III. MEDICAL/MENTAL HEALTH EVALUATION

# Adult Type I, II, III and IV Facilities

| **ARTICLE/SECTION** | **YES** | **NO** | **N/A** | **COMMENTS** |
| --- | --- | --- | --- | --- |
| **Article 11. Health Services** | | | | |
| 1200 Responsibility For Health Care ServicesThe facility administrator has developed a plan to ensure provision of emergency and basic health care services to all inmates. |  |  |  |  |
| Clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist, respectively. |  |  |  |  |
| Security regulations are applicable to facility staff and health care personnel. |  |  |  |  |
| At least one physician is available. |  |  |  |  |
| In Type IV facilities where routine health services are provided by access to the community, there is a written plan for the treatment, transfer, or referral of emergencies. *(When Type IV facilities provide health services within the facility, they must meet applicable regulations, as do other facilities.)* |  |  |  |  |
| **1202 Health Service Audits** *(Applicable to facilities with on-site health care staff)* There is a written plan for annual statistical summaries of health care and pharmaceutical services that are provided. |  |  |  |  |
| There is a mechanism to assure that the quality and adequacy of health care services are assessed annually. |  |  |  |  |
| There is a process for correcting identified deficiencies in the health care and pharmaceutical services delivered. |  |  |  |  |
| Based on information from these audits, the health authority provides the facility administrator with an annual written report on health care and pharmaceutical services delivered. |  |  |  |  |
| **1203 Health Care Staff Qualifications** *(Applicable to facilities with on-site health care staff)* There are policies and procedures to assure that state licensing, certification, or registration requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply in the community, also apply to health care personnel in the facility. |  |  |  |  |
| Health care staff credentials are on file at the facility or another central location where they are available for review. |  |  |  |  |
| **1204 Health Care Procedures** *(Applicable to facilities with on-site health care staff)*  Medical care performed by personnel other than a physician, is performed pursuant to written protocol or order of the responsible physician. |  |  |  |  |
| **1205 Health Care Records** *(Applicable to facilities with on-site health care staff)* Individual, complete and dated health records in compliance with state statute are maintained and include, but are not limited to: |  |  |  |  |
| (1) Receiving screening form/history *(Note: The intake receiving screening form may also be included in the custody file. See Guidelines for discussion.)*; |  |  |  |  |
| (2) Medical/mental health evaluation reports; |  |  |  |  |
| (3) Complaints of illness or injury; |  |  |  |  |
| (4) Names of personnel who treat prescribe, and/or administer/deliver prescription medication; |  |  |  |  |
| (5) Location where treatment is provided; and, |  |  |  |  |
| (6) Medication records in conformance with Title 15 § 1216. |  |  |  |  |
| Physician-patient confidentiality privilege is applied to the record; the health authority controls access; health record files are maintained separately from other inmate jail records.  The responsible physician or designee communicates information obtained in the course of medical-mental health screening and care to jail authorities when necessary for the protection of the welfare of the inmate or others, management of the jail, or maintenance of jail security and order. |  |  |  |  |
| The inmate's written authorization is necessary for transfer of health record information unless otherwise provided by law or regulation. |  |  |  |  |
| Inmates are not used for medical record keeping. |  |  |  |  |
| **1206 Health Care Procedures Manual** *(Applicable to facilities with on-site health care staff)*  There is a health services manual, with policies and procedures that conform to applicable state and federal law. The manual is reviewed and updated at least every two years.  The health care manual includes, but is not limited to: |  |  |  |  |
| 1. Summoning and application of proper medical aid; |  |  |  |  |
| 1. Contact and consultation with private physicians; |  |  |  |  |
| 1. Emergency and non-emergency medical and dental services, including transportation; |  |  |  |  |
| 1. Provision for medically required dental and medical prostheses and eyeglasses; |  |  |  |  |
| 1. Notification of next of kin or legal guardian in case of serious illness which may result in death; |  |  |  |  |
| 1. Provision for screening and care of pregnant and lactating women, including prenatal and postpartum information and health care, including but not limited to access to necessary vitamins as recommended by a doctor, information pertaining to childbirth education and infant care, and other services mandated by statute; |  |  |  |  |
| 1. Screening, referral and care of mentally disordered and developmentally disabled inmates; |  |  |  |  |
| 1. Implementation of special medical programs; |  |  |  |  |
| 1. Management of inmates suspected of or confirmed to have communicable diseases; |  |  |  |  |
| 1. The procurement, storage, repackaging, labeling, dispensing, administration-delivery to inmates, and disposal of pharmaceuticals; |  |  |  |  |
| 1. Use of non-physician personnel in providing medical care; |  |  |  |  |
| 1. Provision of medical diets; |  |  |  |  |
| 1. Patient confidentiality and its exceptions; |  |  |  |  |
| 1. Transfer of pertinent individualized health care information (or documentation that no health care information is available), to the health authority of another correctional system, medical facility or mental health facility at the time each inmate is transferred and prior to notification to HSC Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease; |  |  |  |  |
| Procedures for notifying facility health care staff of a pending transfer allow sufficient time to prepare the summary. |  |  |  |  |
| The summary information identifies the sending facility, is in a consistent format that includes the need for follow-up care, diagnostic tests performed, medications prescribed, pending appointments, significant health problems and other information that is necessary to provide for continuity of health care. |  |  |  |  |
| Necessary inmate medication and health care information are provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport. |  |  |  |  |
| 1. Forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution are not be performed by medical personnel responsible for providing ongoing health care to the inmates. |  |  |  |  |
| **1206.5 Management of Communicable Diseases**  There is a written plan that addresses the identification, treatment, control and follow-up management of communicable diseases. The plan reflects the current local incidence of communicable diseases which threaten the health of inmates and staff and includes: |  |  |  |  |
| Intake health screening procedures; |  |  |  |  |
| Identification of relevant symptoms; |  |  |  |  |
| Referral for medical evaluation; |  |  |  |  |
| Treatment responsibilities during incarceration; and, |  |  |  |  |
| Coordination with public and private community-based resources for follow-up treatment. |  |  |  |  |
| Consistent with the plan, there are policies and procedures that conform with applicable state and federal law, which include but are not limited to: |  |  |  |  |
| The types of communicable diseases to be reported; |  |  |  |  |
| The persons who must receive the medical reports; |  |  |  |  |
| Sharing of medical information with inmates and custody staff; |  |  |  |  |
| Medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others; |  |  |  |  |
| Medical confidentiality requirements; |  |  |  |  |
| Housing considerations based upon behavior, medical needs, and safety of the affected inmates; |  |  |  |  |
| Provision for inmates consent that address the limits of confidentiality; and, |  |  |  |  |
| Reporting and appropriate action upon the possible exposure of custody staff to a communicable disease. |  |  |  |  |
| 1207 Medical Receiving Screening A receiving screening is performed on all inmates at the time of intake. *(See regulation for exception.)* |  |  |  |  |
| This screening is completed in accordance with procedures established by the responsible physician in cooperation with the facility administrator. |  |  |  |  |
| The screening includes, but is not limited to, medical, mental health, developmental disabilities, and communicable diseases, including, TB and other airborne diseases. |  |  |  |  |
| The screening is performed by licensed health care staff or by trained facility staff. |  |  |  |  |
| There is a written plan for compliance with PC§ 2656, which allows prisoners to keep prescribed orthopedic or prosthetic appliances unless an immediate risk to security has been determined. |  |  |  |  |
| There is a written plan to provide medical care for any inmate who appears in the need of or requests medical, mental health or developmental disability treatment. |  |  |  |  |
| **1207.5 Special Mental Disorder Assessment**  (Not applicable Type I & IV. Type I facilities are expected to transfer these women to an appropriate facility where the assessment can occur.)  There are written procedures for the mental health screening of women who have given birth within the past year and are charged with murder or attempted murder of their infant. Screening occurs at intake and, if postpartum psychosis is indicated, a referral for further evaluation is made. |  |  |  |  |
| **1208 Access to Treatment**  A written plan has been developed and implemented for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during incarceration. |  |  |  |  |
| The written plan shall include the assessment and treatment of inmates as described in Title 15 § 1207. |  |  |  |  |
| Licensed health care personnel or persons operating under the authority and/or direction of licensed health personnel shall perform the assessment and treatment. |  |  |  |  |
| 1209 Transfer to a Treatment Facility (Not applicable Type I and IV.)   1. There are policies and procedures to provide mental health services that include but are not limited to: |  |  |  |  |
| 1. Screening for mental health problems; |  |  |  |  |
| 1. Crisis intervention and management of acute psychiatric episodes; |  |  |  |  |
| 1. Stabilization and treatment of mental disorders; and, |  |  |  |  |
| 1. Medication support services. |  |  |  |  |
| 1. Provision is made to evaluate or transfer mentally disordered inmates to a Lanterman Petris Short treatment facility for further evaluation as provided in PC § 4011.6 or 4011.8, unless the jail contains a designated treatment facility, or has implemented PC § 1369.1. |  |  |  |  |
| 1. The facility provides onsite treatment of incompetent inmate/patients pursuant to Penal Code Section 1369.1.   *(If yes, please complete the following)* |  |  |  |  |
| Written policies and procedures for the involuntary administration of medications are developed by the health authority, in cooperation with the facility administrator and include, but are not limited to: |  |  |  |  |
| Designation of licensed personnel authorized to order and administer involuntary medication. |  |  |  |  |
| Designation of appropriate setting for involuntary administration of medication. |  |  |  |  |
| Designation ofrestraint procedures and/or devices that may be used to maintain safety of the inmate and facility staff. |  |  |  |  |
| Development of a written plan to monitor the inmate’s medical condition following the initial involuntary administration of a medication, until the inmate is cleared as a result of an evaluation by, or consultation with, a psychiatrist. |  |  |  |  |
| Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. |  |  |  |  |
| If monitoring is performed by custody staff, they must be trained to recognize signs of possible medical problems and alert medical staff when indicated. |  |  |  |  |
| Documentation of the administration of involuntary medication in the inmate’s medical record. |  |  |  |  |
| 1210 Individualized Treatment Plans Treatment staff develops a written individualized plan for each inmate treated by the medical and/or mental health staff. |  |  |  |  |
| Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate. |  |  |  |  |
| Where recommended by treatment staff, the plan includes referral to treatment after release from the facility. |  |  |  |  |
| 1211 Sick Call There are policies and procedures for daily sick call for all inmates. |  |  |  |  |
| Any inmate requesting health care is provided that attention. |  |  |  |  |
| 1212 Vermin Control There is a written plan for the control and treatment of vermin infested inmates, including medical protocols, for treating persons suspected of being infested or having contact with vermin-infested inmates. |  |  |  |  |
| 1213 Detoxification Treatment (Not applicable Type IV.)  Medical policies on detoxification which a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility, and, procedures and symptoms necessitating immediate transfer to a hospital or other medical facility. |  |  |  |  |
| When medically licensed personnel are not in attendance, inmates undergoing withdrawal reactions, judged or defined as not readily controllable with available medical treatment, are transferred to an appropriate medical facility. |  |  |  |  |
| 1214 Informed Consent There is a written plan to assure informed consent of inmates in a language understood by the inmate. |  |  |  |  |
| Except in emergencies, as defined in Business and Professional Code § 2397 and Title 15 § 1217, all examination, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care. |  |  |  |  |
| For minors and conservatees, the informed consent of parent, guardian, or legal custodian applies when the law requires it. Absent informed consent in non-emergency situations, a court order is required before involuntary treatment is done. |  |  |  |  |
| Any inmate who has not been adjudicated to be incompetent may refuse non-emergency health care. |  |  |  |  |
| 1215 Dental Care Policies and procedures ensure that emergency and medically required dental care is provided to inmates, upon request. |  |  |  |  |
| 1216 Pharmaceutical Management Pharmaceutical policies, procedures, space and accessories include, but are not limited to: |  |  |  |  |
| Securely lockable cabinets, closets and refrigeration units: |  |  |  |  |
| A means for the positive identification of the recipient of the prescribed medication; |  |  |  |  |
| Administration/delivery of medicines to minors as prescribed; |  |  |  |  |
| Confirmation that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Title 15, § 1216; |  |  |  |  |
| Documenting that prescribed medications have or have not been administered, by whom, and if not, for what reason; |  |  |  |  |
| Prohibiting delivery of drugs by inmates; |  |  |  |  |
| Limitation to the length of time medication may be administered without further medical evaluation; |  |  |  |  |
| Limitation to the length of time allowable for a physician's signature on verbal orders, and, |  |  |  |  |
| An annual written report is prepared by a pharmacist on the status of pharmacy services, and provided to the health authority and facility administrator. |  |  |  |  |
| There are written protocols that are consistent with pharmacy laws and regulations, and limit the following functions to being performed by the identified personnel: |  |  |  |  |
| Procurement is done only by a physician, dentist, pharmacist, or other person authorized by law. |  |  |  |  |
| Medication storage assures that stock supplies of legend medications are accessed only by licensed health care personnel. Supplies of legend medications that have been properly dispensed and supplies of over-the-counter medications may be accessed by both licensed and non-licensed staff. |  |  |  |  |
| Repackaging is done only by a physician, dentist, pharmacist, or other persons authorized by law. |  |  |  |  |
| Labels are prepared by either licensed or non-licensed personnel, provided the label is checked and affixed to the container by the physician, dentist, or pharmacist before administration or delivery to the inmate. Labels are prepared in accordance with Business and Professions Code § 4076. |  |  |  |  |
| Dispensing is only done by a physician, dentist, pharmacist, or persons authorized by law. |  |  |  |  |
| Administration of medication is only done by authorized and licensed health care personnel acting on the order of a prescriber. |  |  |  |  |
| Licensed and non-licensed personnel may deliver medication acting on the order of a prescriber. |  |  |  |  |
| Disposal of legend medication is done accordance with pharmacy laws and regulations and requires any combination of two of the following classifications: physician, dentist, pharmacist, or reregistered nurse. Controlled substances are disposed of in accordance with Drug Enforcement Administration disposal procedures. |  |  |  |  |
| There are written procedures for managing and providing over-the-counter medications, which include but are not limited to how they are made available, documentation when delivered by staff and precautions against hoarding large quantities. |  |  |  |  |
| Policy and procedures may allow inmate self-administration of prescribed medication under limited circumstances *(see regulation text)*. If self-administration of prescription drugs is not allowed, this subsection is "not applicable." When allowed, policies and procedures must include but are not limited to: |  |  |  |  |
| Medications permitted for self-administration are limited to those with no recognized abuse potential. Medication for treating tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential, are excluded from self-administration. |  |  |  |  |
| Inmates with histories of frequent rule violations of any type, or those who are found to be in violation of rules regarding self-administration, cannot participate. |  |  |  |  |
| Prescribing health care staff must document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use. |  |  |  |  |
| Provisions are made for the secure storage of the prescribed medication when it is not on the inmate's person. |  |  |  |  |
| Provisions are made for consistent enforcement of self-medication rules by both custody and health care staff, with systems of communication among them when either one finds that an inmate is in violation of rules regarding the program. |  |  |  |  |
| Health care staff performs documented assessments of inmate compliance with self-administration medication regimens. Compliance evaluations are done with sufficient frequency to guard against hoarding medication and deterioration of the inmate's health. |  |  |  |  |
| **1217 Psychotropic Medications**  *(Not applicable Type IV.)*  There are policies and procedures governing the use of psychotropic medications. |  |  |  |  |
| Involuntary administration of psychotropic medication is limited to emergencies*. (See Business and Professional Code* § *2397 and the text of Title 15 § 1217 for definition of an emergency.)* |  |  |  |  |
| If psychotropic medication is administered in an emergency, such medication is only that which is required to treat the emergency condition. |  |  |  |  |
| Medication is prescribed by a physician following a clinical evaluation. |  |  |  |  |
| There is a protocol for supervising and monitoring inmates who are involuntarily receiving psychotropic medication. |  |  |  |  |
| Psychotropic medication is not administered to an inmate absent an emergency unless: (1) the inmate has given his or her informed consent in accordance with WIC § 5326.2; or, (2) has been found to lack the capacity to give consent pursuant to the county's hearing procedures under the Lanterman-Petris-Short (LPS) Act for handling capacity determinations and subsequent reviews. *(Note: Inspectors need to be aware of differing consent requirements for juveniles held in adult facilities.)* |  |  |  |  |
| Policies limit the length of time both voluntary and involuntary psychotropic medications may be administered. |  |  |  |  |
| There is a plan for monitoring and re-evaluating all inmates receiving psychotropic medications, including a review of all emergency situations. |  |  |  |  |
| The administration of psychotropic medication is not allowed for disciplinary reasons. |  |  |  |  |
| **1219 Suicide Prevention Program**  There is a written suicide prevention plan designed to identify, monitor and provide treatment for those inmates who present a suicide risk. |  |  |  |  |
| **1220 First Aid Kits**  One or more first aid kits are available in the facility. |  |  |  |  |
| The responsible physician has approved the contents, number, location and procedure for periodic inspection of the kit(s). |  |  |  |  |
| **ARTICLE 4, RECORDS AND PUBLIC INFORMATION** | | | | |
| 1046 Death in Custody Written policy and procedures assure that there is a review of each in-custody death. The review team includes the facility administrator and/or manager; the health administrator; the responsible physician; and other health care and supervision staff who are relevant to the incident. |  |  |  |  |
| When a minor dies in a facility, the administrator of the facility provides the Corrections Standards Authority with a copy of the death in custody report that is submitted to the Attorney General under Government Code Section 12525, within 10 days of the death. |  |  |  |  |
| **ARTICLE 5, CLASSIFICATION AND SEGREGATION** | | | | |
| 1051 Communicable Diseases Upon identification, all inmates with suspected communicable diseases are segregated until a medical evaluation can be completed. |  |  |  |  |
| In absence of medically trained personnel at the time of intake into the facility, an inquiry is made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other special medical problems identified by the health authority. |  |  |  |  |
| The inmate's response is noted on the booking form and/or screening device. |  |  |  |  |
| 1052 Mentally Disordered Inmates There are policies and procedures to identify and evaluate all mentally disordered inmates, with segregation provided, if necessary to protect the safety of the inmate of others. |  |  |  |  |
| A physician's opinion is secured within 24 hours of identification or at the next daily sick call, whichever is earliest. |  |  |  |  |
| 1055 Use of Safety Cell A safety cell, specified in Title 24, Part II, Section 1231.2.5, is used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others. |  |  |  |  |
| There are policies and procedures, written by the facility administrator in cooperation with the responsible physician, governing safety cell use. |  |  |  |  |
| Safety cells are not used for punishment or as a substitute for treatment. |  |  |  |  |
| Placement requires the approval of the facility manager or watch commander, or a physician delegated by the facility manager. |  |  |  |  |
| There are procedures that assure necessary nutrition and fluids are administered. |  |  |  |  |
| Continued retention of the inmate is reviewed a minimum of every eight hours. |  |  |  |  |
| Inmates are allowed to retain sufficient clothing, or are provided with a "safety garment" to provide for personal privacy unless risks to the inmate's safety or facility security are documented. |  |  |  |  |
| Direct visual observation is conducted at least twice every 30 minutes and is documented. |  |  |  |  |
| Continued retention of inmate is reviewed a minimum of every eight hours. |  |  |  |  |
| A medical assessment is secured within 12 hours of placement in this cell or at the next daily sick call, whichever is earliest, and medical clearance for continued retention is secured every 24 hours thereafter. |  |  |  |  |
| A mental health opinion on placement and retention is secured within 24 hours of placement. |  |  |  |  |
| 1056 Use of Sobering Cell Pursuant to policies and procedures, a sobering cell, specified in Title 24, Part II, Section 1231.2.4, is used only for housing inmates who are a threat to their own safety or the safety of others due to their state of intoxication. Policies and procedures for managing the sobering cell, include handling both males and females. |  |  |  |  |
| Intermittent direct visual observation of inmates in sobering cells conducted no less than every half hour. |  |  |  |  |
| An evaluation by a medical staff person or by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, occurs whenever any inmate is retained in a sobering cell for more than six hours. |  |  |  |  |
| Such inmates are removed from the sobering cell when they are able to continue with processing. |  |  |  |  |
| 1057 Developmentally Disabled Inmates There are procedures to identify and evaluate all developmentally disabled inmates*. (Note: Appropriate housing is based on T-15 § 1050, Classification.)* |  |  |  |  |
| A contact to the regional center occurs within 24 hours when an inmate is suspected or confirmed to be developmentally disabled. *(Applicable only in facilities holding inmates in excess of 24 hours.)* |  |  |  |  |
| **1058 Use of Restraint Devices**  (Note: The regulation distinguishes "use of force" from use of restraints. The provisions of this regulation do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain minors for movement or transportation. Health inspectors should familiarize themselves with this discussion in the Medical-Mental Health Guidelines and contact their CSA Field Representative if there are questions regarding applicability to a particular facility.)  Restraints are used only to hold inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others. |  |  |  |  |
| Restraints are not used as a discipline or as a substitute for treatment. |  |  |  |  |
| There are polices and procedures for the use of restraint devices including acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of CPR equipment; protective housing of restrained persons; provisions for hydration and sanitation needs; and exercising of extremities. |  |  |  |  |
| Inmates are placed in restraints only with approval of the facility manager, watch commander, or if delegated, a physician. |  |  |  |  |
| All inmates in restraints are housed alone or in a specified area for restrained inmates. |  |  |  |  |
| Direct visual observation is conducted and logged at least twice every 30 minutes. |  |  |  |  |
| Continued retention in such restraints is reviewed every two hours. |  |  |  |  |
| A medical opinion on placement and retention is secured as soon as possible but no later than four hours from the time of placement. |  |  |  |  |
| Medical review for continued retention in restraint devices occurs at a minimum of every six hours. |  |  |  |  |
| A mental health consultation is secured as soon as possible, but no later than eight hours from the time of placement. |  |  |  |  |
| **ARTICLE 8, MINORS IN JAILS** | | | | |
| 1121 HEALTH EDUCATION FOR MINORS IN JAILS Written policy and procedures assure that age- and sex-appropriate health education and disease prevention programs are offered to minors. |  |  |  | This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. |
| The health education programs are updated as necessary to reflect current health priorities and meet the needs of the confined population. |  |  |  |  |
| 1122 REPRODUCTIVE INFORMATION AND SERVICES FOR MINORS IN JAILS Written policy and procedures assure that reproductive health services are available to both male and female minors. |  |  |  | This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. |
| Reproductive services shall include but not be limited to those prescribed in WIC § 220, 221 and 222, and HSC § 123450. |  |  |  |  |
| 1123 HEALTH APPRAISALS/MEDICAL EXAMINATIONS FOR MINORS IN JAILS For minors who are transferred to jails, policy and procedures assure that the health appraisal/medical examination: |  |  |  | This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. |
| is received from the sending facility; |  |  |  |  |
| is reviewed by designated health care staff at the receiving facility; and, |  |  |  |  |
| absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in Minimum Standards for Juvenile Facilities, Section 1432, is completed on the minor within 96 hours of admission. |  |  |  |  |
| 1124 PROSTHESES AND ORTHOPEDIC DEVICES There are written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids. |  |  |  | This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. |
| Prostheses are provided when the health of the minor would otherwise be adversely affected, as determined by the responsible physician. |  |  |  |  |
| Procedures for the retention and removal of prostheses shall comply with the requirements of Penal Code § 2656. |  |  |  |  |
| 1125 PSYCHOTROPIC MEDICATIONS *The impact for Type II facilities is that, in addition to being in compliance with Title 15, Section 1214 (Consent) and Section 1217 (Psychotropic Medications). The following additional policies and procedures must be implemented for juveniles held in custody:*  (a; 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; |  |  |  | This section only applies to Type II facilities that held adjudicated minors during the 12 months prior to the date of this inspection. |
| (a; 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, |  |  |  |  |
| (b; 1) minors are informed of the expected benefits, potential side effects and alternatives to psychotropic medications. |  |  |  |  |
| **Other Applicable Codes** |  |  |  |  |
| **Title 24 Part 2 § 470.2.12 – Medical Exam Room Availability**  In facilities constructed after 2-1-99, a medical examination room is available in every facility that provides on-site health care. Prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a medical exam room. The examination room must: |  |  |  |  |
| Be suitably equipped; |  |  |  |  |
| Be located within the security area and provide for inmate privacy; |  |  |  |  |
| Have at least 100 square feet of floor space with no single dimension less than 7 feet; |  |  |  |  |
| Provide hot and cold running water *(Note: For facilities constructed after 2-1-99, any rooms where medical procedures are provided must be equipped with hot and cold running water, even though this area may not technically be an "examination room")*; and, |  |  |  |  |
| Have lockable storage for medical supplies *(Applicable to facilities constructed after 2-1-99).* |  |  |  |  |
| **Title 24 Part 2, § 470A.2.13 – Pharmaceutical Storage Space**  There is lockable storage space for medical supplies and pharmaceutical preparation as referenced in Title 15, § 1216. |  |  |  |  |
| **Title 24 Part 2 § 470A.2.14 – Medical Care Housing**  There is a means to provide medical care and housing to ill and/or infirm inmates. If this housing is located in the jail, it must: |  |  |  |  |
| Provide lockable storage space for medical instruments; and, |  |  |  |  |
| Be located within the security area of the facility, accessible to both female and male inmates, but not in the living area of either. |  |  |  |  |
| If negative pressure isolation rooms are being planned, they are designed to the community standard *(Applicable to facilities constructed after 2-1-99)*. |  |  |  |  |
| **Title 24 Part 2 § 470.2.25– Confidential Interview Rooms**  In facilities constructed after 2-1-99, there must be a minimum of one suitably furnished interview room for confidential interviews in every facility that provides on-site health care. For facilities constructed prior to 2-1-99, every Type II and III facility designed to house 25 or more inmates must have a confidential interview room. The interview room must: |  |  |  |  |
| Be suitably equipped; |  |  |  |  |
| Be located within the security area accessible to both female and male inmates; and, |  |  |  |  |
| Provide no less than 70 square feet of floor space with no single dimension less than 6 feet. |  |  |  |  |
| **HSC 11222 and 11877 Addicted Arrestee Care**  Where there is reasonable cause to believe an arrestee is addicted to a controlled substance, there is provision for medical aid to relieve symptoms. |  |  |  |  |
| In accordance with statute, persons on methadone maintenance are allowed to continue until conviction, at the direction of the licensed methadone program director. |  |  |  |  |
| **PC 4023.6 Female Inmates’ Physician**  Reasonable procedures are established to allow a female prisoner to summon and receive the services of any physician of choice to determine pregnancy. |  |  |  |  |
| Procedures allow female inmates to receive needed medical services. |  |  |  |  |
| These procedures are posted in at least one conspicuous place in which all female inmates have access. |  |  |  |  |
| **PC 4023.5 Female Inmate – Personal Care**  At their request, female inmates are allowed to continue use of materials for: |  |  |  |  |
| Personal hygiene regarding menstrual cycle; and, |  |  |  |  |
| Birth control measures as prescribed by their physician. |  |  |  |  |
| The county furnishes females who are confined in the facility with information and education regarding the availability of family planning services. |  |  |  |  |
| Family planning services are offered to each female inmate at least 60 days prior to a scheduled release date and services of a licensed physician are available to meet her family planning needs at the time of release. |  |  |  |  |
| **PC 4028 Abortions**  Pregnant inmates, if eligible, are permitted to obtain an abortion pursuant to law. Such rights are posted in at least one conspicuous place accessed by all female inmates. |  |  |  |  |

Summary of medical/mental health evaluation: