juvenile Hall medical staff or are transported to a hospital emergency room for examination and diagnosis.
3. Staff should be aware that youth may mix various types of drugs and/or alcohol and thus different behaviors may result. It is imperative that youth be observed closely so that if a youth's condition worsens, medical attention can be arranged.
4. Detoxification procedures include room checks every 10 minutes and wakening the youth. Checks and observations are documented on the Detoxification Checklist.
5. The completed original Detox Checklist is given to Medical and a copy is retained along with a copy of the WSR in the designated binder in Intake.

See Attachment
A & B Facility
Detox. Checklist

VIII. Medical Care

A. Legal basis

1. Every facility Administrator/Manager shall, in cooperation with the facility physician or County Medical Officer, set forth in writing to all facility personnel a routine procedure for the summoning of proper medical aid, for the application of emergency first aid, and for the ongoing medical care of persons confined.

B. Availability of Health Care for youth in County Juvenile Hall.

1. General

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- a. All youth in Juvenile Hall will have essential medical care and other essential health care services available to them as needed.
- b. Transgender and intersex youth will have access to medical and behavior health providers qualified to provide care and treatment to transgender and intersex youth.
2. Non-emergency Medical procedure
 - a. For after-hours questions and consultation, the on-call physician must be contacted and the information documented in a WSR.
3. Elective procedure
 - a. Elective medical care is not provided for youth except under specific circumstances and requires prior authorization.
4. Outpatient service
 - a. When it becomes necessary for a youth to receive health care services outside of the facility, arrangements will be made by the Juvenile Hall nurse/physician in conjunction with Probation staff. Depending on the type of service or treatment and the status of the youth, he/she may be transported to the appointment by the JIO, Probation Officer, or parents. The nurse will first consult with Probation staff to determine whether or not any security issues exist that could possibly compromise the safety of the youth or transporting staff, and if the parent should be made aware of when and where the youth is scheduled to be outside of the facility.
5. Inpatient care
 - a. Hospitalization will be provided, as necessary, for youth detained in the Juvenile Hall.
 - b. Youth in the Juvenile Hall who are certified as §5585 WIC cases will be permanently released to ambulance personnel for

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transportation to the designated hospital program. Juvenile Hall staff are to follow established §5585 WIC release procedures by completing the Medi-Cal Eligibility Release Form, permanently releasing the youth from the Juvenile Hall, and forwarding a copy of the computer-generated Juvenile Hall Release Form and the Medi-Cal Eligibility Release Form to the Manager.

6. Dental care
 - a. Dental care is limited to emergency dental care.
 - b. However, if examination indicates remedial dental care should be undertaken immediately, after authorization by the facility Manager, the nurse will arrange for said treatments.
 - c. Annual dental exams shall be provided to any youth detained for longer than one year.
7. Private medical care in the facility
 - a. Youth may be examined by the private physician designated and paid for by the parents, if desired.
 - b. Arrangements are made through the probation officer or through Medical and Juvenile Hall Staff.

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IX. Sick Call

- A. Legal basis
 1. There shall be scheduled and/or as-needed sick calls conducted for all youth by the Medical staff assigned to Juvenile Hall.
- B. Treatment areas

Medical examination rooms are located in Units 4-6 at the SMJH to enable medical staff to perform non-invasive exams or consultations with youth. All

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other exams or procedures take place in the medical exam room located in the medical office at the SMJH.

- C. Sick call procedure/ Referral process
 - 1. Written or verbal requests can be made by the youth at any time. If confidential in nature, the youth will complete a Confidential Medical Referral and place the referral in a locked box located in each living unit. Medical staff will pick up at minimum of one time per day.
 - 2. Medical staff will review all requests and place the youth on either the nurse's or doctor's list.
 - 3. Youth are seen within 24 hours of review of request.
 - 4. No person will be refused the right to be seen at sick call pursuant to either a written or a verbal request.
 - 5. All regularly prescribed and over-the-counter medications will be recorded on the Medication Administration Record (MAR) by entering date, time, and initial of person administering/delivering.

X. Female Youth

- A. Each female shall be provided personal hygiene supplies with regard to her menstrual cycle and reproductive system.
- B. There shall be no condition or restriction upon the termination of a pregnancy or family planning services by a female detained in local detention facilities.
 - 1. Youth requesting information pertaining to pregnancy termination shall be referred to medical personnel.

§25950 H&S

XI. Responsibilities of JIOs/Non-Medical staff who deliver medications when assigned Medical staff are not on duty.

- A. In addition to Core Training, all full-time JIOs will receive training from on-site medical staff on the proper procedures for delivering medications to youth.

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- B. Procedures for the delivery of medications to youth by Core-trained, full time JIOs.
1. When delivering medications, the JIO will close the medical room to other youth, get one medication out at a time, and make sure they give the right medication to the right youth at the right time.
 2. Staff are to allow only one youth at a time to come to the medical room for their medication.
 3. Staff are not to take their eyes off a youth until they have verified they have swallowed their medication(s).
 4. Staff are to perform thorough oral checks to avoid the youth concealing or “cheeking” their medications.
 5. Staff are to have the youth drink water, talk, and cough after being given their oral medications.
 6. Staff should watch youth after they have left the medical room to further ensure that they have not cheeked their medication or passed it to another youth.
 7. Staff are to make sure they complete all required documentation, i.e., date, time, staff initials, etc. after delivering medications, on a medical referral form.

XII. Responsibilities of Staff/Non-Medical Personnel (Core-trained JIO) when the assigned medical staff are not on duty

- A. Deliver prescribed medications to youth.
- B. Review health history on Intake Sheet and take action according to procedure.
- C. Upon direction from a Sr. DPO, transport youth to a hospital Emergency Room if the health problem is urgent.
- D. Report health problems or requests to the physician or nurse.

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- E. Enter health incidents on daily log, appropriate forms, and/or onto a Medical Referral form.
- F. Over-the-counter medications may be given by Core-trained JIOs upon the direction of medical personnel.
- G. Administer first aid per injury procedure.

XIII. Protocol for Juvenile Hall Staff during the Admission of Youth when Physician/Nurse is not on Duty

- A. If a youth has had a head injury, which resulted in unconsciousness, he/she will be evaluated by the Emergency Room at a hospital prior to admission to Juvenile Hall.
- B. At the direction of the Sr. DPO or Sr. JIO, the arresting agency personnel will transport any youth with a questionable medical condition to a hospital Emergency Room for evaluation and medical release prior to admission to the Juvenile Hall.
 - 1. This is to include any suspected contagious diseases and suspected illnesses, including intoxication or drug abuse.
- C. Medications are not to be given to a youth without the approval of Juvenile Hall medical staff, the physician or nurse. (See Receiving and Handling of Medications, Sections III and IV)

XIV. SB 1469 Medi-Cal Process

- A. As part of the booking process at Santa Maria Juvenile Hall (SMJH), parents/guardians of youth complete the Pro-616 Medi-Cal Application Authorization form. This form allows the Santa Barbara Probation Department to assist their child/dependent in applying for Medi-Cal services upon their release from custody.

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- B. Administrative Office Professional (AOP) staff at SMJH run a roster on a weekly basis for SMJH and Los Prietos Boys Camp to determine which youth have an upcoming release date and who have also been in custody for 30+ days. If those youth's parents provided consent, the AOP Sr. completes a Pro-617 Medi-Cal Application Transmittal Form. The completed Pro-617 and the signed Pro-616 are then emailed to the Department of Social Services (DSS) for processing. DSS then contacts the parent/guardian directly.

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ATTACHMENT A
Juvenile Facility Detoxification Checklist

Youth's Name: _____
 Arrest date and time: _____
 Medically examined? Yes No

DOB: _____
 Intake date and time: _____
 (Location of Examination: _____)

Shift supervisor: _____

1. Room checks are required **every ten minutes**: Check respirations and response to stimulation.
2. Wake Youth **every 30 minutes**: Assess for orientation to person, time, and place

Mark yes below whenever a check is completed and no problems are observed. If at any time a youth is not breathing adequately (shallow, irregular, slow breathing, and snoring, are all signs of inadequate respiration; normal respiration rate during sleep is 10-15 times per minute) and/or is disoriented to person, place, or time, check the "no" and take appropriate action (see reverse for direction).

Time

Time

1st Hour

2nd Hour

_____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____

_____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____

After 2nd Hour: get the minor up and assess ability to walk and follow commands

_____ Yes No _____ Staff Initials

3rd Hour

4th Hour

_____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____

_____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____
 _____ Yes No _____ Staff_____

After 4th Hour: get the minor up and assess ability to walk and follow commands

_____ Yes No _____ Staff Initials

If a Youth recovers from intoxication before 4 hours, then room checks may be stopped but the youth must be assessed as in the "4th Hour" for ability to walk and follow simple commands, which must be documented. File in Medical record and Office file.

Signature of Staff Finalizing Document: _____ Date: _____

Physician/Medical Staff: Signature: _____ Date: _____

Medical Consent

AUTHORIZATION FOR EXAMINATIONS AND/OR DIAGNOSTIC


PROCEDURE, EMERGENCY SURGERY OR MEDICAL TREATMENT

I certify that I am the Superior Court Judge of Juvenile Court, in and for the County of Santa Barbara, and that, a minor, is presently in protective custody of the Juvenile Court under provisions of the Welfare and Institutions Code. I hereby authorize the authorities, of the Santa Barbara County Probation/Welfare Department, to provide for examinations and/or diagnostic procedures and to provide emergency surgery and/or medical treatment or administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such examination, diagnostic procedures, emergency surgery, administration of anesthetics or medical treatment is necessary for the mental or physical health of said minor.

I further authorize the physician, hospital or the provider of medical services to said minor to release medical charts and records to the Probation/Welfare Department.

Dated: _____

ATTACHMENT B

 Prison Health Services	Manual: Santa Maria Juvenile Hall
	Chapter: 4124, Attachment B
Prepared By: Carrick Adam MD	Effective Date: 10/01/08
Authorized By: Carrick Adam MD/Beverly Taylor, DCPO	Supersedes: N/A
TITLE: AED Operations and Emergency Response	

POLICY:

The ZOLL AED Plus is an automated external defibrillator (AED) that uses voice prompts and visual indicators to guide trained rescuers through a resuscitation sequence that may include defibrillation and/or cardiopulmonary resuscitation (CPR).

PROTOCOL:

In the event of a known or suspected cardiac arrest within Juvenile Detention Facilities:

- Dial 9-911 immediately to initiate Emergency Medical Services (EMS).
- Prior to assessing the victim, the AED operator should take personal protection measures by putting on latex gloves found in the AED kit.
- Assess the victim for responsiveness and breathing.

Victim Criteria for AED use:

1. If the victim meets all of the following criteria, the AED Operator shall apply the AED to the victim for analysis:
 - a. Unconscious
 - b. Not breathing or Inadequate breathing (such as “gaspings” while unconscious)
 - c. Over 1 year of age
2. Do **NOT** use the ZOLL AED Plus when the patient is conscious or breathing.

AED Operational Procedure:

1. Establish that the victim is unresponsive. ***If you are alone, call 9-911 now***, or send someone to call.
2. ***Send someone NOW to retrieve the AED*** (if alone you will do this in step 6).
3. Carefully place the victim on the floor, flat on his/her back and away from objects such as chairs and tables that may restrict your movement.
4. Open the airway and check for breathing (chest rise).

5. If not breathing or is “gaspings” while unconscious, give 2 rescue breaths and immediately begin cycles of 30 chest compressions and 2 rescue breaths (CPR) for 2 minutes (5 cycles of 30:2).
6. **If you are alone, retrieve the AED NOW** and return to the victim.
7. Expose the victim’s bare chest. You may have to use scissors to help you cut their clothing.
8. Open the AED device and turn on the power. You will now hear voice prompts from the AED.
9. Open the adhesive defibrillator pads tray and cable set from the lid. Use pediatric pads for children between 1 and 8 years of age, if available. If pediatric pads are not available use the adult pads for children over 1 year of age (do not use pediatric pads on an adult).
10. Stop CPR.
11. Attach defibrillator pads to the victim’s chest in the proper locations (as indicated on the pads). If the victim’s chest is hairy, you may have to use the razor (include with AED device) to shave excess hair for good pad adhesion.
12. Follow the voice prompts from the AED. When the AED advises you to “Stay clear from the victim” You must not be touching the victim or any objects that are touching the victim (i.e. tables, chairs, etc.) to avoid risk of being shocked.
13. If the AED indicates (voice and screen) that a shock is necessary, the AED will automatically charge.
14. Clear anyone in contact with the victim or in contact with electrically conductive material connected to the victim (i.e., water) by announcing loudly, “I’m clear, you’re clear, we’re all clear”. Visually ensure that no one has contact with the victim and press the **shock** button.
15. After a single shock is delivered, do not touch the victim while the AED is analyzing. If the victim is still in cardiac arrest, the voice prompt will instruct you to continue with 5 cycles of CPR starting with compressions.
16. If the AED advises a shock after 5 cycles of CPR (two minutes), shock the victim, as instructed. The AED operator may deliver up to a total of nine single shocks, each followed by 5 cycles of CPR (although more may be required if you are still awaiting the arrival of EMS).
17. If the AED does not advise a shock after analyzing the victim, the AED will not charge and will advise to check the victim for breathing and continue CPR (5 cycles of 30:2) if the victim is not breathing. The AED will continue to analyze every two minutes.
18. Once applied to an unconscious victim, the AED device should remain attached until EMS personnel with necessary defibrillation equipment can assume care.

Arrival of Emergency Medical Services

1. When EMS personnel arrives, immediately give a verbal report of initial condition of the victim, actions taken, amount of shocks delivered, changes in victims condition, etc.
2. Leave the equipment on and attached to the victim. The fire dept. or EMS personnel will then either take over operation of the AED or instruct you to continue with care under their supervision.
3. Follow instructions of any arriving EMS personnel.
4. Be sure to retrieve the AED from EMS personnel.

Maintenance

1. Monthly AED checks will be done:
 - a. Turn unit on and wait for the "Unit OK" audio message. Verify that unit issues appropriate "Adult Pads" audio message.
 - b. Turn unit off
 - c. Wait 2 minutes. Verify that green check symbol (✓) appears in status indicator window (located on left side of handle) and that unit does not emit a beeping tone.
 - d. Place AED Plus unit in service.
 - e. If the status indicator displays a red X following completion of any self-test, the ZOLL AED Plus is not ready for use and must be removed from service.
 - f. Refer to Operators Guide for trouble shooting.
2. The following will also need to be checked:
 - a. Verify that electrodes are within their expiration date.
 - b. Verify that batteries are within their expiration date.
 - c. Verify that electrodes are pre-connected to the input connector.
 - d. Verify that supplies are available for use (razor, mask, gloves, and extra batteries).

Date: _____ Check the following: Staff signature:	Pass	Fail
Is the unit clean, undamaged, and free of excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any cracks or loose parts in the housing?	<input type="checkbox"/>	<input type="checkbox"/>
Verify electrodes are connected to the unit and sealed in their package. Replace if expired.	<input type="checkbox"/>	<input type="checkbox"/>
Are the cables free of cracks, cuts and exposed or broken wires?	<input type="checkbox"/>	<input type="checkbox"/>
Turn the unit on and off and verify the green check indicates ready for use.	<input type="checkbox"/>	<input type="checkbox"/>
Batteries within expiration date. Replace if expired.	<input type="checkbox"/>	<input type="checkbox"/>
Check for adequate supplies (gloves, mask, scissors)	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____ Check the following: Staff signature:	Pass	Fail
Is the unit clean, undamaged, and free of excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any cracks or loose parts in the housing?	<input type="checkbox"/>	<input type="checkbox"/>
Verify electrodes are connected to the unit and sealed in their package. Replace if expired.	<input type="checkbox"/>	<input type="checkbox"/>
Are the cables free of cracks, cuts and exposed or broken wires?	<input type="checkbox"/>	<input type="checkbox"/>
Turn the unit on and off and verify the green check indicates ready for use.	<input type="checkbox"/>	<input type="checkbox"/>
Batteries within expiration date. Replace if expired.	<input type="checkbox"/>	<input type="checkbox"/>
Check for adequate supplies (gloves, mask, scissors)	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____ Check the following: Staff signature:	Pass	Fail
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Are there any cracks or loose parts in the housing?	<input type="checkbox"/>	<input type="checkbox"/>
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Turn the unit on and off and verify the green check indicates ready for use.	<input type="checkbox"/>	<input type="checkbox"/>
Batteries within expiration date. Replace if expired.	<input type="checkbox"/>	<input type="checkbox"/>
Check for adequate supplies (gloves, mask, scissors)	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____ Check the following: Staff signature:	Pass	Fail
Is the unit clean, undamaged, and free of excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any cracks or loose parts in the housing?	<input type="checkbox"/>	<input type="checkbox"/>
Verify electrodes are connected to the unit and sealed in their package. Replace if expired.	<input type="checkbox"/>	<input type="checkbox"/>
Are the cables free of cracks, cuts and exposed or broken wires?	<input type="checkbox"/>	<input type="checkbox"/>
Turn the unit on and off and verify the green check indicates ready for use.	<input type="checkbox"/>	<input type="checkbox"/>
Check for adequate supplies (gloves, mask, scissors)	<input type="checkbox"/>	<input type="checkbox"/>