

**ATTACHMENT A2-10
PCJDC HEALTH POLICIES**

PIMA COUNTY JUVENILE COURT CENTER
DETENTION POLICIES AND PROCEDURES

REVISED POLICY/PROCEDURE
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SECTION C: Safety and Security IMPLEMENTED: 12/18/02
CHAPTER: C-400 Suicide Precaution/Intervention
NUMBER: C-402 Intake Suicide Precaution/Crisis Intervention 11/01/13 Update

RELATED STANDARDS: 5.1, 5.4, A-003, A-051, B-101, B-301, C-401, C-501, E-E07, AOC
Standard Section II B 9.11

POLICY:

To ensure that youths in Detention, who may present a threat to self, are assigned an appropriate watch level and to ensure they are monitored accordingly, and to prevent youths from harming themselves.

PROCEDURE:

If at any time, information is received from anyone (e.g. Probation Officer, youth, parents, law enforcement, etc.) that a youth in Detention may present a threat to self, all personnel will follow procedures laid out below.

At any time a Juvenile Detention Officer (JDO) is unable to observe the youth due to an obstruction (blanket, sheet, etc.) partially or fully covering the head and neck, awaken the youth (when necessary) and instruct him/her to remove the obstruction. The JDO shall visually confirm that the youth is breathing and appears normal – seeing the youth’s chest rise and fall at no more than a fifteen (15) minute interval.

I. FOR YOUTH WHO ARE PENDING THE DECISION TO BE RELEASED OR DETAINED WHILE WAITING IN INTAKE AND WHO POSE A SUICIDE THREAT, STAFF WILL DO THE FOLLOWING:

- A. A youth who is currently demonstrating suicidal thoughts or self-injurious behaviors will be placed on a Crisis Watch, refer to C-401, Section II.
- B. If a youth registers a MAYSI-II Warning for Suicidal Ideation, the Intake Probation Officer (IPO) will immediately ask the youth the secondary questions to determine if youth needs to be placed on a MAYSI-II Watch. The IPO will notify the Intake Juvenile Detention Officer (IJDO) when a MAYSI-II Watch for suicidal ideations occurs for a youth. The IJDO will maintain constant supervision and begin five (5) minute documentation on the Mental Health Observation (MHO) form.
 - 1. The IJDO will notify Unit 1 of the MAYSI-II Watch.
 - 2. The MAYSI-II Watch with five (5) minute documentation shall continue until it has been determined that the youth is going to be released or detained. If the youth does not have a Detention File, the MHO form will be forwarded to Detention Administration. If detained, the form will be filed in the Mental Health section of the Detention File.
- C. If it is determined that a non-detained youth who is on a MAYSI-II Watch will be released, the following should occur:
 - 1. The IJDO will inform Unit 1/Designee.
 - 2. The IJDO will follow appropriate supervision and documentation until the youth is released.

3. At the point of release, Unit1/Designee will inform the parent/guardian of the circumstances surrounding the MAYSI-II, Crisis Watch, or Behavior Watch status the youth was placed on.

II. ONCE IT HAS BEEN DETERMINED THAT A YOUTH WILL BE DETAINED (REMAINS IN INTAKE) AND POSES A SUICIDE THREAT, UNIT 1/DESIGNEE WILL PLACE THE YOUTH ON A CRISIS WATCH.

A. The IJDO will:

1. The IJDO will immediately notify a Health Services Professional.
 - a. Maintain constant supervision and five (5) minute documentation on the MHO form.
 - b. Complete a Mental Health Referral Form.
 - c. Document existing "Crisis Watch" status on Intake roster.
 - d. The youth does not need to be moved to an observation room.
2. The Health Services Professional will assess the youth within ten (10) minutes of the request.
 - a. During off-shift hours, the Health Services Professional will assess the youth and then contact the On-Call Mental Health Professional who will evaluate and assign the appropriate level. The Health Services Professional will inform the IPO and IJDO of the status. The IJDO will then follow any precaution guidelines established for the assigned Watch level.
3. The following information is to be documented on the MHO form during all special observation periods:
 - a. Date and time the monitoring was initiated and the full name of the Health Services Professional contacted with the time of the contact on the form.
 - b. Reason for initiating monitoring.
 - c. Supervision instructions.
 - d. Any special instructions.
 - e. Date and time removing youth from the monitoring status.
 - f. Include in Pass-On, if monitoring crosses shifts.
4. Health Services Professional, or Health Unit personnel will re-evaluate youth based on medical/mental health guidelines.

B. The IPO will inform the IJDO via AVM regarding any special needs, beyond the above, which the youth may have.

C. The IJDO will interview the youth utilizing the Detention Property/Classification Form, which will include:

1. Questions about the youth's mental health history:
 - a. Suicidal thoughts/plans.
 - b. Suicide threats or attempts.
2. The IJDO will engage the youth in dialogue utilizing the following techniques:

- a. Attempt to gain a rapport so youth will not feel threatened by answering the questions in an honest fashion.
- b. Solicit dialogue with respect to questions the youth answered in the affirmative regarding mental health problems.
- c. Elicit information from the youth in a sensitive, professional, and confidential manner utilizing Motivational Interviewing techniques.
- d. All youths twelve (12) and under require a Mental Health Referral Form to be submitted at the time of detainment.

III. BEHAVIORAL WATCH STATUS APPLIED DURING INTAKE PROCESSING

A. This status applies to:

1. A youth who has demonstrated any type of inappropriate conduct that may cause harm to him/herself, other youths or staff.

IV. ASSIGNMENT AND REVIEW

1. Status may only be assigned/reviewed by a Juvenile Detention Supervisor (JDS)/Designee.
2. JDS/Designee will assign level of supervision, documentation and restrictions required.

SECTION E: Support Services
CHAPTER: E-200 Health Services
NUMBER: E-204 Detainee Wellness Program

IMPLEMENTED: 11/1/06
7/20/10 Update

RELATED STANDARDS: AOC III B1, E-F02

POLICY:

This policy is created pursuant to Section 204 of Public Law 108-265 of the Child Nutrition and WIC Reauthorization Act of 2004. It is designed to facilitate the voluntary adoption of eating and physical activity behaviors conducive to the health and well being of youth in the detention facility.

PROCEDURE:

This procedure sets nutritional and physical activity standards for youth and reinforces a healthy environment for youth and staff members.

I. Nutrition Education Goals

Any set of learning experiences designed to facilitate the voluntary adoption of eating and other nutrition-related behaviors conducive to health and well-being.

- A. Classroom Teaching
 - 1. Life skills teachers
 - 2. Health department
- B. Teacher Training
 - 1. Through in-service training provided by Health Department and nutritionist
- C. Teaching Youth
 - 1. C.A.P.E. Life Skills teachers
 - 2. U. of A. College of Public Health
 - 3. Health provider's nutritionist
 - 4. Guest speakers

II. Physical Activity Goals

To provide recreation opportunities for every student to develop the knowledge and skills for specific physical activities, maintain physical fitness, regularly participate in physical activity, and understand the short-and long-term benefits of a physically active and healthy lifestyle.

- A. Physical Education requirements
- B. Time, frequency, and/or intensity
- C. Standards/requirements consulted:
 - 1. AOC--1 hour of large muscle exercise daily, more on weekends and holidays
 - 2. JDAI--2-3 hours of recreation time on weekends and holidays
- D. C.A.P.E. will design and maintain all curriculums for the required courses, including special need issues.
 - 1. Pregnant youth must walk or use the exercise bicycle for at least 30 minutes per day unless restricted by doctor's orders.
 - 2. Youth with upper body restrictions must walk or work on the exercise bicycle for at least 30 minutes per day unless restricted by doctor's orders.

3. Youth with lower body restrictions require an exercise plan from C.A.P.E. to meet their physical health needs.

III. Establishing Nutritional Standards for all Foods Available for Youth in Detention

Standards will focus on increasing nutrient density, decreasing fat and added sugars, and moderating portion size. Standards must ensure meals meet the program requirements and nutrition standards set forth under the 7 CFR Part 210 and Part 220.

- A. Nutrient value of foods and beverages.
- B. Portion size.
- C. Qualification of food-service staff.

IV. Setting goals for other school-based activities designed to promote student wellness

Create a school environment that provides consistent wellness messages and is conducive to healthy eating and being physically active including but not limited to the following:

- A. Access to nutrition programs.
- B. Time and scheduling of meals.
- C. Access to facilities for physical activity after school hours.
- D. Coordinated school health approach.
- E. Community and family involvement---post information in visitation, provide body mass results to parents and youth.
- F. Staff wellness---physical activities (detention gym) and/or nutrition services or programs designed to benefit staff health.
- G. Programming: Yoga, relaxation exercises, Tae Bo, and other exercise videos etc.
- H. Coordinated health approach.
- I. Community and family involvement is recommended.
- J. Staff Wellness.

V. Setting Goals for Measurement and Evaluation

- A. The Detention Division Director/designee will ensure compliance with established nutrition and physical activity wellness policies and procedures.
- B. Detention's Kitchen Supervisor will ensure compliance with nutrition policies within the food service and will report on this matter to the Detention Director/designee.
- C. Detention Director/designee, C.A.P.E. staff, and Kitchen Supervisor will develop a summary report every three years on detention compliance with the nutrition and physical activity wellness policy and procedure and make changes based on input, and modifications of the law.

SECTION E: Support Services IMPLEMENTED: 12/10/98
CHAPTER: E-200 Medical Services
NUMBER: E-201 Administration and Dispensing of Medications 07/14/16 Update

RELATED STANDARDS: Old D P&P 5.17, AOC Standards Section II B 7, CCS Policy
40.00-40.50

POLICY:

Specific procedures will be followed to ensure that medications are carefully controlled and administered to the correct youths, and that precautions are followed to ensure safety and security.

PROCEDURE:

- I. **LIVING UNIT OFFICERS MUST ASSIST IN THE PROCESS OF DISTRIBUTING MEDICATIONS BY PREPARING AND MANAGING YOUTHS FOR MEDICATION DISTRIBUTION IN THE LIVING UNIT AND MAINTAINING CONTROL OF THE YOUTHS IN THE LIVING UNIT SO THAT THERE IS AS LITTLE DISRUPTION AS POSSIBLE.**
- II. **LIVING UNIT OFFICERS HAVE THE AUTHORITY AND THE RESPONSIBILITY TO SLOW DOWN OR STOP LIVING UNIT ACTIVITIES DURING THE DISTRIBUTION OF MEDICATION. THIS IS DEPENDENT UPON THE TYPE AND LEVEL OF ACTIVITY OR DISRUPTION.**
- III. **THE DISTRIBUTION OF MEDICATIONS WILL BE CONDUCTED IN THE LIVING UNITS.**
- IV. **LIVING UNIT OFFICERS WILL PREPARE THE YOUTHS TO RECEIVE MEDICATION IN A SAFE AND ORDERLY FASHION. LIVING UNIT OFFICERS MUST BE COGNIZANT OF YOUTHS WHO ARE KEEP SEPARATE, HIGH RISK STATUS, AND OR SPECIAL NEEDS.**
- V. **FOR REASONS OF SAFETY AND SECURITY AND/OR HEALTH CONSIDERATIONS, LIVING UNIT OFFICERS MAY BE REQUIRED TO ARRANGE FOR SPECIAL NEEDS YOUTH TO RECEIVE THEIR MEDICATION SEPARATELY, OR FOR A NURSE TO TAKE THE MEDICATION DIRECTLY TO A YOUTH'S ROOM.**
- VI. **THE FOLLOWING PROCESS WILL OCCUR WHEN MEDICATION IS BEING DISPENSED:**
 - A. The nurse dispensing the medication will identify to the living unit officers which youth(s) will receive medication during the designated medication pass.
 - B. A living unit officer will send each youth, one (1) at a time, to the medication cart to receive their prescribed medication(s).
 - C. After verification of the youth's identity, the nurse will then administer the prescribed medication(s). The nurses will carry pictures of youths to ensure identification verification.
 - D. A living unit officer must observe and confirm that the youth has consumed and/or applied the medication given prior to the youth leaving the sight of the officer.
 1. A living unit officer will confirm consumption by asking the youth to open his/her mouth. The youth will use his/her own fingers to sweep the inside of his/her mouth.

2. Make sure the cup the medication was issued in and his/her hands are free of any leftover or unconsumed medication.
3. The cup will then be immediately disposed of by the youth.
4. This process will continue until all youths have received their medication.
5. If the nurse is disrupted for any reason, and/or needs to leave without the medication cart, the cart will be locked and put into the control room until the nurse returns.

VII. EMERGENCY PSYCHOTROPIC MEDICATION

- A. Psychotropic medication will be used as a chemical restraint in an emergency situation only at the direction of a MD and adhering to the following requirements:
 1. Unit 1 will be made aware of the intent to use psychotropic medications as a chemical restraint.
 2. Must be ordered by a licensed physician.
 3. Notification must be made to the Mental Health Unit.
 4. The physician will always contact the Director of Juvenile Court Services/Designee for approval prior to the use of psychotropic medication as a restraint.
 5. Once notification has been made to all parties, a Health Services Professional will be notified and an order to the pharmacy will be placed. Once the order is in and has arrived, a Health Services Professional will notify a Mental Health Professional.
 6. A Health Services Professional will administer the psychotropic medication as prescribed.
 7. A living unit officer will monitor the youth one on one (1:1) with five (5) minute documentation.
 8. Health Services and Mental Health Professionals will assess the youth every fifteen (15) minutes.

SECTION E: Support Services
CHAPTER: E-200 Health Services
NUMBER: E-A03 Medical Autonomy

IMPLEMENTED: 01/26/04
06/25/15 Update

RELATED STANDARDS: NCCHC Y-D-03, Y-H-03, 5.11

POLICY:

A medical professional will be designated as Detention's Health Services Authority (HSA). The HSA is responsible for the design and provision of health services, including final medical judgments regarding youths. Qualified Health Services Professionals have access to information in the youth's social and Detention file that may be relevant to the youth's health and course of treatment. Medical or pharmaceutical testing for experimental or research purposes is prohibited.

PROCEDURE:

The delivery of health care is a joint effort of Detention personnel and the HSA and is best achieved through trust and cooperation. Sufficient and suitable space, supplies, access to confidential social and Detention information, and equipment are available for the facility's medical, dental, and mental health services.

- I. THE HSA WILL ARRANGE FOR THE AVAILABILITY AND MONITORING OF HEALTH SERVICES FOR YOUTHS.**
 - A. Health Services Professionals will meet the employment standards set by PCJCC Human Resources and the HSA before working.
 - B. Health Services Professionals will receive a security and institutional orientation provided by Detention personnel.
- II. THE DETENTION DIVISION DIRECTOR/DESIGNEE WILL PROVIDE ADMINISTRATIVE SUPPORT FOR THE ACCESSIBILITY AND DELIVERY OF HEALTH SERVICES TO YOUTHS.**
 - A. Detention personnel will receive an initial Health Services orientation from Health Services Professionals. Additional training will be provided as needed after that.
- III. EQUIPMENT INVENTORY LISTS**
 - A. All equipment will be inventoried and labeled as belonging to PCJCC or the health care provider, whichever is appropriate.
 - B. As equipment is replaced, the inventory log will be updated.
 - C. Maintenance schedules will be adhered to.
 - D. Repairs to equipment must be authorized by the owner and coordinated by the Facilities Services Manager for the Juvenile Court Center.
 - E. Monthly monitoring of sharps and accounting for potentially dangerous items (e.g., syringes, needles, scissors, and other sharp instruments) will be conducted and logged by Health Services Professionals.
- IV. QUALIFIED HEALTH SERVICES PROFESSIONALS WILL HAVE ACCESS TO CONFIDENTIAL INFORMATION CONTAINED IN THE YOUTH'S SOCIAL AND DETENTION RECORDS WHEN THE HSA DETERMINES THAT SUCH INFORMATION MAY BE RELEVANT TO THE YOUTH'S HEALTH AND COURSE OF TREATMENT.**

- A. Qualified Health Services Professionals are:
 - 1. Registered and Licensed Practical Nurses
 - 2. Mental Health clinicians and case managers
 - 3. Health Unit Clerk
- B. The following records are accessible through JOLTSaz:
 - 1. Detention Search
 - 2. Release Authorizations
 - 3. Youth Snapshot
 - 4. Hearing Calendars
 - 5. Youth Contact Note & Chronos
 - 6. Youth Profile
 - 7. Additional information may be accessed after review by the Court Administration.

SECTION E: Support Services
CHAPTER: E-200 Health Services
NUMBER: E-A05 Health Services

IMPLEMENTED: 01/26/04
06/25/15 Update

RELATED STANDARDS: NCCHC Y-E-08, AOC Standards Section II B 4, 5, 10, and 11,
PCJDC C-301, 302 & 303

POLICY:

The Pima County Juvenile Detention Center has written policies and procedures that address Health Services. Health Services are provided by a contracted Health Service Provider to establish responsibility for youth health services. Annual review of Health Services procedures will be conducted with revisions, as necessary.

PROCEDURE:

The Health Services policies and procedures are included in the PCJCC Detention Manual and disseminated to all Detention personnel. Procedures consider Detention Operational Standards of the Administrative Office of the Court (AOC), National Commission on Correctional Health Care (NCCHC) Standards and input from the Health Services Authority.

I. AUTHORIZATION OF HEALTH SERVICES POLICIES AND PROCEDURES

Health Services Policies and Procedures are signed off by the Health Services Authority, Detention Administration, and/or the Director of Juvenile Court Services and the Presiding Judge.

II. EMERGENCY HEALTH SERVICES

- A. Emergency Health Services is care for an acute illness, unexpected health, or sexual assault need that cannot be deferred until the next scheduled sick call or provider line, because it is likely to result in significant deterioration of health status if not attended to.
 - 1. Emergency Health Services will not be delayed pending parental consent.
- B. The Health Services Authority provides 24-hour emergency Medical, Dental, and Mental Health Services.
- C. Emergency Transports
 - 1. When a youth is transported, a Health Services Professional will complete the Emergency Transportation Request Form and forward it to the Juvenile Detention Supervisor.
 - 2. Emergency transports will be initiated by Health Services or Detention personnel.
 - 3. Paramedic response may be initiated by Health Services or Detention personnel.
 - a. Detention will direct emergency responders to the appropriate entrance to the facility.
 - 4. Juvenile Detention Officers (JDO) will transport youths who are in custody unless an ambulance is requested.
 - a. A JDO will accompany the youth during an ambulance transport.
 - b. A second JDO will follow the ambulance to the hospital.
- D. Automated External Defibrillators (AEDs)
 - 1. The court has an AED in the court hallway by the employee entrance door and a second AED is kept in the Health Services Office in Detention.

2. Court personnel will be trained in the proper use of the AED.

III. EMERGENCY PSYCHOTROPIC MEDICATION

Psychotropic medication will be used as a chemical restraint in an emergency situation only at the direction of an M.D. and only when adhering to the following requirements:

- A. Unit 1 will be made aware of the intent to use psychotropic medications as a chemical restraint.
- B. Must be ordered by a licensed physician.
- C. Notification must be made to Mental Health Unit.

The physician will always contact the Pima County Director of Juvenile Court Services/Designee for approval prior to use of psychotropic medication as a restraint.

- D. Once notification has been made to all parties, Health Services Professionals will be notified and an order to the pharmacy will be placed. Once the order is in and has arrived, a Health Services Professional will notify a Mental Health Professional.
- E. The Health Services Professional will administer and monitor the psychotropic medications as prescribed.
- F. Living unit officers will monitor youth one on one with five (5) minute documentation.
- G. Health Services Professionals and Mental Health Professionals will assess the youth every fifteen (15) minutes.

IV. HEALTH EDUCATION

- A. The Health Services Authority will encourage health education and promote healthy lifestyles for detained youths.
- B. Health education should include, but is not limited to, the following areas:
 - 1. Sexually transmitted diseases
 - 2. Sexuality
 - 3. Pregnancy and parenting skills
 - 4. Nutrition
 - 5. Exercise
 - 6. Oral hygiene instruction and dental health
 - 7. Personal hygiene
 - 8. Behavioral health
 - 9. Chemical dependency, including tobacco

V. ANNUAL REVIEW

Annual review requirements of health care services for youths in the Detention Center will include but will not be limited to the following:

- A. Identification of conditions and problems in providing health care services to the youths in the Detention Center.
- B. A plan for improvement of health care services jointly developed by the Health Services Authority, the Director of Juvenile Court Services, and the Detention Division Director.

C. Policies and delivery of services for the youths

SECTION E: Support Services
CHAPTER: E-200 Health Services
NUMBER: E-A09 Privacy of Care

IMPLEMENTED: 01/26/04

07/23/15 Update

RELATED STANDARDS: NCCHC Y-A-09, Y-H-02, Y-H-06, AOC Standards Section II B 5,
HIPPA Update May 2003

POLICY:

All Health Services encounters will be conducted in private without being overheard or observed by Juvenile Detention Officers (JDO) unless the youth poses a security risk to Health Services Professionals or to escape. Health records and patient information is confidential, and records are retained according to the jurisdiction and are available for timely reactivation if a youth returns to the facility.

PROCEDURE:

All Health Services encounters will be conducted in private and carried out in a manner designed to encourage the youth's subsequent use of Health Services. When security is an issue, JDOs will maintain confidentiality of health information.

I. PRIVACY OF CARE IN DETENTION

- A. Health Services Professionals will provide confidentiality training to facility personnel.
 - 1. Attendee roster, lesson plan and/or handouts are maintained by the Health Unit and the Detention Training Supervisor.
- B. When necessary, interpreters are provided for youths when effective communication is compromised.
 - 1. Selection of interpreter or form of assistance will consider the youth's communication preference and desire for privacy.
- C. Sick call is conducted in the Health Unit or in an area that promotes privacy between the Health Services Professional and the youth.

II. PRIVACY OF CARE WITH COMMUNITY PROVIDERS

- A. JDOs who transport and/or supervise youths during offsite health appointments or hospitalizations will maintain confidentiality of health information overheard or treatment observed.
 - 1. JDOs will refer Health Services Professionals to Detention's Health Unit to share health information on the youth receiving services.
 - 2. JDOs will deliver records in sealed envelopes from the offsite provider to the Health Unit.

III. HEALTH RECORDS RETENTION

- A. Confidentiality of a patient's written or electronic health record, as well as, verbally conveyed health information, is maintained.
- B. Health records will be stored and maintained, on site and separate from Detention records, by the Health Services Authority.
- C. The Director of Juvenile Court Services and the Presiding Judge will control access to these records.

- D. Retention will follow the schedule and process of the youth's Detention file.
 - 1. Health records will be removed, by the Health Services Authority, for storage at county archives when a youth turns 18 years of age.
 - 2. The Health Services Authority will follow the Detention retention process for health records.
 - 3. Health records will be maintained in archives for seven (7) years past the youth's 18th birthday.
 - 4. Health records will be destroyed on the same schedule as youth Detention files.
- E. Retrieval of health records may be authorized by the Director of Juvenile Court Services and the Presiding Judge.

IV. MEDICAL INFORMATION AND RECORDS TRANSFER

- A. Significant medical information will be provided to the Court and Juvenile Probation Officials prior to disposition for every youth. This medical information will include, but need not be limited to, the following:
 - 1. Diagnosis and/or treatment of significant medical conditions, including suicidal ideations and gestures, and/or evidence of other mental health problems.
 - 2. Significant medical conditions requiring ongoing medical care.
 - 3. Recommendations for further medical evaluation and/or treatment.
- B. Youth receiving care from medical will be educated on the importance of ongoing medical treatment prior to release.
- C. Medical information or copies of the youth's medical record should be forwarded to the residential placement to which the youth is committed prior to, or at the time of discharge from Detention.

V. HIPPA

- A. Confidentiality will be maintained according to HIPPA regulations as long as the order of the Detention Facility or safety of a youth is not put at risk.

SECTION E: Support Services
CHAPTER: E-200 Health Services
NUMBER: E-B01 Exposure Control Plan

IMPLEMENTED: 01/26/04

08/27/15 Update

RELATED STANDARDS: NCCHC Y-B-01, PCJDC D-90, AOC II B 8, C-501

POLICY:

An Exposure Control Plan has been created and put in place to ensure an effective infection control program.

PROCEDURE:

The exposure control plan is co-authored by Detention Personnel and the Health Services Medical Director. The plan is reviewed and revised annually, if necessary.

I. HEALTH SERVICES PROFESSIONALS WILL FOLLOW STANDARD PROCEDURES TO MINIMIZE THE RISK OF EXPOSURE TO BLOOD AND BODILY FLUIDS OF INFECTED YOUTHS.

A. Health Services Professional ensures:

1. Decontamination of medical, dental, and laboratory equipment and instruments.
2. Sharps and biohazardous wastes are disposed of properly.
3. Facility is provided with an area to dispose of full sharps containers.
4. Immunizations to prevent disease are provided when appropriate.
5. Infected patients receive medically indicated services.
6. Screening to detect youths with serious infectious and communicable disease is effective.
7. If appropriate, youths with contagious diseases are medically isolated.
8. Youths who are released with communicable or infectious diseases are provided community referrals.
9. Completion and filing of all reports as required by local, state, and federal laws and regulations.

B. Medical isolation will follow these guidelines:

1. Medical isolation will only be used if it is medically indicated by a licensed medical professional.
2. The youth will be housed in a separate room with separate toilet, hand washing facility, soap and single service towels.
3. Isolation practices include, but are not limited to:
 - a. Hand washing upon entering and exiting the youth's room
 - b. Proper handling and disposal of infectious materials
 - c. Instructions to the youth and visitors
 - d. Proper handling of food, utensils, and dishes
 - e. Proper handling of patient services equipment; and cleaning and disinfecting isolation housing areas.
4. The youth will be monitored following the Policy & Procedure C-501 Room and Welfare Check.

5. Medical isolation can only be removed by a licensed medical professional.
6. The Health Services Professional will train facility personnel on the CDC or Health Department Tuberculosis Control Plan and follow such plan.

II. PCJCC DETENTION WILL:

- A. Provide airborne and blood borne training annually to Detention Personnel.
- B. Use standard (universal) precautions at all times.
- C. Notify risk management and the fire department of need for disposing of biohazardous materials and spills.
- D. Complete and file all reports as required by local, county, state, and federal laws and regulations.
 1. Provide training on the Supervisor's Report of Injury/Illness (SRI) process.
- E. Provide authorized protective equipment.

III. ECTOPARASITE CONTROL:

Lice and scabies mites are ectoparasites, organisms that require external contact with the human host for nutriment. Lice are insects. Scabies is caused by mites. Ectoparasites can cause significant outbreaks in congregate settings such as detention facilities. All youth should be screened for lice and scabies at intake.

A. Lice-Infestation

Lice are completely dependent upon human blood for survival. They cause a mild dermatitis by sucking blood and exposing the human host to louse saliva and excrement. The Health Unit will provide training on Lice Treatment annually.

1. Youth with either observed lice or nits should be treated.
 - a. The Health Unit will be notified of youth having an ectoparasite to ensure no health issue exists that may affect treatment being applied.
 - b. Upon verification from a Health Services Professional that ectoparasites are present, the Health Services Professional will provide Detention personnel the treatment to be applied.
 - c. After treatment and infection control measures are completed, a sick call should be submitted for the youth's medical record.
 - d. Personnel should document the time and date of when treatment was given.
2. The laundry and environmental procedures should be performed simultaneously with other treatment measures.
3. Provide education to the youth regarding the treatment regimen, how the treatment will be applied, length of time its left on, how its removed, and other infection control considerations in accordance with training provided by the Health Unit.
4. In addition to treatment, systematically remove lice and nits using a nit comb (particularly if the nits are less than $\frac{1}{4}$ inch from the scalp). It is recommended that the hair be combed when the hair is wet.
5. Youth will receive vinegar and a lice comb for seven (7) days, four (4) times per day, following the treatment to ensure removal of nits.

6. If treatment fails, the Health Unit should be consulted prior to administering additional treatments.
7. Personal items of an infected youth, such as toiletries and their mattresses should be wiped down with a routine environmental cleaning agent. Fumigate room as directed on the bottle.
8. Dispose of the youth's current comb and issue a clean comb following each use.
9. All linens and clothing is to be bagged in a biohazard bag for laundry.

B. Scabies

Scabies remains communicable via close person-to-person contact until mites and eggs are destroyed by treatment, ordinarily after one, and occasionally two, courses of treatment. In the absence of treatment, individuals can remain infectious for prolonged periods. Scabies mites can live only for a short time outside the body.

1. Contact the Health Unit immediately if a youth is suspected of having scabies.
 - a. Personal items of an infected youth, such as toiletries and their mattresses should be wiped down with a routine environmental cleaning agent. Fumigate room as directed on the bottle.
 - b. Dispose of the youth's current comb and issue a clean comb following each use.
 - c. All linens and clothing is to be bagged in a biohazard bag for laundry.

SECTION E: Support Services IMPLEMENTED 01/26/04
CHAPTER: E-200 Health Services
NUMBER: E-B02 Environmental Health and Safety 7/20/10 Update

RELATED STANDARDS: NCCHC Y-B-02, AOC Best Practices Section IV G 1, C-401, D-901, E-501

POLICY:

The Director of Detention Services will ensure the Detention Facility is environmentally safe, providing healthful and comfortable living and working conditions for youths and Staff.

PROCEDURE:

Detention living areas will be environmentally inspected daily by Juvenile Detention Officers. It will be the responsibility of youth, Detention Personnel, Facilities Management, and contract personnel to maintain environmental safety in Detention.

I. Monthly Environmental Inspections

- A. Monthly Environmental Inspections of the Detention Living Units will be conducted by the Living Unit Leadership Team. The inspection will consist of:
 - 1. Cleanliness and safety of youth housing areas
 - 2. Laundry and housekeeping practices
 - 3. Risk exposure
 - 4. Occupational and environmental safety measures
 - 5. Updated MSDS are in place
- B. Monthly Environmental Inspections of the Detention Common Areas will be conducted by the Central Control Leadership Team. The inspection will consist of:
 - 1. Cleanliness and safety of Detention common areas
 - 2. Housekeeping practices
 - 3. Pest control measures
 - 4. Risk exposure
 - 5. Equipment inspection of generators
 - 6. Fire Marshall inspection
 - 7. Updated MSDS in:
 - a. Laundry
 - b. Health office
 - c. Intake
- C. Written reports of the monthly inspections will be prepared by the Detention leadership Teams and are submitted to the Detention Administration/Designee and responsible Health Services authority.
- D. Documentation of corrective action will be maintained by the Detention Administration.

II. Youth Housing

- A. Each youth has a clean mattress, pillow, sheets, blankets, and an area for storage of their personal property.
 - 1. These items may be temporarily removed from the youth in accordance with C-401 Suicide Prevention/Crisis Intervention.
- B. Each room shall have one or two beds, a sink with drinking fountain, toilet, and proper lighting.

- C. All living units will have comfortable heating, ventilation, and air conditioning. PCJCC Central Plant will control heating, cooling and water.
- D. All living units contain showers and each youth is entitled to shower daily.

III. Laundry

- A. Detention Administration Support will prepare monthly living unit laundry schedules in accordance with E-401 Laundry Services. Copies of the schedule will be provided to each living unit.
- B. Youth blankets will be laundered monthly and sheets weekly.
- C. Clean sheet and blankets are provided for each new youth
- D. Laundry schedules are maintained for youth clothing, bedding, and towels.
- E. Clean clothing is available every other day for youths, more often if necessary

IV. Housekeeping

- A. In accordance with E-501, Detention Housekeeping, youths are responsible to clean their living and common areas. These areas include their room, living unit dayroom, showers, storage room, and recreation yard. Cleaning will be accomplished under the supervision of Detention staff.
 - 1. Youth rooms, dayroom, living unit sally port will be cleaned daily (refer to activity sheet).
 - 2. Living unit showers will be cleaned daily after showers.
 - 3. Living unit storage areas will be cleaned weekly.
 - 4. Living unit interview rooms will be cleaned weekly or as needed.
 - 5. Recreation yards are cleaned bi-monthly.
 - 6. Detention common areas are cleaned four times a week.
- B. Detention staff will clean the staff restroom and living unit desk area during each shift.
- C. The Living unit Control Room will be cleaned by Detention staff twice a week.
- D. Living unit trash will be disposed of after every meal and at the end of A-shift.
- E. Hazardous waste is maintained according to standards before it is removed by contract personnel.
- F. All contaminated waste, protective equipment and laundry will be properly containerized, labeled, and stored in accordance with all federal, state, and local laws.
- G. TFD, County and Court Facilities Management will be contacted for hazardous spills.

V. Pest Control

- A. The pest control program is managed through Facilities Services.
- B. Pest control is regularly scheduled and may be requested as needed by a Detention Supervisor/Designee or Administrator.

VI. Risk Exposure

- A. The Detention Facility will comply with OSHA and State Risk Management standards in establishing practices that ensure those individuals who have occupational risk follow

standard (universal) precautions. These practices are described in D-901, Blood Borne Pathogens Exposure Control Plan.

- B. Personal protective equipment is maintained in each living unit.
- C. In accordance with D-901, Detention Officers will use standard (universal) precautions at all times.
- D. The State Fire Marshall/Designee inspects the facility's fire protection/suppression system annually.

VII. Equipment Inspection

- A. The PCJCC Central Plant is responsible for maintaining utilities: electricity, water, fire sprinkler system and sewer functions for Detention.
- B. Back-up electrical power generators will be tested each month by Facilities Management.

SECTION E: Support Services

IMPLEMENTED 02/04/04

CHAPTER: E-200 Health Services

NUMBER: E-B03 Health Screening and Assessment

7/20/10 Update

RELATED STANDARDS: NCCHC Y-B-03

POLICY:

This guideline is provided to ensure the identification and treatment of health conditions in need of immediate or follow-up medical or mental health treatment.

PROCEDURE:

A qualified Health Services Professional will conduct a timely Health Services screening to diagnose health problems and begin treatment.

- I. All youths admitted into the Detention Facility will receive a Medical and Mental Health Admission Screening.
 - A. Youths who enter Detention on a VOP, warrant, courtesy hold or CDT will be assessed by the RN. The RN will respond to Intake within one hour of staff notification. When the Medical Health Assessment indicates further emergency treatment is necessary, the RN will staff with the On-Call physician, before referring the youth out for further services.
 - B. Youths who are referred to Detention but are awaiting the decision for release or detainment will be assessed by an SJDO or JDS utilizing the Detention Intake Health Questionnaire.
 1. All youths initially assessed by an SJDO or JDS will be assessed by the RN once it has been determined that the youths will be detained. The RN will respond to Intake within one hour of being notified by the Intake staff to conduct an assessment.
 2. Completed Detention Intake Health questionnaires will be placed in the Detention Intake Screening log book.
 - C. Youths in need of emergency medical services or mental health intervention will not be booked into Detention.
 1. Youths determined unfit for booking will be referred to a local community hospital for evaluation or treatment.
 2. All youths diverted by Detention staff will be documented on the Intake Medical Diversion Log.
 3. Upon return, youths must have medical clearance in order to be booked into the Detention Facility. This document must include doctor's signature and statement that the youth is cleared for Detention/correctional setting.
 4. The Health Services Professional will review the medical clearance from the hospital when it is determined that the youth will be detained.
 - D. If the youth has criminal allegations of such a serious nature that may require Detention; but is in need of medical and/or mental health intervention the referring agent shall be asked to transport the youth to a local community hospital for evaluation or treatment. If the referring agent refuses to take the youth to a local facility for treatment, the following actions should be taken:
 1. The referring agent's superior is to be immediately notified of the situation and asked to follow the established protocol of complying with our request.
 2. The youth may be diverted to a hospital for further evaluation and/or treatment.

3. Transportation Staff or Detention Officers will transport the youth for evaluation and/or treatment.
- II. The Detention Intake Health Questionnaire consists of a structured interview and observations conducted by a Detention Supervisor/Senior. The Detention Intake Health Questionnaire assists with the collection of information in regards to, but not limited to, the following:
- A. Current illness and health problems.
 - B. Current use of medication.
 - C. Suicide Risk Assessment.
 - D. Mental health problems, diagnosis, therapist name, and hospitalizations.
 1. Behavioral observations, including state of consciousness, mental state appearance, conduct, tremors and sweating, drug overdose.
 - E. Dental problems.
 - F. Vision problems.
 - G. Use of alcohol or other drugs, last period of use and any problems experienced after discontinuing use.
 - H. For females, last menstrual period, any gynecological problems and pregnancies.
 - I. Body deformities.
 - J. Conditions of the skin, including trauma marks, bruises, lesions, jaundice, rashes, infestations, needle marks, or other indications of drug use.
 - K. Allergies.
 - L. Health history, including hospitalizations and chronic diseases.
 - M. Evidence of abuse. Evidence of abuse obtained through observation or inquiry, shall be reported in accordance with A.R.S. 13-3620.

SECTION E: Support Services
CHAPTER: E-200 Health Services
NUMBER: E-C04 Staff Development and Training

IMPLEMENTED: 01/26/04
11/08/13 Update

RELATED STANDARDS: NCCHC Y-C-04, AOC Operational Standards Section I B3

POLICY:

All personnel will complete health-related training that provides the knowledge and skills for Staff to competently fulfill their duties and responsibilities. The Court and the Detention Division are responsible for the design, coordination, and delivery of the training.

PROCEDURE:

All personnel will adhere to the PCJCC and the Detention Division's training requirements and procedures. All newly hired Juvenile Detention Officers (JDO) will complete the JDO Academy.

I. MANDATORY TRAINING TOPICS

- A. These topics will be determined by AOC COJET group, PCJCC Administration, PCJCC Training Supervisor, Detention Administration, and the Detention Training Supervisor.
- B. Detention mandatory topics include but are not limited to:
 - 1. 1st Aid, CPR, Emergency Command System, Suicide Precaution/Crisis Intervention, Handle with Care, Programming, PBIS (Positive Behavioral Interventions and Supports), Step-Up, Safety and Security Procedures, Key Control, Report Writing, Use of Force Regulations, Youth Rules of Conduct, Rights and Responsibilities of Youth, Interpersonal Relationships, Youth Supervision, Code of Conduct, PREA, and Detention Policies and Procedures.

II. JUVENILE DETENTION OFFICER ACADEMY TRAINING

- A. Health Services Professionals will conduct health-related training to all new JDO's who work directly with youths, such as:
 - 1. Precautions and procedures with respect to infectious and communicable diseases (Blood-borne & Airborne Pathogens).
 - 2. Appropriate procedures for making a referral or request to Health Services Professionals.
 - 3. Signs and symptoms of suspected child abuse, including sexual abuse.
 - 4. Recognizing signs and symptoms of mental illness, development disabled, or emotional disturbance.
 - 5. Recognizing acute manifestations of certain chronic illnesses (e.g., asthma, seizures), intoxication and withdrawal, and adverse reactions to medications.
 - 6. Recognizing the need for emergency services and intervention in life-threatening situations (e.g., heart attack).
 - 7. Special conditions such as diabetes, side effects of psychotropic medication.
- B. Health Services Professionals will conduct health-related training annually for specific topics.
 - 1. Updates on HIPPA regulations, current trends in medical issues and treatment for our population.
 - 2. Updates on mental health issues, current treatment, and trends for our population.

- C. Health Services Professionals will conduct health-related training when new areas of concern are defined.
- D. Training provided by Health Services Professionals will be coordinated with the Detention Training Supervisor, Assistant Director that is the Health Unit Liaison, or Division Director.
 - 1. Lesson plans and handouts will be provided to the Detention Training Supervisor.
 - 2. All attendees will sign in and a copy of the sign in form will be provided to the Health Unit.
 - 3. Training records will be maintained by Detention.

SECTION E: Support Services
CHAPTER: E-200 Health Services
NUMBER: E-E07 Medical Care & Treatment

IMPLEMENTED 01/26/04
8/10/11 Update

RELATED STANDARDS: NCCHC Y-E-07 & Y-G-07, AOC Best Practices II B 3

POLICY:

All youths have access to self refer for Medical and Mental Health Services. All non-emergency requests for Health Services will be placed in the living unit lock box. The Health Services Authority will determine the level of medical care required. Confidentiality will be maintained unless the order of the Detention Facility and/or the youth is placed at risk.

PROCEDURE:

Detention staff or youth(s) may initiate a request for Health Services by completing a Sick Call Report or Detention staff may submit a Mental Health Request form. The completed forms will be placed in a living unit lock box labeled Health Unit Requests. Only Health Services Personnel will have access to the lock boxes.

Definition: Health Unit Request form represents the Sick Call Report and the Mental Health Request form.

I. Health Unit Request Initiation

- A. The Health Unit Request form contains the youth's name, JC number, date, living unit assignment, nature of request, and an area for Health Unit response.
 - 1. Health Unit response will be made within 24 hours of receipt of request and returned to the youth.
 - 2. Non-emergency requests will be submitted to the Health Services Unit by placing them in the living unit lock box.
 - 3. Staff initiated Sick Call Reports and Mental Health Requests have copies attached to the incident report, when applicable.
- B. Juvenile Detention Officers are to submit a Sick Call Report and/or Mental Health Request for any youth in need of services, including but not limited to:
 - 1. When a youth is injured
 - 2. When a youth has been physically restrained (mechanical and bed restraint).
 - 3. Youth placed on the restraint bed.
 - 4. When a youth's behavior, attitude or affect has deteriorated.
 - 5. When an Officer considers it prudent to make the request.
 - 6. When a situation requires care beyond First Aid level.
 - 7. Emergency requests are communicated by radio (Code Blue) or telephone but must be followed up with completed documentation.
 - a. Code Blue emergency calls include, but are not limited to: labored breathing; asthma attack; profuse bleeding; broken protruding bone; loss of consciousness.
- C. Youths have a right to initiate and complete their own request to the Health Unit.
 - 1. Detention Officers will offer and allow all youths an opportunity to complete a request for Mental Health, Teen Clinic, and Sick Call Services throughout each day.
 - 2. To access Health Services the youth completes a sick call report form and places it in the lock box labeled Health Unit Requests located in each living unit.

3. If a youth in Intake asks for Health Services with an urgent request, the request will be transmitted by telephone or radio to the health unit directly. If the request is not urgent, the Intake Officer will submit a sick call or mental health form with the request.
- D. Youth are required by statute to attend school and may not be removed from their educational program to attend a non-emergency health appointment.
- E. Detention Staff will orientate youth to the process of requesting Health Services in Intake and in the Living Units.

II. Health Services to Pregnant Youths

Pregnant youths will be provided Health Services that include, but are not limited to the following:

- A. Ongoing medical supervision by a licensed-physician who, whenever possible, specializes in obstetrics and gynecology.
- B. Appropriate procedures to determine the estimated date of delivery, if necessary.
- C. Weekly health care visits by a qualified health services professional.
- D. Pre-natal education, including pre-natal care, fetal development and nutrition.
- E. Nutritional supplements, including pre-natal vitamins.
- F. Mental health services including counseling regarding all options and sexual assault crisis counseling, if indicated.
- G. Coordination of medical services for delivery at the hospital, if necessary.
- H. Post-natal Services.
- I. Appropriate program modifications and accommodations.

SECTION E: Support Services
CHAPTER: E-100 Food Services
NUMBER: E-F02 Nutrition and Medical Diets

IMPLEMENTED 01/26/04

7/20/10 Update

RELATED STANDARDS: NCCHC Y-F-02 & Y-B-03

POLICY:

Nutrition and medical diets are provided which enhance a youth's health, and may be modified when necessary to meet specific requirements related to clinical conditions or religious beliefs. It further identifies the kitchen inspection and assessment of food handlers.

PROCEDURE:

The Health Services Professional will request a medical diet by forwarding an AVM (Avoid Verbal Message) to the Kitchen with a copy to the youth's detention file. Religious diet requests may be forwarded to the kitchen by the Probation Officer or a JDS/designee. Kitchen inspection and food handlers assessment will be documented and maintained by the Kitchen Supervisor.

- I. Health Services Professionals will obtain training in food-drug interactions, instruct youths accordingly, and prescribe diets as necessary.
- II. Kitchen Staff shall receive training in the preparation of therapeutic and religious meals. Training includes appropriate substitutions and portions.
 - A. Kitchen Staff shall prepare therapeutic meals according to the directions of Health Services Professionals.
 1. Meals prepared for religious purposes are not considered therapeutic meals.
 - B. A dietician will review regular, religious, and therapeutic diets for nutritional adequacy at least every 6 months and whenever a substantial change in the menus is made.
 - C. Special Meal (therapeutic and religious) Rosters will be distributed and updated daily by Detention Officers.
 1. Special meals preparation tracking and logging forms will be completed by Kitchen Personnel and retained for three months.
- III. Kitchen Inspection
 - A. The Detention Kitchen will be inspected by the County Department of Health annually.
 - B. The inspection will be documented and retained by the Kitchen Supervisor.
 - C. Kitchen inspections of food storage and preparation areas are inspected monthly.
 1. If corrective actions are necessary a log will be kept for reference.
- IV. Food Handlers Health Assessment
 - A. The health assessment will ensure that all food handlers are free of communicable diseases, open sores or skin infections and other illnesses transmissible by food or utensils.
 1. Detention Officers must conduct a daily health assessment of all youths working in the Kitchen.
 2. Youths found unsuitable during the Food Handler's Health Assessment will be referred to medical for further assessment/treatment.
 3. Kitchen Staff will conduct daily health assessments on themselves and document the outcome.
 - B. Youths who have completed their physical exam and have negative PPD results are **medically** eligible for kitchen duty.
 - C. Health Services Professionals must perform a physical exam and a PPD on all youths prior to them being cleared for Kitchen duty.

SECTION E: Support Services
CHAPTER: E-200 Health Services
NUMBER: E-F03 Academic Services

IMPLEMENTED 01/26/04

7/22/10 Update

RELATED STANDARDS: NCCHC Y-F-03 & Y-F-04, AOC II A.2, G-402

POLICY: Detention will insure a quality educational experience for youths that will closely approximate the educational services that would be available through the public school system, which include an appropriate education, as well as related aids and services to youths with disabilities. Detention Education Plan will adhere to the Federal Laws and Arizona Academic Standards.

PROCEDURE: The Detention Educational Liaison will work cooperatively with C.A.P.E. to ensure that the content and curriculum design will address the youths' educational needs as identified in the Educational Plan. C.A.P.E. will comply with AOC and Detention standards.

I. Detention Educational Plan

- A. The Educational Plan should include, but is not limited to, the following:
 - 1. Core Subjects
 - 2. Meets academic standards set by the state
 - 3. Activities designed to maximize the learning styles and abilities of the youths
 - 4. Individual and small group learning activities
 - 5. The use of multi-media educational materials
 - 6. Activities designed to promote cultural awareness and understanding
 - 7. Cognitive Restructuring Programs
 - 8. Physical Education
 - 9. Behavior Management
 - 10. Related Aids and Services
- B. The educational day will consist of a minimum of 4.0 hours of high-school and 5.0 hours of middle-school instructional time.
- C. C.A.P.E. will document when a youth is removed from school and provide a copy of the documentation to a Detention Officer assigned to the unit to be placed in the youth's file.

II. Physical Education Plan

- A. Youths will be offered the health benefits of exercise.
 - 1. Physical Education will be part of the Educational Program for youths.
 - 2. Detention Officers will offer physical exercise to youths on weekends and holidays.
 - 3. The frequency of exercise is at least 7 days a week for one hour each day.
- B. Exercise will be conducted in the Detention Gym, Living Unit Recreation Yard or in the Living Unit Dayroom.
- C. One Hour of leisure time will be provided by the Detention Officers daily.
 - 1. The Director of Juvenile Court Services shall ensure all youths have access to recreational opportunities unless documented medical, behavioral or security issues prohibit their participation in specific activities.
 - 2. A minimum of one (1) hour of large muscle activity and one (1) hour of leisure time activity shall be provided daily, to include outdoors when possible.

3. Staff shall provide proper supervision of youths during recreational activities (large muscle activities and leisure time). Appropriate youth interests and preferences shall be considered in the recreational activities.
4. Recreational activities shall not be withheld as a means of group or individual punishment.

III. Medical restrictions prohibiting participation in physical exercise

- A. NPA-No Physical Activity is a status assigned by Health Services Professionals.
 1. Health Services Professionals will review this status regularly unless the youth is permanently placed on NPA status.
 2. Youths placed on NPA status do not participate in kitchen duties or other physical activities, including CREW.
 3. Youths on NPA status will participate in health related education programs, teambuilding and cooperative exercises, and will accompany the gym group to their activity sight.

IV. Hygiene Separation

- A. Any youth who refuses to shower after 48 hours will be placed on hygiene separation.
- B. JDO will submit a sick call form requesting hygiene education for the youth.

SECTION E: Support Services
CHAPTER: E-200 Health Services
NUMBER: E-F05 Use of Tobacco

IMPLEMENTED: 01/26/04
09/29/16 Update

RELATED STANDARDS: NCCHC Y-F-05, PC BOS C 3.18, C-701

POLICY:

Pursuant to Arizona Revised Statute (A.R.S.) 13-3622, it is unlawful for a youth to possess tobacco, or tobacco products in any form, including smokeless tobacco and electronic cigarettes. Pima County Board of Supervisors Policy requires that all county structures and vehicles are a tobacco free environment.

PROCEDURE:

Pima County Juvenile Detention Center (PCJDC) does not allow youth to use tobacco in any form.

I. INTAKE PROCESSING OF PHYSICAL REFERRALS

- A. Notification of possession of tobacco products will be given to the referring Officer and the Intake Probation Officer processing the case.
- B. If tobacco products are found in a youth's possession during Intake Processing, they will be thrown away by Detention Officers immediately.
- C. If the youth has a cigar, break it into quarter pieces to make sure there is nothing concealed in it.
 - 1. If there is no contraband, discard the cigar immediately.
 - 2. If there is contraband concealed in the cigar, follow Policy and Procedure C-701 Contraband.
- D. Matches and cigarette lighters will be thrown away immediately unless the cigarette lighter has an unusual value to it. This also applies to electronic cigarettes. Deliver the lighter or electronic cigarette to Master Control (MC). Call the Probation Officer (PO) and direct them to contact the parents, requesting they come pick up the lighter or electronic cigarette.

II. PERSONNEL

- A. Detention personnel who work directly with youth are prohibited from using tobacco in any form, to include chewing and smokeless tobacco, while providing direct line supervision to youth.