

From CCR, title 15
MINIMUM STANDARDS
FOR JUVENILE FACILITIES

ARTICLE 8. HEALTH SERVICES

Section 1400. Responsibility for Health Care Services.

The facility administrator shall ensure that health care services are provided to all minors.

The facility shall have a designated health administrator who, in cooperation with the mental health director and facility administrator and pursuant to a written agreement, contract or job description, is administratively responsible to:

- (a) develop policy for health care administration;
- (b) identify health care providers for the defined scope of services;
- (c) establish written agreements as necessary to provide access to health care;
- (d) develop mechanisms to assure that those agreements are properly monitored; and,
- (e) establish systems for coordination among health care service providers.

When the health administrator is not a physician, there shall be a designated responsible physician who shall develop policy in health care matters involving clinical judgments.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1401. Patient Treatment Decisions.

Clinical decisions about the treatment of individual minors are the sole province of licensed health care professionals, operating within the scope of their license and within facility policy defining health care services.

Security policies and procedures that are applicable to child supervision staff also apply to health care personnel.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1402. Scope of Health Care.

- (a) The health administrator, in cooperation with the facility administrator, shall develop written policy and procedures to define the extent to which health care shall be provided within the facility and delineate those services that shall be available through community providers. Each facility shall provide:
 - (1) at least one physician to provide treatment; and,
 - (2) health care services which meet the minimum requirements of these regulations and be at a level to address acute symptoms and/or conditions and avoid preventable deterioration of health while in confinement.
- (b) When health services are delivered within the juvenile facility, staff, space, equipment, supplies, materials, and resource manuals shall be adequate to the level of care provided.
- (c) Consistent with security requirements and public safety, written policy and procedures for juvenile facilities shall provide for parents, guardians, or other legal custodians, at their own expense, to authorize and arrange for medical, surgical, dental, mental health or other remedial treatment of minors that is permitted under law.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; and Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1403. Health Care Monitoring and Audits.

- (a) In juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, shall develop and implement written policy and procedures to collect statistical data and submit at least annual summaries of health care services to the facility administrator.
- (b) The health administrator, in cooperation with the responsible physician and the facility administrator, shall establish policies and procedures to assure that the quality and adequacy of health care services are assessed at least annually.
 - (1) Policy and procedures shall identify a process for correcting identified deficiencies in the medical, dental, mental health and pharmaceutical services delivered.
 - (2) Based on information from these assessments, the health administrator shall provide the facility administrator with an annual written report on medical, dental, mental health and pharmaceutical services.
- (c) Medical, mental and dental services shall be reviewed at least quarterly, at documented administrative meetings between the health and facility administrators and other staff, as appropriate.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1404. Health Care Staff Qualifications.

- (a) The health administrator shall, at the time of recruitment for health care positions, develop education and experience requirements that are consistent with the community standard and the needs of the facility population.
- (b) In all juvenile facilities providing on-site health care services, the health administrator, in cooperation with the facility administrator, shall establish policy and procedures to assure that State licensure, certification, or registration requirements and restrictions that apply in the community, also apply to health care personnel who provide services to minors.
- (c) Appropriate credentials shall be on file at the facility, or in another central location where they are available for review. Policy and procedures shall provide that these credentials are periodically reviewed and remain current.
- (d) The health administrator shall assure that position descriptions and health care practices require that health care staff receive the supervision required by their license and operate within their scope of practice.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1405. Health Care Staff Procedures.

The responsible physician for each facility providing on-site health care may determine that a clinical function or service can be safely and legally delegated to health care staff other than a physician. When this is done, the function or service shall be performed by staff operating within their scope of practice pursuant to written protocol, standardized procedures or direct medical order.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1406. Health Care Records.

In juvenile facilities providing on-site health care, the health administrator, in cooperation with the facility administrator, shall maintain complete individual and dated health records that include, but are not limited to:

- (a) intake health screening form;
- (b) health appraisals/medical examinations;
- (c) health service reports (e.g., emergency department, dental, psychiatric, and other consultations);
- (d) complaints of illness or injury;
- (e) names of personnel who treat, prescribe, and/or administer/deliver prescription medication;
- (f) location where treatment is provided;
- (g) medication records in conformance with Title 15, Section 1438;
- (h) progress notes;

- (i) consent forms;
- (j) authorizations for release of information;
- (k) copies of previous health records;
- (l) immunization records; and,
- (m) laboratory reports.

Written policy and procedures shall provide for maintenance of the health record in a locked area separate from the confinement record. Access to the medical/mental health record shall be controlled by the health administrator and shall assure that all confidentiality laws related to the provider-patient privilege apply to the health record. Minors shall not be used to translate confidential medical information for other non-English speaking minors.

Health care records shall be retained in accordance with community standards.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1407. Confidentiality.

For each juvenile facility that provides on-site health services, the health administrator, in cooperation with the facility administrator, shall establish policy and procedures, consistent with applicable laws, for the multi-disciplinary sharing of health information. These policies and procedures shall address the provision for providing information to the court, child supervision staff and to probation. Information in the minor's case file shall be shared with the health care staff when relevant. The nature and extent of information shared shall be appropriate to treatment planning, program needs, protection of the minor or others, management of the facility, maintenance of security, and preservation of safety and order.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: Section 209, Welfare and Institutions Code; 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1408. Transfer of Health Care Summary and Records.

The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to assure that a health care summary and relevant records are forwarded to health care staff in the receiving facility when a minor is transferred to another jurisdiction, and to the local health officer, when applicable. Policies shall include:

- (a) a summary of the health record, or documentation that no record exists at the facility, is sent in an established format, prior to or at the time of transfer;
- (b) relevant health records are forwarded to the health care staff of the receiving facility;
- (c) advance notification is provided to the local health officer in the sending jurisdiction and responsible physician of the receiving facility prior to the release or transfer of minors with known or suspected active tuberculosis disease;
- (d) written authorization from the minor and/or parent-legal guardian is obtained prior to transferring copies of actual health records, unless otherwise provided by court order, statute or regulation having the force and effect of law; and,
- (e) confidentiality of health records is maintained.

After minors are released to the community, health record information shall be transmitted to specific physicians or health care facilities in the community, upon request and with the written authorization of the minor and/or parent/guardian.

In special purpose juvenile halls and other facilities that do not have on-site health care staff, policy and procedures shall assure that child supervision staff forward non-confidential information on medications and other treatment orders prior to or at the time of transfer.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1409. Health Care Procedures Manual.

For juvenile facilities with on-site health care staff, the health administrator, in cooperation with the facility administrator, shall develop and maintain a facility-specific health services manual of written policies and procedures that address, at a minimum, all health care related standards that are applicable to the facility.

Health care policy and procedure manuals shall be available to all health care staff, to the facility administrator, the facility manager, and other individuals as appropriate to ensure effective service delivery.

Each policy and procedure for the health care delivery system shall be reviewed at least annually and revised as necessary under the direction of the health administrator. The health administrator shall develop a system to document that this review occurs. The facility administrator, facility manager, health administrator and responsible physician shall designate their approval by signing the manual.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1410. Management of Communicable Diseases.

The health administrator/responsible physician, in cooperation with the facility administrator and the local health officer, shall develop written policies and procedures to address the identification, treatment, control and follow-up management of communicable diseases. The policies and procedures shall address, but not be limited to:

- (a) intake health screening procedures;
- (b) identification of relevant symptoms;
- (c) referral for medical evaluation;
- (d) treatment responsibilities during detention;
- (e) coordination with public and private community-based resources for follow-up treatment;
- (f) applicable reporting requirements; and,
- (g) strategies for handling disease outbreaks.

The policies and procedures shall be updated as necessary to reflect communicable disease priorities identified by the local health officer and currently recommended public health interventions.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1411. Access to Treatment.

The health administrator, in cooperation with the facility administrator, shall develop written policy and procedures to provide unimpeded access to health care.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996

Section 1412. First Aid and Emergency Response.

The health administrator/responsible physician, in cooperation with the facility administrator, shall establish facility-specific policies and procedures to assure access to first aid and emergency services.

- (a) First aid kits shall be available in designated areas of each juvenile facility.
- (b) The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kits.

Child supervision and health care staff shall be trained and written policies and procedures established to respond appropriately to emergencies requiring first aid.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; and Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1413. Individualized Treatment Plans.

With the exception of special purpose juvenile halls, the health administrator/responsible physician, in cooperation with the facility administrator, shall develop policy and procedures to assure that health care treatment plans are developed for all minors who have received services for significant health care concerns.

- (a) Policies and procedures shall assure that health care treatment plans are considered in facility program planning.
- (b) Health care restrictions shall not limit participation of a minor in school, work assignments, exercise and other programs, beyond that which is necessary to protect the health of the minor or others.
- (c) Medical and mental health information shall be shared with child supervision staff in accordance with Section 1407 for purposes of programming, treatment planning and implementation.
- (d) Program planning shall include pre-release arrangements for continuing medical and mental health care, together with participation in relevant programs upon return into the community.

Policy and procedures shall require that any minor who is suspected or confirmed to be developmentally disabled is referred to the local Regional Center for the Developmentally Disabled for purposes of diagnosis and/or treatment within 24 hours of identification, excluding holidays and weekends.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1414. Health Clearance for In-Custody Work and Program Assignments.

The health administrator/responsible physician, in cooperation with the facility administrator, shall develop health screening and monitoring procedures for work and program assignments that have health care implications, including, but not limited to, food handlers.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1415. Health Education.

With the exception of special purpose juvenile halls, the health administrator for each juvenile facility, in cooperation with the facility administrator and the local health officer, shall develop written policies and procedures to assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.

The education program shall be updated as necessary to address current health priorities and meet the needs of the confined population.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1416. Reproductive Services.

For all juvenile facilities, the health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure that reproductive health services are available to both male and female minors.

Such services shall include but not be limited to those prescribed by Welfare and Institutions Code Sections 220, 221 and 222 and Health and Safety Code Section 123450.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: Section 209, Welfare and Institutions Code; 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1430. Intake Health Screening.

The health administrator/responsible physician, in cooperation with the facility administrator and mental health director shall establish policies and procedures defining when a health evaluation and/or treatment shall be obtained prior to acceptance for booking. Policies and procedures shall also establish a documented intake health screening procedure to be conducted immediately upon entry to the facility.

- (a) The responsible physician shall establish criteria defining the types of apparent health conditions that would preclude acceptance of a minor into the facility without a documented medical clearance. The criteria shall be consistent with the facility's resources to safely hold the minor. At a minimum, such criteria shall provide:

- (1) a minor who is unconscious shall not be accepted into a facility;
 - (2) minors who are known to have ingested or who appear to be under the influence of intoxicating substances shall be cleared in accordance with Section 1431;
 - (3) written documentation of the circumstances and reasons for requiring a medical clearance whenever a minor is not accepted for booking; and,
 - (4) written medical clearance shall be received prior to accepting any minor referred for a pre-booking treatment and clearance.
- (b) Procedures for an intake health screening shall consist of a defined, systematic inquiry and observation of every minor booked into the juvenile facility. The screening shall be conducted immediately upon entry to the facility and may be performed by either health care personnel or trained child supervision staff.
- (1) Screening procedures shall address medical, dental and mental health concerns that may pose a hazard to the minor or others in the facility, as well as health conditions that require treatment while the minor is in the facility.
 - (2) Any minor suspected to have a communicable disease that could pose a significant risk to others in the facility shall be separated from the general population pending the outcome of an evaluation by health care staff.
 - (3) Procedures shall require timely referral for health care commensurate with the nature of any problems or complaint identified during the screening process.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1431. Intoxicated and Substance Abusing Minors.

- (a) The responsible physician, in cooperation with the health administrator and the facility administrator, shall develop written policy and procedures that address the identification and management of alcohol and other drug intoxication in accordance with Section 1430.
- (b) Policy and procedures shall address:
 - (1) designated housing, including use of any protective environment for placement of intoxicated minors;
 - (2) symptoms or known history of ingestion that should prompt immediate referral for medical evaluation and treatment;
 - (3) determining when the minor is no longer considered intoxicated and documenting when the monitoring requirements of this regulation are discontinued;
 - (4) medical responses to minors experiencing intoxication or withdrawal reactions;
 - (5) management of pregnant minors who use alcohol or other drugs;
 - (6) initiation of substance abuse counseling during confinement and referral procedures for continuation upon release to the community consistent with Section 1413 and Section 1355; and,

- (7) coordination with mental health services in cases of substance abusing minors with known or suspected mental illness.
- (c) A medical clearance shall be obtained prior to booking any minor who displays outward signs of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency. Supervision of intoxicated minors who are cleared to be booked into a facility shall include monitoring by personal observation no less than once every 15 minutes until resolution of the intoxicated state. These observations shall be documented, with actual time of occurrence recorded. Medical staff, or child supervision staff operating pursuant to medical protocols, shall conduct a medical evaluation for all minors whose intoxicated behavior persists beyond six hours from the time of admission.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; and Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1432. Health Appraisals/Medical Examinations.

The health administrator/responsible physician, in cooperation with the facility administrator for each juvenile hall, shall develop written policy and procedures for a health appraisal/medical examination of minors and for the timely identification of conditions necessary to safeguard the health of the minor.

- (a) The health appraisal/medical examination shall be completed within 96 hours of admission to the facility and result in a compilation of identified problems to be considered in classification, treatment, and the multi-disciplinary management of the minor while in custody and in pre-release planning. It shall be conducted in a location that protects the privacy of the minor and conducted by a physician, or other licensed or certified health professional working within his/her scope of practice and under the direction of a physician.
- (1) At a minimum, the health evaluation shall include a health history, examination, laboratory and diagnostic testing, and necessary immunizations as outlined below:
- (A) The health history includes: Review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other drugs), developmental history (e.g., school, home, and peer relations), sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.
- (B) The examination includes: Temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, gross hearing test, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination, with consent, if clinically indicated), musculoskeletal, neurologic.
- (C) Laboratory and diagnostic testing includes: Tuberculosis testing, together with pap smears and testing for sexually transmitted diseases for sexually

active minors. Additional testing should be available as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.

- (D) Immunizations shall be verified and, within two weeks of the health appraisal/medical examination, a program shall be started to bring the minor's immunizations up-to-date in accordance with current public health guidelines.
- (2) The health examination may be modified by the responsible physician, for minors admitted with an adequate examination done within the last 12 months, provided there is reason to believe that no substantial change would be expected since the last full evaluation. When this occurs, health care staff shall review the intake health screening form and conduct a face-to-face interview with the minor.
- (b) For adjudicated minors who are confined in any juvenile facility for successive stays, each of which totals less than 96 hours, the responsible physician shall establish a policy for a medical evaluation and clearance. If this evaluation and clearance cannot be completed at the facility during the initial stay, it shall be completed prior to acceptance at the facility. This evaluation and clearance shall include screening for tuberculosis.
- (c) For minors who are transferred juvenile facilities outside their detention system, the health administrator, in cooperation with the facility administrator, shall develop policy and procedures to assure that a health appraisal/medical examination:
- (1) is received from the sending facility at or prior to the time of transfer;
 - (2) is reviewed by designated health care staff at the receiving facility; and,
 - (3) absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in this regulation, is completed on the minor within 96 hours of admission.
- (d) The responsible physician shall develop policy and procedures to assure that minors who are transferred among juvenile facilities within the same detention system, receive a written health care clearance. The health appraisal/medical examination shall be reviewed and updated prior to transfer and forwarded to facilities that have licensed on-site health care staff.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1433. Requests for Health Care Services.

The health administrator, in cooperation with the facility administrator, shall develop policy and procedures to establish a daily routine for minors to convey requests for emergency and non-emergency health care services.

- (a) There shall be opportunities for both written and verbal communications, including provision for minors who have language or literacy barriers.

- (b) Child supervision staff shall relay requests from the minor, initiate referrals when a need for health care services is observed, and advocate for the minor when the need for services appears to be urgent.
- (c) Designated staff shall inquire and make observations regarding the health of each minor on a daily basis and in the event of possible injury.
- (d) There shall be opportunities available on a twenty-four hour per day basis for minors and staff to communicate the need for emergency health care services.
- (e) Provision shall be made for any minor requesting health care attention, or observed to be in need of health care, to be given that attention by licensed or certified health care personnel.
- (f) All health care requests shall be documented and maintained.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1434. Consent for Health Care.

The health administrator, in cooperation with the facility administrator, shall establish written policy and procedures to obtain informed consent for health care examinations and treatment.

- (a) All examinations, treatments, and procedures requiring verbal or written informed consent in the community also require that consent for confined minors.
- (b) There shall be provision for obtaining parental consent and obtaining authorization for health care services from the court when there is no parent/guardian or other person standing in loco parentis.
- (c) Policy and procedures shall be consistent with applicable statutes in those instances where the minor's consent for testing or treatment is sufficient or specifically required.
- (d) Conservators can provide consent only within limits of their court authorization. Minors may refuse, verbally or in writing, non-emergency medical and mental health care.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1435. Dental Care.

The health administrator, in cooperation with the facility administrator, shall develop written policy and procedures to require that dental treatment be provided to minors as necessary to respond to acute conditions and to avert adverse effects on the minor's health. Such treatment shall not be limited to extractions.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1436. Prostheses and Orthopedic Devices.

- (a) The health administrator, in cooperation with the facility administrator and the responsible physician shall develop written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids.
- (b) Prostheses shall be provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician.
- (c) Procedures for retention and removal of prostheses shall comply with the requirements of Penal Code Section 2656.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1437. Mental Health Services and Transfer to a Treatment Facility.

The health administrator/responsible physician, in cooperation with the mental health director and the facility administrator, shall establish policies and procedures to provide mental health services. These services shall include, but not be limited to:

- (a) screening for mental health problems at intake;
- (b) crisis intervention and the management of acute psychiatric episodes;
- (c) stabilization of persons with mental disorders and the prevention of psychiatric deterioration in the facility setting;
- (d) elective therapy services and preventive treatment where resources permit;
- (e) medication support services;
- (f) provision for timely referral, transportation, and admission to licensed mental health facilities, and follow-up for minors whose psychiatric needs exceed the treatment capability of the facility; and,
- (g) assurance that any minor who displays significant symptoms of severe depression, suicidal ideation, irrational, violent or self destructive behaviors, or who is receiving psychotropic medication shall be provided a mental status assessment by a licensed mental health clinician, psychologist, or psychiatrist.

Mentally disordered minors who appear to be a danger to themselves or others, or to be gravely disabled, shall be evaluated pursuant to Penal Code Section 4011.6 or

Welfare and Institutions Code Section 6551. Absent an emergency, unless the juvenile facility has been designated as a Lanterman-Petris-Short (LPS) facility, and minors meet the criteria for involuntary commitment under the LPS Act in Welfare and Institutions Code Section 5000 et seq., all services shall be provided on a voluntary basis. Voluntary mental health admissions may be sought pursuant to Penal Code Section 4011.8 or Welfare and Institutions Code Section 6552.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; and Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1438. Pharmaceutical Management.

For all juvenile facilities, the health administrator, in consultation with a pharmacist and in cooperation with the facility administrator, shall develop written policy, establish procedures, and provide space and accessories for the secure storage, controlled administration, and disposal of all legally obtained drugs.

- (a) Such policies, procedures, space and accessories shall include, but not be limited to, the following:
 - (1) securely lockable cabinets, closets, and refrigeration units;
 - (2) a means for the positive identification of the recipient of the prescribed medication;
 - (3) administration/delivery of medicines to minors as prescribed;
 - (4) confirmation that the recipient has ingested the medication;
 - (5) documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason;
 - (6) prohibition of the delivery of medication from one minor to another;
 - (7) limitation to the length of time medication may be administered without further medical evaluation;
 - (8) the length of time allowable for a physician's signature on verbal orders;
 - (9) training for non-licensed personnel which includes, but is not limited to: delivery procedures and documentation; recognizing common symptoms and side-effects that should result in contacting health care staff for evaluation; procedures for consultation for confirming ingestion of medication; and, consultation with health care staff for monitoring the minor's response to medication; and,
 - (10) a written report shall be prepared by a pharmacist, no less than annually, on the status of pharmacy services in the institution. The pharmacist shall provide the report to the health authority and the facility administrator.
- (b) Consistent with pharmacy laws and regulations, the health administrator shall establish written protocols that limit the following functions to being performed by the identified personnel:
 - (1) Procurement shall be done only by a physician, dentist, pharmacist, or other persons authorized by law.
 - (2) Storage of medications shall assure that stock supplies of legend medications shall only be accessed by licensed health personnel. Supplies of legend

medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and trained non-licensed personnel.

- (3) Repackaging shall only be done by a physician, dentist, pharmacist, or other persons authorized by law.
- (4) Preparation of labels can be done by a physician, dentist, pharmacist or other personnel, both licensed and trained non-licensed, provided the label is checked and affixed to the medication container by the physician, dentist, or pharmacist before administration or delivery to the minor. Labels shall be prepared in accordance with Section 4047.5 of the Business and Professions Code.
- (5) Dispensing shall only be done by a physician, dentist, pharmacist, or other person authorized by law.
- (6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication and acting on the order of a prescriber.
- (7) Licensed and trained non-licensed personnel may deliver medication acting on the order of a prescriber.
- (8) Disposal of legend medication shall be done in accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or registered nurse. Controlled substances shall be disposed of in accordance with Drug Enforcement Administration disposal procedures.
- (9) The responsible physician shall establish policies and procedures for managing and providing over-the-counter medications to minors.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; and Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1439. Psychotropic Medications.

The health administrator/responsible physician, in cooperation with the mental health director and the facility administrator, shall develop written policies and procedures governing the use of voluntary and involuntary psychotropic medications.

- (a) These policies and procedures shall include, but not be limited to:
 - (1) protocols for physicians' written and verbal orders for psychotropic medications in dosages appropriate to the minor's need;
 - (2) requirements that verbal orders be entered in the minor's health record and signed by a physician within 72 hours;
 - (3) the length of time voluntary and involuntary medications may be ordered and administered before re-evaluation by a physician;
 - (4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;

- (5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,
- (6) provision for regular clinical/administrative review of utilization patterns for all psychotropic medications, including every emergency situation.
- (b) Psychotropic medications shall not be administered to a minor absent an emergency unless informed consent has been given by the legally authorized person or entity.
 - (1) Minors shall be informed of the expected benefits, potential side effects and alternatives to psychotropic medications.
 - (2) Absent an emergency, minors may refuse treatment.
- (c) Minors found by a physician to be a danger to themselves or others by reason of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm, and when there is insufficient time to obtain consent from the parent, guardian, or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment.
- (d) Assessment and diagnosis must support the administration of psychotropic medications. Administration of psychotropic medication is not allowed for disciplinary reasons.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; Assembly Bill 1397, Chapter 12, Statutes of 1996.

Section 1450. Suicide Prevention Program.

The health administrator, in cooperation with the mental health director and the facility administrator, shall develop a written suicide prevention plan, with policies and procedures to train staff to identify minors who present a suicide risk, appropriately monitor their condition, and provide the necessary treatment and follow-up.

NOTE: Authority cited: Sections 210 and 885, Welfare and Institutions Code; and Assembly Bill 1397, Chapter 12, Statutes of 1996. Reference: 1995-96 Budget Act, Chapter 303, Item Number 5430-001-001, Statutes of 1995; Assembly Bill 904, Chapter 304, Statutes of 1995; and Assembly Bill 1397, Chapter 12, Statutes of 1996