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**Notes and
References**

Health Services and Procedures

I. Emergency Medical Procedure

- A. In the event of an injury or sudden illness, the Health Care Liaison (HCL) on duty in conjunction with the on-call clinician or RN on duty will assess and activate emergency medical services.
 - 1. Clinical decisions about treatment of individual youth are the sole province of licensed health care professionals who are operating within the scope of their license.

- B. Options available for emergency care
 - 1. Los Prietos Boys Camp (LPBC) Medical staff
 - a. RN Monday through Friday 6:00 a.m. to 2:30 p.m. (On-site hours)
 - b. M.D. Once weekly (on-site hours) M.D. is also available at the Santa Maria Juvenile Hall (SMJH), Monday-Friday when not at Camp and is available on-call by telephone after hours.
 - 2. Santa Barbara Community Health Clinic (appointment only)
 - 3. Santa Barbara Cottage Hospital and Goleta Valley Cottage Hospital emergency rooms
 - 4. 9-911; Paramedic response

See Section D
below

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- C. LPBC has three Automatic External Defibrillation (AED) machines in a secure box behind the staff counter in each dorm. An AED is also located in the medical office. All staff who 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.
 - 1. The Nurse will inspect the AEDs monthly, checking the battery expiration dates and confirming they are in proper working order.
- D. LPBC has several first aid kits located throughout the facility and in vehicles.
 - 1. The Nurse will inspect the first aid kits monthly to confirm the appropriate items and quantities are in stock as well as the expiration dates for all items that expire.
- E. The degree of emergency treatment necessary will determine where the youth is taken.
 - 1. This decision will be made by the Sr. DPO or most senior staff on duty after consultation by the Health Care Liaison (HCL) with the LPBC Medical staff or with the On-Call Physician.
 - a. 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.
 - b. The HCL does not deliver health care.

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- F. In the event of a CRITICAL MEDICAL EMERGENCY, contact the paramedics (dial 9-911) immediately and forego prior consultation with LPBC or clinic medical staff. LPBC medical staff should be notified when it is safe to do so.
- G. For afterhours non-critical medical concerns, the HCL will contact the doctor or nurse at SMJH during their clinic hours 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.
1. Psychiatric concerns

The On-Call Wellpath Physician will not make the determination relative to psychotropic medication or psychiatric issues. The HCL will contact the psychiatrist on duty for further direction.
 - a. After Behavioral Wellness coverage hours, staff will contact Behavioral Wellness Mobile Crisis between the hours of 8pm to 8am at 1-888-868-1649 or SAFTY (Casa Pacifica) between 8am to 8pm at 1-888-334-2777 for a consultation regarding the youth.
 2. If medical staff are unavailable or non-responsive to attempts to contact them, medical emergencies will be transported to Santa Barbara Cottage Hospital or Goleta Valley Cottage Hospital.
 - a. LPBC Administration or the senior officer on duty may authorize the use of Santa Ynez Cottage Hospital or Marian Regional Medical Center if necessary.
- H. Notification and Documentation Requirements/Procedures
1. All immunizations, examinations, treatments and procedures that would require written or verbal consent if performed in the community also require consent while at LPBC.

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- a. Additional consent for specialists may also be required by that physician's office.
2. The signed Authorization for Emergency Medical Treatment must accompany the youth to the hospital.
3. Parents will be notified by Probation staff as soon as possible that their child is receiving emergency treatment.
4. All staff who witnessed the accident/injury, or who provided first aid treatment to a youth, or who have other pertinent knowledge of the incident, must complete a Workers Special Report (WSR) in IMPACT.
 - a. This report must be completed prior to the end of the shift on which the accident occurred, or before the staff member leaves the facility.

II. Receipt of New Medication

- A. All medication received by courier will be immediately hand-delivered to the on duty Medical staff.
 1. If Medical staff are not on-site the package should be immediately delivered to the medical office.
 - a. The only exception would be if the medication delivered must be delivered to the youth immediately. Those circumstances should be pre-arranged with the medical staff and the Health Care Liason.

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- B. WellPath has contracted with Walgreen's Pharmacy for medications during weekends, nights and holidays. LPBC staff may pick up medications as directed by medical staff at these locations:

Walgreens
5900 Calle Real
Goleta, CA
967-3798
Hours Monday-Friday 8 a.m. to 9 a.m.
Saturday 9 a.m. to 6 p.m.
Sunday 10 a.m. to 6 p.m.

1. The HCL on duty will document the receipt of the medication and the actions taken upon delivery on a WSR.

II. Routine Medical Services

- A. Options available for non-emergent medical care

1. LPBC Medical Staff
 - a. R.N. - Monday through Friday, 6:00 a.m. to 2:30 p.m.
 - b. M.D. 6 hours/week (Once weekly)

- B. Availability and Access to Medical Services

1. While detained at LPBC, all youth will have unlimited access to Medical services.
 - a. Medical personnel are available 5 days a week from 6:00 a.m. to 2:30 p.m., excluding weekends.
 - b. From 2:30 p.m. to 9:00 p.m. on Monday thru Friday, the Health Care Liaison will notify RN at the SMJH for any medical concerns.
 - c. After 9:00 p.m. on Monday thru Friday, any medical concerns will be communicated with the on-call clinician.
 - d. Weekends

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- i. The Health Care Liaison will collect any Request for Medical Attention slips and fax to SMJH medical department where the RN will triage sick calls. After hours, the on-call clinician will be contacted for any medical concerns.
2. During the Intake process, youth are advised of the availability of Medical services. The days and hours for Medical services are documented in the youth orientation booklet and verbally communicated to the youth during the intake process. This information is also posted in the Intake and Release area.
3. Prior to acceptance into the program, any significant health concerns will be discussed by LPBC screening staff and the medical director to ensure the youth is able to safely participate in the program and what accommodations, if any, are needed. Upon entry into the facility, the Medical director, in cooperation with the LPBC director, will ensure a treatment plan has been developed to address any significant health concerns as well as any accommodations required, including special needs when showering, utilizing the latrine, and dressing and undressing, in order to meet the needs of the youth. This information will be disseminated to staff on a need to know basis in order to ensure the treatment plan is being followed.
 - a. All youth will be seen by medical staff as soon as possible upon arrival at LPBC to ensure they have not experienced any medical issues during their transport from SMJH.
4. Youth may request staff to complete a Medical Referral for non-urgent medical or dental services or the youth can complete a Confidential Medical Referral. Referral forms will be available to youth throughout the course of the day in the dorm. The dorm will designate at least two times during the day (at least once in the A.M. and once in the P.M.) for youth to complete the confidential referrals. This opportunity will be made for all youth, regardless of their status. The completed confidential referrals will be placed by the youth into

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the appropriate locked referral box in the dorm. Medical referrals will be collected daily during the week by Medical personnel. An agreed pick up time will be established and posted on the box.

a. Urgent medical requests may be communicated at any time.

5. Any staff may refer a youth for Medical or Mental Health services.

6. Youth who are receiving services for significant medical, dental or behavioral/mental health concerns will have an individualized treatment plan.

a. As relevant, aspects of the treatment plan will be shared with Probation staff for the purposes of programming, implementation and continuity of care.

7. Prostheses, Orthopedic and other devices

a. Youth who are prescribed eye glasses will be allowed access to them at all times. When not being worn, the youth should secure them in their locker.

b. On occasion, a youth may be required to wear a medical device. Those will be provided when the health of the youth would otherwise be adversely affected.

C. Sick Bay

1. Youth who require temporary isolation from the group due to illness may be placed in sickbay with the approval of the Sr. DPO, Sr. JIO or LPBC Nurse.

a. The youth(s) name(s), date, time and staff initials are to be listed on the sick bay log.

b. The youth's shoes shall be placed outside sick bay.

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- c. The youth's condition will be regularly evaluated and documented by Medical staff.
- d. The youth will receive medical diets while in sick bay (illnesses only).
- 2. If the number of youth requiring bed rest due to illness or inability to fully participate in the program exceeds the capacity of the sick bay and they are confined to the dormitory, 15-minute bed checks of these youth will be conducted and documented by the JIO assigned to the dorm.
- 3. Youth with a communicable disease or serious illness determined by Medical personnel who require 24-hour isolation from the group will be removed from LPBC to SMJH, temporarily released to their family home, or transferred to an appropriate medical facility as determined by the LPBC physician (a Blanket Emergency Temporary Release Order(s) signed by the Juvenile Court Judge(s) will be kept on file with the Program Manager).
 - a. The facility Manager and Deputy Probation Officer, Supervising (SPO) will be notified as soon as possible of medical conditions or injuries requiring admission to a hospital, re-housing, or temporary release.
 - b. Parents/guardians will be immediately notified of a youth's serious medical condition and/or change of housing.
 - c. A medical consent or Court Order permitting treatment may be required if the treatment needed is invasive in nature.
 - d. In the event of serious illness, injury, or death, the next of kin, committing Court and Deputy Chief in charge of the facility will be notified by LPBC Administration.

See Wellpath
Policy #Y-G-5

See Section V
below

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D. Medications

1. Any time medication is to be given to a youth, the Medical Log should be consulted for documentation. Only JIO Core trained staff will deliver medication. Staff will match the name and date of birth in the Medical Log with the labeled medication container and the youth. Staff will date, time, and initial the youth's medication sheet when delivering medication.
2. Only medications that have been prescribed by a physician and are in an individually labeled medication container specific to the youth, and entered on the youth's individual medication sheet, will be delivered to the youth.
 - a. Exceptions to the individually labeled requirement include over the counter medications. Those would still require an order and a medication sheet.
3. Only the prescribed amounts as indicated by the physician will be given.
 - a. Care should be taken to observe specific times the medication is to be taken, and the last date on which it should be administered.
 - b. Staff will ensure the 5 Rights of medication delivery: Right youth, Right medication, Right dose, Right time, Right route
 - b. A staff will directly observe the ingestion or use of medications to ensure that the youth does indeed take/use the medication (e.g., swallows the pill rather than "pocketing," "palming," or "cheeking" the dose, or uses a salve or drops as prescribed).
 - c. If a youth refuses to take his prescribed medication, the refusal will be documented and staff will notify Medical personnel and the assigned Mental Health clinician (when

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- applicable) via e-mail and/or voicemail and a WSR will be completed.
- 1) Staff will also have the youth sign a “refusal form” which will be placed in the refusal binder.
4. Medications prescribed by a physician are contained in a locked medication box and stored in the staff office in the dormitory, and remain locked and have limited access by staff.
- a. Those items are to be delivered as prescribed by the physician.
 - 1) If medication prescribed by the physician is not available for delivery in the prescribed dosage, the DPO Sr. or SPO and Medical personnel (on-duty or on-call) will be immediately notified.
 - 2) Depleted prescriptions will be secured in the time frame directed by the physician or On-Call Physician.
 - 3) A WSR, Medical Referral and notation in the End of Shift Report will be completed regarding the need for the medication refill.
5. Log notations must be made to monitor the delivery of medications.
6. During business hours, the prescription medications will be kept in the locked medication box and the medical personnel will deliver the medication.
- a. Following the delivery and logging of the youths’ medications prior to school, the medication box will be locked and secured in the staff office in the dormitory.
 - b. Additional medication and over-the-counter products, Band-Aids, thermometers, etc., will be kept in the locked medication cart.

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7. Over the Counter medications such as surface antiseptics may be delivered by full-time staff as needed. Non-prescription medications such as Tylenol or cough syrup may only be given to youth pursuant to a directive from Medical personnel.
 - a. Log entries must be made carefully to monitor the use of these items by youth and to ensure proper dosage/frequency.
- E. Private Medical Services
 1. If, in the judgment of the facility Physician, it is necessary for the youth to see a specialist, the medical staff will arrange treatment and appointments.
 - a. The parent should be encouraged to provide transportation for the youth who are performing well in the program and have advanced twelve or more weeks in the program.
 - b. If the parent is unable or unwilling to make arrangements for needed medical/dental care as established by Medical personnel, the Medical and LPBC staff will make the necessary appointment and transportation arrangements.
 2. If the parent wishes to arrange for health care services with their own provider, they will be responsible for payment.
- F. The medical team will provide gender specific and developmentally appropriate health and disease prevention education and materials to the youth on a variety of health.
 1. Reproductive and sexual health education and services are also provided.

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III. Dental Care

- A. Dental treatment, including preventative services, will be provided to youth. Appointments will be arranged by medical personnel. If the youth is covered through the parent/guardian's dental provider/private insurance, care will be scheduled with that provider. If the youth is not covered by his family's insurance, dental services will be provided in a community-based office that has a contract/service agreement with the County.
 - 1. All youth will receive an oral exam within 60 days of booking into custody, including time served in SMJH.
 - 2. Oral treatment is provided in accordance to a treatment plan developed by the treating dentist.
- B. Either LPBC Staff or a parent/guardian, depending on the youth's level and standing in the program, may accommodate transportation.

IV. Heat Illness Prevention Protocol

- A. Heat illness regulations from the California Department of Occupational Safety and Health (Cal-OSHA) require a heat illness prevention protocol for employers. The requirements include acclimatization, access to shade, provision of water and heat illness training. To remain in full compliance with Cal-OSHA requirements, and to provide for the well-being of the youth, the following protocol has been established:
 - 1. Employees and youth will be reminded to stay hydrated with plenty of water and have access to shade when temperatures exceed 85 degrees Fahrenheit. No outside work crews will occur when temperatures are over 100 degrees F.
 - a. Staff supervising offsite work crews will ensure access to water.
 - b. If access to water is not available at a work site, staff will ensure that enough water is taken with the crew (1 quart, per person, per hour).

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CCR, Title 8,
section 3395

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2. Employees will have means of contacting a supervisor (radio, cell phone, emergency radio contact, etc.).
 3. All employees will receive updates from medical staff regarding the signs, symptoms and immediate first aid response for heat exhaustion and heat stroke on an annual basis. These updates will be documented via notes from staff meetings, signed rosters from trainings and debriefs from monthly emergency drills.
 4. Youth new to camp should avoid outside work crews during high temperature seasons for 3-5 days to acclimate to the weather conditions.
- B. In the event that a person experiences the signs or symptoms of heat illness, notification will be made to the lead shift person, and medical staff if available. Youth will be removed from the heat, provided water and closely monitored by staff until seen by medical staff.
1. If medical staff are not available, the on-call doctor will be notified.
 2. More emergent situations may require transportation to the emergency room, or contact with emergency medical services via 911.

V. Death and Serious illness or Injury of Youth While Detained

- A. Death of a Youth
1. As soon as possible, notifications will be made by Probation administration to the following people, as appropriate:
 - a. The parent, guardian or person standing in loco parentis
 - b. Judge of the Juvenile Court
 - c. Youth's attorney of record

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2. A medical and operational review if every in custody death will be conducted.
 - a. The review team will consist of:
 - 1) Facility administrator
 - 2) Health administrator
 - 3) The responsible physician
 - 4) Other relevant health care staff
 - 5) Other relevant Probation staff
 - b. A copy of the review report will be provided to the State of California Attorney General per Government Code section 12525.
 - 1) A copy of the report will also be given to the Board of State and Community Corrections within 10 calendar days after the death.
- B. Serious illness or Injury of a Youth While Detained
 1. As soon as possible, notifications will be made by Probation administration to the following people, as appropriate:
 - a. The parent, guardian or person standing in loco parentis
 - b. Judge of the Juvenile Court
 - c. Youth's attorney of record

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VI. Collection of Forensic Evidence

- A. On site medical personnel are not responsible for conducting forensic medical services for the purpose of prosecution.
- B. Evidentiary examinations and initial treatment of victim of sexual assault shall be conducted at a health facility that is separate from the health care services at LPBC.

VII. Participation in Research

- A. Human subject research shall only occur when standards for human research are met as verified by the Institutional Review Board.
- B. Participation will not be a condition for obtaining privileges or other rewards at LPBC.

Empty box for Notes and References.

Management

In Custody Death/Serious Injury Checklist

Ask the Questions

- ___ What happened? (Where, What, How?)
- ___ Who is the youth? How long have they been in custody and why?
- ___ Has the assigned DPO's Supervisor been notified? Y / N
- ___ Where do their parents/guardians live? (area of the county) _____
- ___ Have the parents/guardian(s) been notified? Y / N
- ___ Where is the youth now? In Hospital? Y / N Which one? _____
- ___ Are any other youth involved? Y / N If yes, gather basic information on each involved youth (what and who above)
- ___ Which Law Enforcement agency has been called? Are they on scene Y / N

Provide Direction

- ___ Provide reminder to preserve the scene and evidence, including unit and room check logs.
- ___ Ensure responding and on-duty staff remain on-duty.
- ___ Provide reminder to SPO or designee to obtain video.
- ___ Consider staffing needs, call in staff to relieve any on-duty responders.
- ___ Consider the status of other youth and if housing/rehousing needs are immediately present.

Contact

- ___ DCPO will be notified directly or via telephone. Attempts will continue until contact is made with DCPO or CPO.
- ___ Notifications as directed by DCPO or CPO.

- CPO
- EXECs
- PSU Manager
- Presiding Judge
- CEO
- County Counsel
- Youth's Atty
- Risk Management
- Chair of BOS
- Attorney General
- BSCC

Management

In Custody Death/Serious Injury Checklist

Next Steps

- ___ Remain at or respond to facility (unless directed elsewhere by Exec)
- ___ Check in with Staff
- ___ Function as central point of contact for incident. Prior to Manager's arrival, the highest ranking individual on-site will function as central contact person.

Responding to Staff and Youth

- ___ Contact ADMHS Management to coordinate CIRT for Staff
- ___ On-site ADMHS Clinicians, Medical & Education to coordinate with Probation response to youth at facility
- ___ Probation, ADMHS and County Education to review impact of youth in community and coordinate with community partners.

Supervising Probation Officer In Custody Death/Serious Injury Checklist

Upon discovery of apparent death or serious youth injury/loss of consciousness staff will:

Unit staff

- ___ Initiate emergency response via broadcast of 'level 3' by radio in the facility.
- ___ Unit Staff will render medical aid until relieved by emergency medical services personnel. This may include cardio pulmonary resuscitation, AED, rescue breaths, as well as use of the oxygen canister maintained on-site in medical.

MCR

Once the nature of the emergency is confirmed with lead or unit staff, MRC staff will,

- ___ Initiate emergency medical response via 911. Provide direction to dispatch as needed on access and location.
- ___ Additional notifications as directed by SPO or designee.

SPO or Designee

- ___ Insure immediate medical aid is rendered and emergency medical procedures are followed, including calling 911 via MCR.
- ___ Law enforcement (LE) will be contacted directly to respond to initiate an investigation. This will be done by the SPO or their designee, or by MRC staff as directed by SPO or designee. The area of the suicide will be secured and access to it restricted until law enforcement has assumed responsibility for it.
- ___ All youth should be confined to their rooms and a staff person(s) assigned to conduct welfare checks.
- ___ Immediately notify SPO/Manager and CPO through Chain of Command
- ___ Immediately secure Unit Log and Room Check Log.
- ___ As soon as possible secure video
- ___ All staff present at the time of the incident are to remain on-site until released by the Manager. They should be advised not to discuss the incident specifically and to direct any third party or outside inquiries about the incident to lead staff to relay up the chain of command. Staff are allowed to contact their family members to advise them of a facility emergency. Staff may talk with each other for comfort.
- ___ Other Notifications:

Supervising Probation Officer

In Custody Death/Serious Injury Checklist

- Facility Medical Director
- Mental Health Supervisor
- The youth's assigned Juvenile Services SPO with the expectation that they will access IMPACT file and provide detailed information about the youth and his/her case history for the DCPO and CPO.
- Coordinate/insure that the needs of staff required to remain on-site are met, such as food, relief from post etc.

SPO Next Steps

- Insure information is not released without Manager/Exec approval.
- Appoint a sworn staff to act as the primary contact for inquiries from parents and guardians of all other detained youth to provide general information according to a prepared script. Care must be taken not to provide immediate confirmation of an involved or non-involved youth until an official determination is made.
- Coordinate contact with off-duty staff (and on-call Camp staff) to respond to relieve staff and assume routine duties
- If the death/suicide occurred in a living unit, all youth in that unit should be rehoused away from the unit as soon as reasonably possible.