

MEDICAL/MENTAL HEALTH WORKGROUP

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**Bold and italics indicate proposed revision; strikeout and underline indicate proposed deletions and additions.*

Regulation and Recommended Revision

The following is an excerpt from Section 1006 in the Administration Workgroup section. The Medical/Mental Health Workgroup proposes the following regulation revisions for this section.

§ 1006. Definitions.

"Medical detoxification" means a process that systematically and safely withdraws people from addicting drugs, usually under the care of a physician. Drinking alcohol or using prescribed and/or illicit drugs can cause physical and/or psychological dependence over time and stopping them can result in withdrawal symptoms in people with this dependence. The detoxification process is designed to treat the immediate bodily effects of stopping drug use that may be life-threatening.

"Responsible health care staff" means an individual who is qualified by education, training and/or licensure/regulation and/or facility privileges (when applicable) who performs a professional service within his or her scope of practice and in accordance with assigned duties. This distinguishes the "responsible health care staff" from the many other "qualified health care staff" that are not specifically assigned to assure that certain care is rendered.

"Telehealth" means a collection of means or methods for enhancing health care using telecommunications technologies. Telehealth encompasses a broad variety of technologies to deliver virtual health services.

Workgroup Notes

- The term "medical detoxification" was added to clarify the difference between the detoxification process that safely withdraws people from addicting drugs, and the use of the sobering cell where inmates are held if they are a threat to their own safety or the safety of others due to their state of intoxication.
- The term "responsible health care staff" was added to this section to describe a group of individuals qualified to perform a professional service within his or her scope of practice. This definition provides consistency to these regulations. (Sections 1204, 1210, 1055, 1056 and 1058 were also amended using this term.)
- The term "telehealth" was added to describe a method by which health care professionals may facilitate the health care of inmates remotely using video cameras and was referenced in Sections 1052 and 1209.
- The Medical/Mental Health Workgroup felt that defining medical detoxification, responsible health care staff and telehealth would add clarity and consistency to these regulations.

ESC Action/Response

1. Regulation and Recommended Revision

§ 1200. Responsibility for Health Care Services.

(a) In Type I, II, III and IV facilities, the facility administrator shall have the responsibility to ensure provision of emergency and basic health care services to all inmates. Medical, dental, and mental health matters involving clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or psychologist respectively; however, security regulations applicable to facility personnel also apply to health personnel.

Each facility shall have at least one physician available to treat physical disorders. In Type IV facilities, compliance may be attained by providing access into the community; however, in such cases, there shall be a written plan for the treatment, transfer, or referral in the event of an emergency.

(b) In court holding and temporary holding facilities, the facility administrator shall have the responsibility to develop written policies and procedures which ensure provision of emergency health care services to all inmates.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

No amendments were made by the Medical/Mental Health Workgroup.

4. What is the operational impact that will result from this revision; how will it change operations?

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

6. How will BSCC measure compliance with this revision?

7. Summary of Workgroup Discussion and Intent

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1202. Health Service Audits.

The health authority shall develop and implement a written plan for annual statistical summaries of health care and pharmaceutical services that are provided. The responsible physician shall also establish a mechanism to assure that the quality and adequacy of these services are assessed annually. The plan shall include a means for the correction of identified deficiencies of the health care and pharmaceutical services delivered.

Based on information from these audits, the health authority shall provide the facility administrator with an annual written report on health care and pharmaceutical services delivered.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

No amendments were made by the Medical/Mental Health Workgroup.

4. What is the operational impact that will result from this revision; how will it change operations?

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

6. How will BSCC measure compliance with this revision?

7. Summary of Workgroup Discussion and Intent

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1203. Health Care Staff Qualifications.

State and/or local licensure and/or certification requirements and restrictions, including those defining the recognized scope of practice specific to the profession, apply to health care personnel working in the facility the same as to those working in the community. Copies of licensing and/or certification credentials shall be on file in the facility or at a central location where they are available for review.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

No amendments were made by the Medical/Mental Health Workgroup.

4. What is the operational impact that will result from this revision; how will it change operations?

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

6. How will BSCC measure compliance with this revision?

7. Summary of Workgroup Discussion and Intent

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1204. Health Care Staff Procedure.

~~Medical-Health~~ care performed by personnel other than a physician shall be performed pursuant to written protocol or order of the responsible ~~physician~~health care staff.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

The use of a designated physician in this regulation is overly restrictive. "Responsible health care staff," as newly defined in these regulations (Section 1006), will provide flexibility by opening up access and services to inmates by utilizing available staff within their scope of practice.

4. What is the operational impact that will result from this revision; how will it change operations?

The use of "health care staff" will provide flexibility by opening up access and services to inmates by utilizing available staff within their scope of practice.

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

The use of "health care staff" may reduce costs because it gives the health authority more options to hire and use staff at varying levels within the appropriate scope of practice.

6. How will BSCC measure compliance with this revision?

The local health authority would review licensing and/or certification credentials, health care policies and procedures, and perform chart reviews.

7. Summary of Workgroup Discussion and Intent

The Medical/Mental Health Workgroup felt that amending this regulation by changing "physician" to "health care staff" will provide flexibility by opening up access and services to inmates by utilizing available staff within their scope of practice and add clarity and consistency to these regulations.

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1205. ~~Medical/Mental~~ Health Care Records.

(a) The health authority shall maintain individual, complete and dated health records in compliance with state statute to include, but not be limited to:

- (1) receiving screening form/history;
- (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 treated; and,
- (6) medication records in conformance with section 1216.

(b) The physician/patient confidentiality privilege applies to the ~~medical/mental~~ health care record. Access to the ~~medical/mental~~ health record shall be controlled by the health authority or designee.

The health authority shall ensure the confidentiality of each inmate's ~~medical/mental~~ health care record file (paper or electronic) and such files shall be maintained separately from and in no way be part of the inmate's other jail records. Within the provisions of HIPAA 45 C.F.R., Section 164.512(k)(5)(i), ~~t~~The responsible physician or designee shall communicate 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.

(c) Written authorization by the inmate is necessary for transfer of ~~medical/mental~~ health care record information unless otherwise provided by law or administrative regulations having the force and effect of law.

(d) Inmates shall not be used for ~~medical/mental~~ health care recordkeeping.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

"Medical/Mental" was removed to clarify that the records referred to in this regulation pertain to all health records, not just medical records and mental health records.

"Care" was added to make it clear that the records referred to in this regulation pertain to health care.

"Paper or electronic" was added to this regulation to make it clear that the health care record may be in a paper form or electronic form.

"Within the provisions of HIPAA..." was added to describe those occasions when the responsible physician or designee shall share health screening and care information to jail authorities.

4. What is the operational impact that will result from this revision; how will it change operations?

"Medical/Mental" – none.

"Care" – none.

"Paper or electronic" – none.

"Within the provisions of HIPAA..." – this amendment will clarify what health information may be shared and could improve safety and security of the facility.

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

"Medical/Mental" – none.

"Care" – none.

"Paper or electronic" – none.

"Within the provisions of HIPAA..." – none.

6. How will BSCC measure compliance with this revision?

These changes will not affect how compliance is measured.

7. Summary of Workgroup Discussion and Intent

The Medical/Mental Health Workgroup agreed that these changes will bring clarity to these regulations.

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1206. Health Care Procedures Manual.

The health authority shall, in cooperation with the facility administrator, set forth in writing, policies and procedures in conformance with applicable state and federal law, which are reviewed and updated at least every two years and include but are not limited to:

- (a) summoning and application of proper medical aid;
- (b) contact and consultation with ~~private other treating health care professionals~~physicians;
- (c) emergency and non-emergency medical and dental services, including transportation;
- (d) provision for medically required dental and medical prostheses and eyeglasses;
- (e) notification of next of kin or legal guardian in case of serious illness which may result in death;
- (f) 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~~;
- (g) screening, referral and care of mentally disordered and developmentally disabled inmates;
- (h) implementation of special medical programs;
- (i) management of inmates suspected of or confirmed to have communicable diseases;
- (j) the procurement, storage, repackaging, labeling, dispensing, administration/delivery to inmates, and disposal of pharmaceuticals;
- (k) use of non-physician personnel in providing medical care;
- (l) provision of medical diets;
- (m) patient confidentiality and its exceptions;
- (n) the transfer of pertinent individualized health care information, or individual 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 notification pursuant to Health and Safety Code Sections 121361 and 121362 for inmates with known or suspected active tuberculosis disease. Procedures for notification to the transferring health care staff shall allow sufficient time to prepare the summary. The summary information shall identify the sending facility and be 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 shall be provided to the transporting staff, together with precautions necessary to protect staff and inmate passengers from disease transmission during transport.
- (o) forensic medical services, including drawing of blood alcohol samples, body cavity searches, and other functions for the purpose of prosecution shall not be performed by medical personnel responsible for providing ongoing care to the inmates.
- (p) Provisions for application and removal of restraints on pregnant inmates consistent with Penal Code Section 3407.
- (q) Other services mandated by statute.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

The ESC requested the **Medical/Mental Health Workgroup** consider the input.

Rec A

Add “the prohibitions on restraint of pregnant prisoners in Penal Code Section 3407” and “medical professionals’ authority to order restraints removed”.

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

"Private physicians" was removed and "other treating health care professionals" was added for clarity. Private physicians are not the only health professionals that may be contacted.

"and other services mandated by statute" was removed and placed in the new subsection (q). Beyond statutes pertaining to pregnant and lactating women, there are a number of statutory requirements that the health authority must include in the health care procedures manual.

Subsection (p) was added to assure that this topic is addressed in the health care procedures manual and promote coordination between health care staff and custody staff.

4. What is the operational impact that will result from this revision; how will it change operations?

"Private physicians" was removed and "other treating health professionals" – none.

"and other services mandated by statute" – none.

Subsection (p) – none.

Subsection (q) – none.

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

"Private physicians" was removed and "other treating health professionals" – none.

"and other services mandated by statute" – none.

Subsection (p) – none.

Subsection (q) – none.

6. How will BSCC measure compliance with this revision?

Inspectors will review policies and procedures for compliance.

7. Summary of Workgroup Discussion and Intent

The ESC directed the Medical/Mental Health Workgroup to consider adding "the prohibitions on restraint of pregnant prisoners in Penal Code Section 3407." The workgroup agreed to add a new Section 1058.5 Restraints and Pregnant Inmates to these regulations to capture the statutory prohibitions on restraint of pregnant prisoners as required by Penal Code Section 3407. The phrase "medical professionals' authority to order restraints removed" is in that regulation.

Additionally, they agreed that the other changes provided clarity.

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1206.5. Management of Communicable Diseases in a Custody Setting.

(a) The responsible physician, in conjunction with the facility administrator and the county health officer, shall develop a written plan to address the identification, treatment, control and follow-up management of tuberculosis and other communicable diseases ~~including, but not limited to, tuberculosis and other airborne diseases~~. The plan shall cover the intake screening procedures, identification of relevant symptoms, referral for a medical evaluation, treatment responsibilities during incarceration and coordination with public health officials for follow-up treatment in the community. The plan shall reflect the current local incidence of communicable diseases which threaten the health of inmates and staff.

(b) Consistent with the above plan, the health authority shall, in cooperation with the facility administrator and the county health officer, set forth in writing, policies and procedures in conformance with applicable state and federal law, which include, but are not limited to:

- (1) the types of communicable diseases to be reported;
- (2) the persons who shall receive the medical reports;
- (3) sharing of medical information with inmates and custody staff;
- (4) medical procedures required to identify the presence of disease(s) and lessen the risk of exposure to others;
- (5) medical confidentiality requirements;
- (6) housing considerations based upon behavior, medical needs, and safety of the affected inmates;
- (7) provisions for inmate consent that address the limits of confidentiality; and,
- (8) reporting and appropriate action upon the possible exposure of custody staff to a communicable disease.

Note: Authority cited: Section 6030, Penal Code. Reference: Sections 6030, 7501, and 7552, Penal Code.

1. ESC Notes/Recommendations

n/a

2. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

This regulation contains redundant language. The redundancy was removed providing clarity to this regulation.

3. What is the operational impact that will result from this revision; how will it change operations?

No operational impact.

4. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

No fiscal impact.

5. How will BSCC measure compliance with this revision?

This change will not affect how compliance is measured.

6. Summary of Workgroup Discussion and Intent

The Medical/Mental Health Workgroup agreed that this regulation contained redundant language.

7. ESC Action/Response

1. Regulation and Recommended Revision

§ 1207. Medical Receiving Screening.

With the exception of inmates transferred directly within a custody system with documented receiving screening, a screening shall be completed on all inmates at the time of intake. This screening shall be completed in accordance with written procedures and shall include but not be limited to medical and mental health problems, developmental disabilities, ~~and tuberculosis and other communicable diseases, including, but not limited to, tuberculosis and other airborne diseases.~~ The screening shall be performed by licensed health personnel or trained facility staff, with documentation of staff training regarding site specific forms with appropriate disposition based on responses to questions and observations made at the time of screening. The training depends on the role staff are expected to play in the receiving screening process.

The facility administrator and responsible physician shall develop a written plan for complying with Penal Code Section 2656 (orthopedic or prosthetic appliance used by inmates).

There shall be a written plan to provide care for any inmate who appears at this screening to be in need of or who requests medical, mental health, or developmental disability treatment.

Written procedures and screening protocol shall be established by the responsible physician in cooperation with the facility administrator.

Note: Authority cited: Section 6030, Penal Code. Reference: Sections 2656 and 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

The second sentence contains redundant language. The redundancy was removed providing clarity to this regulation.

The last sentence was revised to better describe the training required of those who are expected to play a role in the receiving screening process.

4. What is the operational impact that will result from this revision; how will it change operations?

Neither amendment will change operations. The regulation currently requires training of facility staff.

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

Neither amendment will have a fiscal impact. The regulation currently requires training of facility staff.

6. How will BSCC measure compliance with this revision?

The inspector would review training records.

7. Summary of Workgroup Discussion and Intent

The Medical/Mental Health Workgroup agreed that this regulation required clarity. First, the redundant language was removed, mirroring changes in Section 1206.5 and 1051. Second, the workgroup agreed to add detail to this regulation to clarify what the training should encompass for those who are expected to play a role in the receiving screening process.

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1207.5. Special Mental Disorder Assessment.

An additional mental health screening will be performed, according to written procedures, on women who have given birth within the past year and are charged with murder or attempted murder of their infants. Such screening will be performed at intake and if the assessment indicates postpartum psychosis a referral for further evaluation will be made.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

No amendments were made by the Medical/Mental Health Workgroup.

4. What is the operational impact that will result from this revision; how will it change operations?

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

6. How will BSCC measure compliance with this revision?

7. Summary of Workgroup Discussion and Intent

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1208. Access to Treatment.

The health authority, in cooperation with the facility administrator, shall develop a written plan for identifying and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during his/her incarceration subsequent to the receiving screening. The written plan shall also include the assessment and treatment of such inmates as described in Section 1207, Medical Receiving Screening. Assessment and treatment shall be performed by either licensed health personnel or by persons operating under the authority and/or direction of licensed health personnel.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

No amendments were made by the Medical/Mental Health Workgroup.

4. What is the operational impact that will result from this revision; how will it change operations?

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

6. How will BSCC measure compliance with this revision?

7. Summary of Workgroup Discussion and Intent

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1208.5. Health Care Maintenance.

For inmates undergoing prolonged incarceration, an age appropriate and risk factor based health maintenance visit shall take place upon the inmate's second anniversary of incarceration. The specific components of the health maintenance examinations shall be determined by the responsible physician based on the age, gender, and health of the inmate. Thereafter, the health maintenance examinations shall be repeated at reasonable intervals as determined by the responsible physician.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

With the advent of Public Safety Realignment, inmates may be held in county jails for extended periods of time. The Title 15, Minimum Standards for Local Detention Facilities do not currently address health care maintenance for these inmates. This regulation will require health care maintenance examinations upon the second anniversary of incarceration.

4. What is the operational impact that will result from this revision; how will it change operations?

This regulation will require appropriate health care staff to perform more frequent health examinations.

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

Increased health care examinations will result in increased costs. Any increased costs will be justified by the improvement in health care for inmates held for prolonged periods of time.

6. How will BSCC measure compliance with this revision?

Inspectors will review policies and procedures and medical charts.

7. Summary of Workgroup Discussion and Intent

The Medical/Mental Health Workgroup discussed the issue of long-term stays in California's county jails. They agreed that due to the length of time inmates could be held, health maintenance examinations should be provided to inmates. This will allow health care staff to monitor the health of the inmates that remain in custody for extended periods of time and ensure preventative care.

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1209. Mental Health Services and Transfer to Treatment Facility.

(a) The health authority, in cooperation with the mental health director and facility administrator, shall establish policies and procedures to provide mental health services. These services shall include but not be limited to:

- ~~1. Identification and referral of inmates with screening for mental health problems needs;~~
- ~~1.2. Mental health treatment programs provided by qualified staff, including the use of telehealth;~~
- ~~3. erisis-Crisis intervention services and management of acute psychiatric episodes;~~
- ~~4. Basic mental health services provided to inmates as clinically indicated;~~
- ~~2. —~~
- ~~3. — stabilization and treatment of mental disorders; and,~~
- ~~5. mMedication support services—;~~
- ~~4.6. The provision of health services sufficiently coordinated such that care is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed.~~

(b) Unless the county has elected to implement the provisions of Penal Code Section 1369.1, a mentally disordered inmate who appears to be a danger to himself or others, or to be gravely disabled, shall be transferred for further evaluation to a designated Lanterman Petris Short treatment facility designated by the county and approved by the State Department of Mental Health for diagnosis and treatment of such apparent mental disorder pursuant to Penal Code section 4011.6 or 4011.8 unless the jail contains a designated Lanterman Petris Short treatment facility. Prior to the transfer, the inmate may be evaluated by licensed health personnel to determine if treatment can be initiated at the correctional facility. Licensed health personnel may perform an onsite assessment to determine if the inmate meets the criteria for admission to an inpatient facility, or if treatment can be initiated in the correctional facility.

(c) If the county elects to implement the provisions of Penal Code Section 1369.1, the health authority, in cooperation with the facility administrator, shall establish policies and procedures for involuntary administration of medications. The procedures shall include, but not be limited to:

1. Designation of licensed personnel, including psychiatrist and nursing staff, authorized to order and administer involuntary medication;
2. Designation of an appropriate setting where the involuntary administration of medication will occur;
3. Designation of restraint procedures and/or devices that may be used to maintain the safety of the inmate and facility staff;
4. 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;

5. Development of a written plan to provide a minimum level of ongoing monitoring of the inmate following return to facility housing. This monitoring may be performed by custody staff trained to recognize signs of possible medical problems and alert medical staff when indicated; and
6. Documentation of the administration of involuntary medication in the inmate's medical record.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

The ESC requested the **Medical/Mental Health Workgroup** consider the input, giving attention to the following:

1. Review the Health and Safety Code and Calif. Code of Regulations with reference to treatment facilities. A treatment facility in a jail needs to be defined. **MMHWG clarified that a treatment facility, in the context of this regulation, is a Lanterman Petris Short treatment facility.**

Rec A

At a minimum, this section should be revised to include the following:

1. There shall have sufficient numbers and types of qualified, licensed mental health staff sufficient to provide a complete range of mental health services without delay. **MMHWG opted not to make this change.**
2. Individual and group counseling, psychosocial and psychoeducational programs, and psychotropic medication management should be added to the listed services. **With modifications to this language, the MMHWG opted to make this change.**
3. Outpatients receiving basic mental health services are seen as clinically indicated, but not less than every 90 days. **With modifications to this language, the MMHWG opted to make this change.**
4. Mental health, medical, and substance abuse services shall be sufficiently coordinated such that healthcare is appropriately integrated, medical and mental health needs are met, and the impact of any of these conditions on each other is adequately addressed. **The MMHWG added this language.**

Reference: National Commission on Correctional Health Care Standard J-G-04

Rec B

Mental Health Services and Transfer to Treatment Facility: A fifth recommendation should be a connection to alternative mental health treatment outside of custody (in-patient or out-patient). **MMHWG opted not to make this change.**

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

Subsection (a) 1 describes what is intended by the term "screening" providing clarity to this regulation.

This regulation currently requires the provision of mental health services. Subsection (a) 2 was added to assure that mental health programs are provided by appropriately qualified staff while acknowledging that local resources may dictate the need for the flexibility of telehealth (newly defined in Section 1006).

In subsection (a) 3 the term "services" was added and "and management of acute psychiatric episodes" deleted. This change was made to emphasize that the whole of crisis intervention must be addressed by the health care procedures manual. In addition, the lower case "c" was replaced by an upper case "C" to provide consistency within this list of services.

Subsection (a) 4 was added to make it clear that basic mental health services are to be provided to inmates in local detention facilities.

In subsection (a) 5, the lower case "m" was replaced by an upper case "M" to provide consistency within this list of services.

Subsection (a) 6 was added to assure that mental health services are provided in a coordinated approach with other health care disciplines.

Subsection (b) was amended to clarify that the term "designated treatment facility" means a Lanterman Petris Short treatment facility.

4. What is the operational impact that will result from this revision; how will it change operations?

Adding clarifying language to subsection (a) 1 will not result in an operational impact.

This regulation currently requires the provision of mental health services. Allowing jurisdictions the flexibility to use telehealth in subsection (a) 2, could make it much easier for inmates to receive appropriate mental health care.

The changes in subsection (a) 3 will not result in an operational impact.

This regulation currently requires the provision of mental health services. The change in subsection (a) 4 will not result in an operational impact.

The non-substantive change in subsection (a) 5 will not result in an operational impact.

Subsection (a) 6 was added to assure that mental health services are provided in a coordinated approach with other health care disciplines. The operational impact will vary depending on the level of coordination between health care disciplines. If these efforts are not coordinated policies, procedures and practice will need to be modified.

The change to subsection (b) clarified the intent of this regulation and will not result in an operational impact.

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

The change to subsection (a) 1 will not result in a fiscal impact.

Allowing the use of telehealth in subsection (a) 2 could result in increased up-front costs due to the purchase of video equipment. However, there could be long-term cost savings because the qualified staff providing mental health programs could be providing those services by video camera in lieu of potentially driving long distances to see inmates.

The non-substantive change in subsection (a) 3 will not result in a fiscal impact. Additionally, subsection (a) 3 will not result in a fiscal impact because this regulation already required crisis intervention services.

The new subsection (a) 4 will not have a fiscal impact because this regulation already requires the provision of mental health services.

The non-substantive change in subsection (a) 5 will not result in a fiscal impact.

The change in subsection (a) 6 could result in increased costs depending on the level of coordination between health care disciplines. If these efforts are not coordinated policies, procedures and practice will need to be modified. The costs are justified by the improved quality of inmate health care.

The clarifying change to subsection (b) will not result in a fiscal impact.

6. How will BSCC measure compliance with this revision?

Inspectors will review policies and procedures and medical charts.

7. Summary of Workgroup Discussion and Intent

The Medical/Mental Health Workgroup first discussed the confusing language in subsection (b) and agreed that adding "Lanterman Petris Short" before treatment in the first sentence would provide necessary clarity.

The group agreed that it was important to expand the requirements in subsections (a) 1-4 to better address the types of mental health services that must be addressed by written policies and procedures.

It was felt that the modifications to subsections (a) 1 and 3 better describe what is intended by this regulation. Subsections (a) 2, 4 and 6 expand on the original language of the regulation describing the types of mental health services needed in local detention facilities.

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1210. Individualized Treatment Plans.

(a) For each inmate treated by a mental health service in a jail, ~~the treatment~~ responsible health care staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.

(b) For each inmate treated for health conditions for which additional treatment, special accommodations and/or a schedule of follow-up care is/are needed during the period of incarceration ~~a major medical problem in a jail~~, ~~the treatment~~ responsible health care staff shall develop a written treatment plan. The custody staff shall be informed of the treatment plan when necessary, to ensure coordination and cooperation in the ongoing care of the inmate. This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

The ESC has accepted the recommendation to revise the language of this regulation, with this exception: strike the word “qualified”.

Rec A

At a minimum, this section should be revised to include language:

1. Specifying that *qualified, licensed* staff shall develop a written treatment plan.

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

This regulation was amended to delete the term "treatment" and in its place add "responsible health care." As defined in Section 1006, "responsible health care staff" is the appropriate term to describe the individuals qualified to develop a treatment plan and provides consistency and clarity to these regulations.

4. What is the operational impact that will result from this revision; how will it change operations?

No operational impact.

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

No fiscal impact.

6. How will BSCC measure compliance with this revision?

This change does not affect how compliance will be measured.

7. Summary of Workgroup Discussion and Intent

The Medical/Mental Health Workgroup agreed that deleting the term "treatment" and adding "responsible health care" to describe the staff that are qualified to develop a treatment plan would add clarity and consistency to these regulations.

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1211. Sick Call.

There shall be written policies and procedures developed by the facility administrator, in cooperation with the health authority, which provides for a daily sick call conducted for all inmates or provision made that any inmate requesting medical/mental health attention be given such attention.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

No amendments were made by the Medical/Mental Health Workgroup.

4. What is the operational impact that will result from this revision; how will it change operations?

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

6. How will BSCC measure compliance with this revision?

7. Summary of Workgroup Discussion and Intent

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1212. Vermin Control.

The responsible physician shall develop a written plan for the control and treatment of vermin-infested inmates. There shall be written, medical protocols, signed by the responsible physician, for the treatment of persons suspected of being infested or having contact with a vermin-infested inmate.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

No amendments were made by the Medical/Mental Health Workgroup.

4. What is the operational impact that will result from this revision; how will it change operations?

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

6. How will BSCC measure compliance with this revision?

7. Summary of Workgroup Discussion and Intent

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1213. Detoxification Treatment.

The responsible physician shall develop written medical policies on detoxification which shall include a statement as to whether detoxification will be provided within the facility or require transfer to a licensed medical facility. The facility detoxification protocol shall include procedures and symptoms necessitating immediate transfer to a hospital or other medical facility.

Facilities without medically licensed personnel in attendance shall not retain inmates undergoing withdrawal reactions judged or defined in policy, by the responsible physician, as not being readily controllable with available medical treatment. Such facilities shall arrange for immediate transfer to an appropriate medical facility.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

No amendments were made by the Medical/Mental Health Workgroup.

4. What is the operational impact that will result from this revision; how will it change operations?

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

6. How will BSCC measure compliance with this revision?

7. Summary of Workgroup Discussion and Intent

Based on comments from the field, it appears that there is some confusion between the term "sobering" as used in Section 1056 Use of Sobering Cell and "detoxification" as used in Section 1213 Detoxification Treatment. The Medical/Mental Health Workgroup agreed that adding a definition for "medical detoxification" (in Section 1006) should clarify the intent of both regulations.

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1214. Informed Consent.

The health authority shall set forth in writing a plan for informed consent of inmates in a language understood by the inmate. Except for emergency treatment, as defined in Business and Professions Code Section 2397 and Title 15, Section 1217, all examinations, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care. In the case of minors, or conservatees, the informed consent of parent, guardian or legal custodian applies where required by law. Any inmate who has not been adjudicated to be incompetent may refuse non-emergency medical and mental health care. Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to an inmate.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

No amendments were made by the Medical/Mental Health Workgroup.

4. What is the operational impact that will result from this revision; how will it change operations?

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

6. How will BSCC measure compliance with this revision?

7. Summary of Workgroup Discussion and Intent

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1215. Dental Care.

The facility administrator shall develop written policies and procedures to ensure emergency and medically required dental care is provided to each inmate, upon request, under the direction and supervision of a dentist, licensed in the state.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

No amendments were made by the Medical/Mental Health Workgroup.

4. What is the operational impact that will result from this revision; how will it change operations?

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

6. How will BSCC measure compliance with this revision?

7. Summary of Workgroup Discussion and Intent

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1216. Pharmaceutical Management.

(a) The health authority in consultation with a pharmacist and the facility administrator, shall develop written plans, establish procedures, and provide space and accessories for the secure storage, the controlled administration, and disposal of all legally obtained drugs. Such plans, 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) procedures for administration/delivery of medicines to inmates as prescribed;
- (4) confirming that the recipient has ingested the medication or accounting for medication under self-administration procedures outlined in Section 1216(d);
- (5) that prescribed medications have or have not been administered, by whom, and if not, for what reason;
- (6) prohibiting the delivery of drugs by inmates;
- (7) limitation to the length of time medication may be administered without further medical evaluation; and,
- (8) limitation to the length of time required for a physician's signature on verbal orders.
- (9) 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 authority shall establish written protocols that limit the following functions to being performed by the identified personnel:

- (1) Procurement shall be done by a physician, dentist, pharmacist, or other persons authorized by law.
- (2) Storage of medications shall assure that stock supplies of legend medications shall be accessed only by licensed health personnel. Supplies of legend medications that have been dispensed and supplies of over-the-counter medications may be accessed by either licensed or 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 only be done by a physician, dentist, pharmacist or other persons, either licensed or 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 inmate. Labels shall be prepared in accordance with section 4076, Business and Professions Code.
- (5) Dispensing shall only be done by a physician, dentist, pharmacist, or persons authorized by law.
- (6) Administration of medication shall only be done by licensed health personnel who are authorized to administer medication acting on the order of a prescriber.
- (7) Delivery of medication may be done by either licensed or non-licensed personnel, e.g., custody staff, 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 the Drug Enforcement Administration disposal procedures.

(c) Policy and procedures on “over-the-counter” medications shall include, but not be limited to, how they are made available, documentation when delivered by staff and precautions against hoarding large quantities.

(d) Policy and procedures may allow inmate self-administration of prescribed medications under limited circumstances. Policies and procedures shall include but are not limited to the following considerations:

- (1) Medications permitted for self-administration are limited to those with no recognized abuse potential. Medications for treatment of tuberculosis, psychotropic medication, controlled substances, injectables and any medications for which documentation of ingestion is essential are excluded from self-administration.
- (2) Inmates with histories of frequent rule violations of any type, or who are found to be in violation of rules regarding self-administration, are excluded from self-administration.
- (3) Prescribing health care staff document that each inmate participating in self-administration is capable of understanding and following the rules of the program and instructions for medication use.
- (4) Provisions are made for the secure storage of the prescribed medication when it is not on the inmate’s person.
- (5) Provisions are made for the 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 self-administration.
- (6) Provisions are made for health care staff to perform 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.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

No amendments were made by the Medical/Mental Health Workgroup.

4. What is the operational impact that will result from this revision; how will it change operations?

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

6. How will BSCC measure compliance with this revision?

7. Summary of Workgroup Discussion and Intent

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1217. Psychotropic Medications.

The responsible physician, in cooperation with the facility administrator, shall develop written policies and procedures governing the use of psychotropic medications. An inmate found by a physician to be a danger to him/herself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis. Psychotropic medication is any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders. An emergency is a situation in which action to impose treatment over the inmate's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others, and it is impracticable to first gain consent. It is not necessary for harm to take place ~~or become unavoidable~~ prior to treatment.

If psychotropic medication is administered during an emergency, such medication shall be only that which is required to treat the emergency condition. The medication shall be prescribed by a physician following a clinical evaluation. The responsible physician shall develop a protocol for the supervision and monitoring of inmates involuntarily receiving psychotropic medication.

Psychotropic medication shall not be administered to an inmate absent an emergency unless the inmate has given his or her informed consent in accordance with Welfare and Institutions Code Section 5326.2, or has been found to lack the capacity to give informed consent consistent with the county's hearing procedures under the Lanterman-Petris-Short Act for handling capacity determinations and subsequent reviews.

There shall be a policy which limits the length of time both voluntary and involuntary psychotropic medications may be administered and a plan of 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.

Note: Authority cited: Sections 6024 and 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

The ESC requested the **Medical/Mental Health Workgroup** consider the input.

Rec A

In-text Addition & Change: The responsible physician, in cooperation with the facility administrator, shall develop written policies and procedures governing the use of psychotropic medications. An inmate found by a physician to be a danger to him/herself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis, if there is no less restrictive means of reducing risk to life or bodily harm. Psychotropic medication is any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders. An emergency is a situation in which action to impose treatment over the inmate's objection is immediately necessary for the preservation of life or the

prevention of serious bodily harm to the inmate or others, and it is impracticable to first gain consent. It is not necessary for harm to take place ~~or become unavoidable~~ prior to treatment.

MMHWG agreed to the second change.

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

The phrase "or become unavoidable" in the last sentence of the first paragraph is not needed in this regulation because it is subjective.

4. What is the operational impact that will result from this revision; how will it change operations?

No operational impact.

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

No fiscal impact.

6. How will BSCC measure compliance with this revision?

No impact on facility inspections.

7. Summary of Workgroup Discussion and Intent

The Medical/Mental Health Workgroup agreed that the phrase "or become unavoidable" in the last sentence of the first paragraph is not needed in this regulation because it is subjective.

8. ESC Action/Response

1. Regulation and Recommended Revision

Resulting from the Medical/Mental Health Workgroup's proposed edits to this regulation, it was moved to its proposed new location – Section 1030 within the Administration Workgroup section where all workgroup notes can be located.

~~§ 1219. Suicide Prevention Program.~~

~~The facility administrator and the health authority shall develop a written plan for a suicide prevention program designed to identify, monitor, and provide treatment to those inmates who present a suicide risk.~~

~~Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.~~

2. ESC Notes/Recommendations

The ESC requested the **Medical/Mental Health Workgroup** consider the input, giving attention to the following:

1. These are minimum standards.

Rec A

Also cited in 1055: Instead of the use of Safety Cells for suicide prevention, group housing of suicidal inmates when possible based on level and classification. Isolation only when absolutely necessary. Mental Health professionals complete an objective assessment of suicide risk level to determine which inmate necessitate isolation in a safety cell, and which may be housed in a group setting for a better outcome. Based on a 20 year study by the National Institute of Corrections survey of suicides in all county jails nationwide. That study recommended group housing and isolating only when unavoidable.

Rec B

In-text Addition: ...a written plan for a suicide prevention program designed to identify, monitor, and provide treatment, either individually or in a group setting, to those inmates who present a suicide risk.

Rec C

At a minimum, this section should:

1. More fully describe the components of an adequate prevention plan. At a minimum, it should include a program as described in National Commission on Correctional Health Care Standard J-G-05.
- 3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)**

- 4. What is the operational impact that will result from this revision; how will it change operations?**

- 5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?**

- 6. How will BSCC measure compliance with this revision?**

- 7. Summary of Workgroup Discussion and Intent**

- 8. ESC Action/Response**

1. Regulation and Recommended Revision

§ 1220. First Aid Kit(s).

First aid kit(s) shall be available in all facilities. The responsible physician shall approve the contents, number, location and procedure for periodic inspection of the kit(s). In Court and Temporary Holding facilities, the facility administrator shall have the above approval authority, pursuant to Section 1200 of these regulations.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

No amendments were made by the Medical/Mental Health Workgroup.

4. What is the operational impact that will result from this revision; how will it change operations?

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

6. How will BSCC measure compliance with this revision?

7. Summary of Workgroup Discussion and Intent

8. ESC Action/Response

1. Regulation and Recommended Revision

§ 1230. Food Handlers.

The responsible physician, in cooperation with the food services manager and the facility administrator, shall develop written procedures for medical screening of inmate food service workers prior to working in the facility kitchen. Additionally, there shall be written procedures for education and ongoing monitoring and cleanliness of these workers in accordance with standards set forth in Health and Safety Code, California Retail Food Code.

Note: Authority cited: Section 6030, Penal Code. Reference: Section 6030, Penal Code.

2. ESC Notes/Recommendations

n/a

3. a.) What existing problem is being addressed by this revision? b.) How will this revision address/fix the problem? (What is the rationale?)

No amendments were made by the Medical/Mental Health Workgroup.

4. What is the operational impact that will result from this revision; how will it change operations?

5. a.) What is the fiscal impact that will result from this revision? b.) How can it be justified?

6. How will BSCC measure compliance with this revision?

7. Summary of Workgroup Discussion and Intent

8. ESC Action/Response