

JUVENILE COURT HEALTH SERVICES

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Subject: PHYSICIAN CLINICS		Original Issue Date: 1/31/03	Policy # B-111
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Departments Consulted:	Approved By:	Approved by:	
	(Signature on File) Health Services Administrator	(Signature on File) Medical Director	
	(Signature on File) Nursing Director		

PURPOSE

To describe the services provided in Physician Clinics.

POLICY

Physician Clinics are held regularly at each facility. Youth have regularly scheduled health exams and have access to medical care in a timely manner.

PROCEDURE

Youth requiring physician evaluation are identified by:

- a. Physical Examination Clinic (PE) – youth in the juvenile halls are routinely scheduled for physical examination.
 - In accordance with Title 15 requirements, newly detained youth are expected to be seen within 96 hours of admission for a physician health assessment.
 - The initial health assessment includes, but is not limited to:
 - i. Review of the receiving screening
 - ii. Collection of additional data to complete the medical, dental, and mental health histories, including any follow-up from positive findings obtained during the receiving screening and subsequent encounters (may be done by any qualified health care professional)
 - iii. The health history (including information on the juvenile’s participation in risky behavior including sexual activity) can be collected by qualified health care professionals but should be reviewed/updated by the physician
 - iv. The health history includes but is not limited to: Review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other substances), developmental history including strengths and supports available to the youth (e.g., school, home, and peer relations, activities, interests), history of recent trauma-exposure which may require immediate attention (including physical and sexual abuse, sexual assault, neglect, violence in the home, traumatic loss) and current traumatic stress symptoms, pregnancy needs, sexual activity, contraceptive methods, reproductive history, physical and

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sexual abuse, neglect, history of mental illness, self-injury, and suicidal ideation.

- v. Review of immunization history and update of schedules as needed
 - vi. Recording of vital signs (i.e., height, weight, pulse, blood pressure, and temperature) - may be done by any qualified health care professional
 - vii. A physical examination including breast, rectal, and genitourinary exams as indicated by gender, age, and risk factors as clinically indicated
 - viii. Gynecological assessment of females, when clinically indicated
 - ix. The hands-on portion of the health assessment is performed by a physician or nurse practitioner.
 - x. Laboratory and/or diagnostic tests as determined by the responsible physician
 - xi. Tuberculosis test unless there is documentation from the health department that the prevalence rate does not warrant it
 - xii. Initiation of therapy when appropriate.
 - xiii. All positive findings (i.e., history and physical, screening, and laboratory) are reviewed by the treating clinician with specific problems integrated into the problem list.
 - xiv. Diagnostic and therapeutic plans for each problem are developed and documented as clinically indicated.
 - xv. The physicians are to enter the information into the electronic medical record under the appropriate clinical note type. The responsible health authority approves the general health assessment format for the physicians in PEMRS.
- If a youth has had a physician health assessment within the past 6 (six) months and is re-admitted to the juvenile hall, a focused physician health assessment may be performed.
 - If a youth is detained continuously for longer than one (1) year, an annual physical examination will be scheduled. This annual physical may happen at whatever facility the youth currently is residing. If the youth is at a residential treatment camp and that facility does not have a particular component for the annual physical, the youth will be transported to the nearest juvenile hall to complete the physical.
- b. Medical Provider Clinic – This scheduled clinic is utilized for follow-up from physicians / nurse practitioners, nurse triage/consultations, and chart reviews.
- c. Juvenile Alternative Work Services (JAWS) – youth who have court-ordered community service are provided a physical exam at a juvenile hall for clearance to participate in the program. Immunization status is expected to be up-to-date and ready for physician review and clearance. Follow-up care may be recommended by the JCHS physician for parental information. Clearance for participation in the JAWS program assumes physical exertion similar to clearance for participation in sports programs. Recommendations by

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the physician regarding clearance for JAWS are communicated to the JAWS probation officer and are documented within the medical record.

AUTHORITY

California Code of Regulations, Title 15, Article 8, Section 1432

REFERENCE

NCCHC Standard Y-E-04; Y-E-07

REVIEW DATES

June 30, 2011; January 3, 2013; December 6, 2017; February 8, 2019; May 17, 2021; January 31, 2022