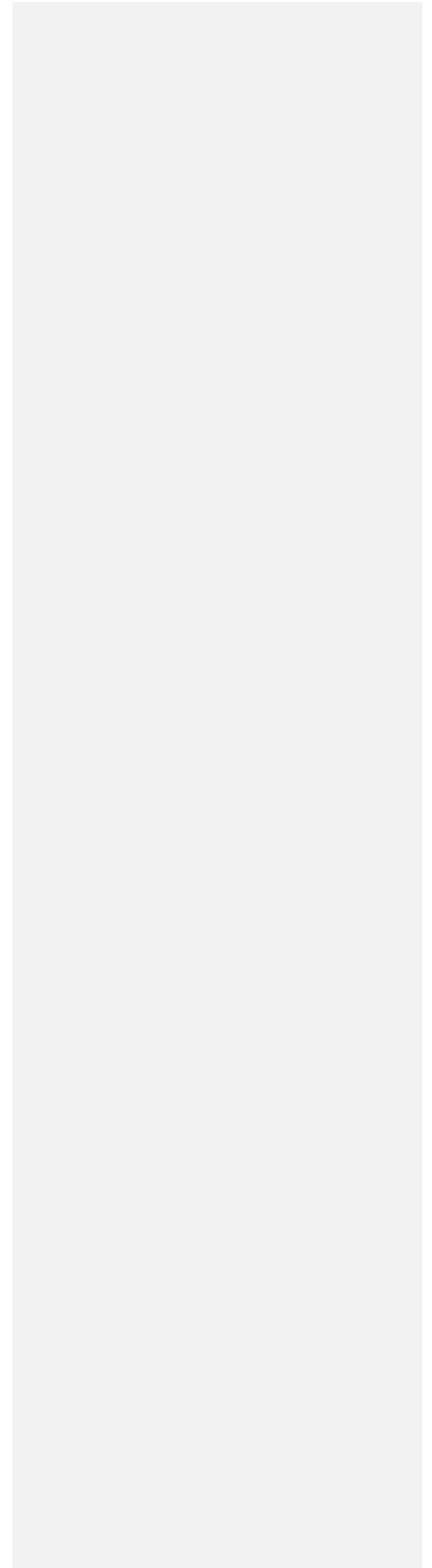


Department of Juvenile Services
Policies and Procedures Manual



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Insert No.

#1 Two-Way Radio Codes.....

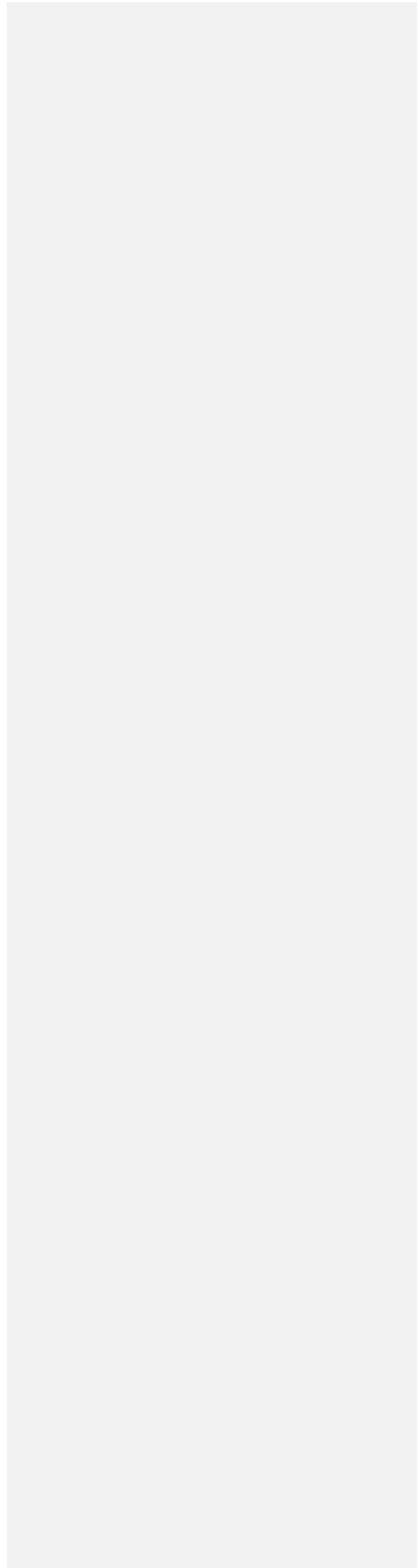
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SECTION 1.0 - PHILOSOPHY

1.1 PHILOSOPHY

(a) The philosophy of detention is based upon the philosophy of the juvenile court. "Although the juvenile court was built upon the philosophy that a child is not a free moral agent and that his behavior is largely influenced by social conditions over which he may have little control, in practical life and work we proceed upon the assumption that a minor can modify his behavior, once he attains some degree of social maturity and mental development. There is no other practical approach and no other adequate alternative. We must assume that even young boys and girls can affect a change in their behavior and assume individual responsibility for it. Their sense of responsibility and motivation to change their conduct and attitude and their ability to mature socially and mentally are probably resultants of both biological and social factors." The Commonwealth of Virginia adheres to this concept as indicated in the statement of "Purpose and Intent" of the Juvenile Court Act.

(b) Secure Detention care is one of the facets used in the total treatment process for that small minority of children requiring secure custody. It is a specific kind of childcare needed for those children coming in conflict with the law and who require physical restraining measures for their own protection or for the protection of the community (Code of Virginia, Section 16.1 -246). The term "detention" as used throughout refers to the temporary care of children awaiting adjudication and/or disposition; those children who are awaiting placements; or those children who have been sentenced to Detention by the Judge of the Juvenile and Domestic Relations District Court. Since the purpose and accepted philosophy of the juvenile court is the rehabilitation of children, then the detention process must be geared to attain a constructive experience for those detained. The social casework concept of treatment must be an integral part of all phases of living within the detention setting.

(c) Staff of the modern secure detention facility is responsible for providing quality services for a client population, which is in a state of crisis. To assure success, the staff should be trained and skilled to successfully provide services to individuals and groups of children.

(d) These services must occur in an atmosphere providing well defined limits and a sense of security for the child. This means that the physical and emotional needs of the child must all be respected, while not neglecting the importance of safety and security for the individual and the group.

1.2 MISSION

The mission of the Newport News Juvenile Secure Detention Program, as part of the Virginia Juvenile Justice System, is to provide an effective short term crisis intervention program for those children detained in accordance with the Code of Virginia.

1.3 GOVERNING AUTHORITY

The Newport News Juvenile Detention Facility (NNJDF) is part of the City of Newport News Department of Juvenile Services (NNDJS). The Detention Superintendent reports directly to the Deputy Director. The Detention Superintendent shall develop and manage all phases of the facility according to parameters set by law and the NNDJS.

1.4 OBJECTIVES

(a) The general objectives of the detention program are as follows:

- (1) To meet the basic needs of the child; medical, physical, social, recreational, and educational.
- (2) To influence the child to become receptive to rehabilitative service.
- (3) To keep the child trouble-free and available to the court.

(b) The specific objectives of the detention program are as follows:

- (1) To provide and maintain a facility that is functional, safe, and complies with State and local standards.

- (2) To develop a staff in compliance with minimum personnel standards for secure detention.
- (3) To develop staff, both individually and as a team, capable of providing an effective short term crisis intervention program for youths.
- (4) To develop a budget that supports our budgetary needs, and to administer such funds in such a way as to insure cost effectiveness.
- (5) To develop a positive working relationship with our administrative governing body through education of detention's role within the Juvenile Justice System.
- (6) To serve as an advocate for effective detention programs when conflicts arise through the interpretation of policies, procedures, and programs.
- (7) To develop and maintain an effective public relations and community support for the program.

1.5 SPECIFIC SERVICES

- (a) Custodial supervision, 24 hours a day to achieve objectives listed above.
- (b) Crisis counseling when requested or as required to achieve objectives listed above.
- (c) Accredited academic programming, under supervision of the local school system.
- (d) Recreational programming designed to educate and entertain.

1.6 GENERAL ADMINISTRATION

- (a) The Newport News Juvenile Services employs a Superintendent to carry out the policies and procedures established by the facility. The Superintendent is responsible for the formulation of goals and policies and priorities related to them, and to develop quality objectives designed to meet the physical and emotional needs of the youth in care.
- (b) The Facility's policy and procedure manual is reviewed annually to assure the accuracy of information contained within. Copies of this manual are made available to all staff.

1.7 NONDISCRIMINATION [6 VAC 35-140-50]

(a) It shall be the policy of the facility that employees and youth placed in care shall not be discriminated against on the basis of race, national origin, color, creed, religion, age, sex or sexual orientation or disability as defined by the Americans with Disabilities Act (ADA).

(b) Males and females in coeducational programs shall have equal access to all programs and activities; they may be housed in the same unit, but not the same sleeping room.

(c) Reasonable accommodation is made to integrate residents with disabilities with the general population. Disabled residents are granted access to program and service areas, provided such accommodation is consistent with facility security and is unlikely to place the resident or others into a situation of direct threat to health or safety.

(d) Youth are not subjected to corporal or unusual punishment, humiliation, mental abuse or punitive interference with the daily functions of living, such as eating or sleeping.

SECTION 2.0 – MANAGEMENT POLICY AND PROCEDURE

2.1 MANAGEMENT POLICIES

- (a) Meetings are held with Juvenile and Domestic Relations Court Judges and the Court Service Director for purposes of maintaining open lines of communication regarding detention services and policies, as well as addressing needs and issues brought forward.
- (b) To ensure close communication between all administrators, supervisors and staff, regular management and staff meetings shall be held.

2.2 MANAGEMENT INFORMATION SYSTEMS/CONFIDENTIALITY

- (a) All information compiled and maintained that may reveal the identity or other demographic information regarding juveniles shall always be maintained in a secure place and not accessible to the public-at-large. Newport News Juvenile Services employees shall observe the confidentiality of all residents, and will not discuss them with unauthorized persons in accordance with the Virginia Revised Code. 16.1 -309.
- (b) Data shall be maintained and utilized to assist in short term and long range planning.
- (c) Employees' home phone numbers and addresses shall not be given to any unauthorized persons. Authorized persons are Superintendent, Supervisors and/or staff acting in supervisory role.
- (d) Video equipment, tape recorders, or cameras may be used for residential programming or in the school program. The use of equipment, photos, and tapes must be controlled in order to safeguard the confidentiality of the residents. The person recording the sound or image is

responsible for protecting the audio, video or still image and maintaining its confidentiality until the information is properly disposed of.

(e) Any material that could identify a detained juvenile may not be displayed outside of the detention center without proper written approval from parent or guardian.

(f) It is the policy of Newport News Juvenile Services to grant access through interviews, visits and/or tours of the facility and to provide written literature to representatives of the media whenever such data can be provided consistent with the preservation of juvenile's privacy, and the maintenance of order and security can be preserved. In every case, such access must have the approval of the Superintendent or designee, and must always remain consistent with any rules or regulations imposed by the State Code, Regulation, or Standard.

(g) Only the Director or designee may release information to the media.

2.3 RESEARCH POLICY

(a) It is the policy of this facility that individuals and agencies engaged in human research are permitted to conduct such projects only with appropriate written approval by the regulatory authorities for each research project. Participation by a resident will be voluntary.

(b) A review of documentation will be conducted to ensure that each human research project has been appropriately approved. The Director and the Superintendent must review the documentation and affix a stamp of "Approval", sign, and date each project.

(c) All pharmaceutical testing is prohibited for experimental or research purposes.

2.4 MAINTENANCE AND DESTRUCTION OF RECORDS

(a) It shall be the responsibility of the Superintendent to insure privacy, security, and preservation of case records. Resident's records cannot be duplicated or disseminated for public use without the Court's authorization (Court order).

(b) On the resident's 18th birthday, the paper case record shall be moved from the inactive files and placed in a designated secured area. The case records shall be stored until the resident's 21st birthday or three years after release. All active files will be examined weekly by the Supervisor of the overnight shift. After the residents 21st birthday, provided it has been at least three years since their release, the records shall be disposed of in a manner insuring confidentiality. Any record indicating a 21st birthday but showing a release date of less than three years earlier will be retained until three years from the release date.

(c) Electronic files shall be purged following the same schedule in accordance with the Virginia State Library Records Retention requirements. The face sheet shall be retained permanently unless otherwise specified by State or Federal requirements.

(d) Unauthorized individuals requesting information on a resident held in custody or released shall obtain a Release of Information form signed by the juvenile's parent(s)/guardian and have it placed in the juvenile's record. This applies to verbal and written information requested.

(e) A detention card shall be kept on file for each resident after the disposition of the resident's record. Additional file duties of the overnight shift shall be as follows:

- (1) File all folders of juveniles who have been released. These folders will be stored in the intake area in the closed file drawer.
- (2) All folders must be in alphabetical order.
- (3) All papers in the folder will be neat and uniformly organized.
- (4) Update permanent records and complete new record cards if necessary.
- (5) File permanent record cards into the appropriate card section.

(f) All records not listed above shall be stored, retained, destroyed or archived according to the policies set forth by the Virginia State Library, Newport News Department of Library/Records Management, and Archives regulations.

(g) In the event that the facility ceases to operate, the Superintendent shall provide for the disposition of all records.

2.5 INVENTORY CONTROL

(a) All equipment with a purchase price of \$500 or greater or with an expected life of five years or greater will be recorded as a master inventory control list. Each item will be physically labeled with an assigned number. An inventory control list will document the date of purchase, the location of the item, an annual inventory survey date and surveyor, and the condition of the items, and the date and method of disposal.

(b) The Support Services Supervisor is responsible for the maintenance of this list.

2.6 COMPUTER EQUIPMENT AND USE [6 VAC 35-140-170]

(a) Newport News Juvenile Services utilizes computer systems and programs to maintain records, produce reports, and generally conduct the business of Newport News Juvenile Services. Access to various systems and programs are restricted. Access is granted to employees on an as needed basis. Inappropriate use or misuse of the system(s) can result in denial of access.

(b) No personal software may be installed on Newport News Juvenile Services equipment. This includes any program files downloaded from the Internet, screen savers, CD ROM music and applications, games, etc.

(c) The System Administrator shall review all proposed acquisitions, disposal, and changes to automated information system's hardware and software (except user-level changes within software applications) configurations and make recommendations to the Deputy Director.

(d) No equipment shall be moved or components switched without the prior approval of the Systems Administrator or Deputy Director.

(e) Use of the internal electronic mail system and the Internet are for the purpose of conducting Newport News Juvenile Services business. Inappropriate use of these systems could result in disciplinary action. Users shall comply with applicable regulations.

(f) Only business related materials may be downloaded from the Internet.

(g) Keep your passwords confidential. The System Administrator and Deputy Director may request passwords for the purpose of maintaining on the master list.

(h) No personal passwords will be installed on Newport News Juvenile Services equipment.

(i) Avoid printing messages. The purpose of electronic communication is to reduce the amount of paper, which would be used for memos and letters.

(j) Use sound judgment when using electronic mail. Electronic communications are subjected to the Freedom of Information Act. Messages flow through many computers, allowing opportunity for others to search and read them.

2.7 RECORDKEEPING PROCEDURES

Procedures are in place for maintaining both medical and training records. If the City of Newport News Department of Juvenile Services should cease business, and there is no successor employer to receive and retain the records for the prescribed period, then the Director of the National Institute for Occupational Safety and Health (NIOSH) will be notified at

least three months prior to the disposal of records. The records will be transmitted to NIOSH, if required by the Director, within the three-month period.

(1) **Medical Record Keeping:**

- (i) A medical record will be established and maintained separately from the administrative/personnel file for each employee. The record shall be maintained for the duration of employment plus 30 years in accordance with 29 CFR 1910.20.
- (ii) The Department Director is the custodian of these records.
- (iii) The record shall include the following:
 - a. Name and social security number of the employee.
 - b. A copy of the employee's hepatitis B vaccination status with dates of hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
 - c. A copy of examination results, medical testing, and any follow-up procedures.
 - d. A copy of the healthcare professional's written opinion.
 - e. A copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive hepatitis B vaccination prophylactically and/or after an exposure incident.

(2) **Confidentiality of Medical Records:**

- (i) The record will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation.
- (ii) Employee medical records required under 1910.1030 shall be provided upon request for examination and copying to the subject employee and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.

(3) **Training Records:**

- (i) Training records shall be maintained for all staff after the training occurred.
- (ii) The following information shall be included:
 - a. Dates of training sessions.
 - b. Contents or a summary of the training sessions.
 - c. Names and qualifications of trainer(s).
 - d. Names and job titles of all persons attending.
- (iii) Training records shall be provided upon request for examination and copying to employees, to employee representatives, and to the

Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.

2.8 BACKGROUND CHECKS ON PERSONNEL [6 VAC 35-140-260]

(a) A reference, criminal record, central registry, and driving record check is conducted on all selected full-time and part-time staff, as well as volunteers and interns who work one-to-one with juveniles. In the event that criminal records or, if applicable, a poor driving record is found, the person will not continue employment unless the finding is not detrimental to juveniles or the program. All charges will be reviewed by the Director.

(b) All selected direct care staff are hired pending the completion of a successful background check.

2.9 STAFF MEETINGS

(a) At the beginning of every shift all staff reporting to duty will attend an incoming briefing session conducted by the Supervisor or his/her designee. During this time, any issues, alerts, information, dissemination or policy changes will be addressed.

(b) A monthly staff meeting and training session will be conducted by the Supervisor or his/her designee.

(c) The Director reserves the right to conduct meetings with all staff as needed.

2.10 EMERGENCY POLICY AND PROCEDURE

(a) See Section 10.0 for detailed information regarding Security and Emergency Procedures. See Section 4.0 for information related to Escapes. What follows are specific emergency policies.

(b) Notification of Death: The Supervisor on duty will contact the Director and/or Superintendent in the case of a resident's death. The Director or his/her designee will contact the Courts and the Newport News Police Department. The Director or his/her designee will also notify the parent(s) or legal guardian(s).

2.11 PERSONNEL POLICIES

(a) It shall be the policy of this Department to comply with personnel policies and procedures of the City of Newport News, as outlined in the City of Newport News Personnel Administrative Manual.

(b) A copy of the City of Newport News Personnel Administrative Manual is available to all employees.

(c) All applicants are required to satisfactorily complete a background investigation, including a drug test, prior to employment. Physical examinations may be conducted commensurate with position essential function requirements.

(d) This department is designated as a drug free workplace. No employee may use any illegal drug on or off the job. Employees are subject to random drug testing. See City of Newport News Personnel Administrative Manual, Sections 1205 and 1206.

(e) All personnel are required to complete a minimum of 40 hours of orientation training prior to assuming their regular duties. Specific shift assignments are delineated in this manual. As a requirement of orientation training, each employee has responsibility for studying shift duties and to sign a statement acknowledging their receipt and review of duties.

(f) A confidential personnel file is created for each employee upon his or her selection. Access to said file is limited to the Director or his designee, the employee who is the subject of the record, and supervisory staff in the performance of their duties.

(g) All Department employees are paid salary, reimbursed for expenditures and advanced funds for anticipated expenditures through check only. Cash is never used in the transaction of any financial affairs. The preparation of payrolls, reimbursement vouchers, or funds advanced are always initiated within the department and approved by the department head or designee.

(h) Each employee who is entitled to reimbursement for previously incurred expenditures is required to submit proof of those expenditures by cash, check, or credit card receipt to the Accounting Technician, within three working days after the employee returns from the trip or after the expenditure was incurred. The submission is made on the standard City Travel Report form and sent to the Director for approval. After the reimbursement request has been approved, it is then forwarded to the Finance Department for the issuance of a check to the employee.

(i) All positions listed on the department payroll are approved positions within the City Budget. Personnel Files are maintained in the Office of the Director and the Personnel Department for each person listed on the payroll.

(j) All Detention purchases are made consistent with the Purchasing Procedures Manual, provided by the City Department of Purchasing.

(k) All equipment of the Department is inventoried annually and records kept by the Finance Department. A printed listing of all property assigned to Juvenile Services is provided during the month of July, showing the control number and a description of the property. This listing is reviewed and updated as needed.

2.12 PHYSICAL EXAMINATION [6 VAC 140-270]

(a) Physical examinations are required of all staff at the time of employment. The Administration will schedule a physical examination and drug screening from the City's designated physician.

(b) All staff members are expected to be in sound mental and physical condition. The Director of NNJS or Detention Superintendent reserve the right to require any staff member to obtain a complete physical. A reasonable amount of time will be allowed for the physical and the examining physician must file a written report with the Department of Human Resources that will be forwarded to the Juvenile Services Personnel Office for inclusion in that person's file. Any staff suspected of having a communicable disease will be immediately referred to his/her personal physician or the City Medical Service. All staff shall abide and be held accountable to the City of Newport News Substance Abuse Policy, which includes random drug screening. No staff will be permitted to be present in the facility while under the influence of drugs and alcohol. Any such violators are subject to suspension or dismissal.

2.13 GRIEVANCE PROCEDURE

It is the policy of the City of Newport News and this department to encourage resolution of employee problems and complaints in an environment wherein employees may freely discuss their concerns with immediate supervisors and upper management. When such concerns cannot be resolved by these means, a grievance procedure is provided through the City of Newport News Personnel Administrative Manual, Section 1101, as a positive tool for effective employee relations activities and is designed to ultimately provide protection against arbitrary, capricious, and discriminatory decisions that might otherwise destroy sound employee relations. An employee filing a grievance will have the right to follow all the steps of the grievance procedure with complete freedom from reprisal.

2.14 AMERICANS WITH DISABILITIES ACT

(a) The Director will meet with the complainant to review the problem and the accommodation being sought. The complainant will be asked to identify the accommodation needed.

(b) If modifications are needed in order to provide full participation by the individual with disabilities, the Director or a designee will arrange for them within the resources of the Department, allied agencies or internal City Departments. The director will consult with the Department of Human Resource for any additional guidance as required.

(c) Within 10 days of the complaint being filed, the Director will notify the complainant or his representative of the findings and the action taken.

(d) All Detention Staff shall hold a valid certificate in multi-media first aid and basic training in Cardio-Pulmonary Resuscitation (CPR) as well as Automated Electronic Defibrillator (AED) training.

(e) All personnel shall receive training in the implementation of emergency plans at the time of orientation and annually through in-service training, except that fire drills will be conducted on a monthly basis.

(f) All employees are encouraged to continue their education through participation in outside workshop seminars, and other formal educational programs. Inquiries regarding tuition reimbursement for college level, job-related courses shall be made to the Deputy Director prior to enrolling in any course for which an employee wishes to be reimbursed.

(g) The Program Administrator will make every effort to coordinate training activities with program responsibilities.

(h) If a staff member is scheduled for training on a scheduled work day, he or she must either attend the training session or report to work. Proper documentation regarding the reason for failure to report for training or work must be provided.

(i) Some staff meetings are scheduled mandatory, therefore every effort must be made to attend. Approval for leave (nonattendance) for these meetings must be given by the Program Administrator, Deputy Director, or Director.

2.15 TRAINING AND STAFF DEVELOPMENT [6 VAC 35-140-280]

(a) The Director shall be responsible and ultimately accountable for all staff training and development programs. The Training Coordinator, as delegated by the Director, has responsibility for planning, coordinating, and implementing training and staff development programs.

(b) Cooks Training and Certification:

- (1) Cooks will be trained and certified in Newport News Juvenile Services kitchen operations prior to working alone. Training records shall be documented and reviewed by the Food Services Supervisor before a cook can work alone. Trainees work with a primary cook (on-the-job training) to gain confidence in hygiene and documentation procedures. Critical tasks must be signed off before a cook can work alone.
- (2) Task certification occurs when the trainer and trainee sign the training record. The "Kitchen Orientation and Training" training sheet shall be signed by both the trainer and the trainee verifying task certification, mutually agreeing the trainee is proficient at critical tasks. A total of 40 hours is required working a combination of all meals for certification. The record is forwarded to the Training Coordinator for review and placement in the staff training records. (All cooks shall complete the Newport News Health Department Food Handlers Course and post their cards on the bulletin board in the kitchen.) The Food Services Supervisor shall successfully complete a certified food Service Managers Course. All cooks are encouraged to complete the American Correctional Association Food Service Certification Course and other appropriate trainings .

(c) Fire Plan Training:

- (1) All new employees receive fire and safety familiarization during initial employment orientation. Fire prevention training is provided by the City of Newport News Fire Department.
- (2) Each new staff member shall be trained in emergency procedures and their implementation prior to working alone while supervising one or more children and within seven days of employment.
- (3) At least one drill will be coordinated a month.
- (4) The Newport News Fire Department conducts annual refresher training for all employees, highlighting areas of attention and staff concerns

2.16 PERFORMANCE EVALUATION

- (a) Reference City Personnel Administrative Manual, Section 900.
- (b) Procedure: All employees of Juvenile Services will be evaluated by their immediate supervisor on a quarterly/annual basis in accordance with the following schedules:
- (1) Quarterly - First Year of Employment:
 - (i) Employment Probation: 90 days from date of hire.
 - (ii) Employment Probation: 180 days from date of hire.
 - (iii) Annual Review: 365 days from date of hire.
 - (2) Annually: The employee will be evaluated annually based on his/her anniversary date.
 - (3) All performance evaluations will be submitted in final form to the appropriate Administrative Representative (in the Administrative Office) for the Director's signature prior to the employee's anniversary date based on the submission schedule listed below:

Performance Evaluation Submission Schedule Based On Anniversary Date	
1 st to 15 th Day of the Month	16 th to 31 st Day of the Month
By the 15 th day of the previous month in which the performance evaluation is due.	By the 1 st day of the current month in which the performance evaluation is due.

Note: Granted, extension requests for extenuating circumstances must be

submitted in writing and approved in advance by the Assistant Director/ Superintendent.

- (4) On an interim basis to identify performance/disciplinary conduct which does not meet standards. In cases where the employee does not meet standards or when identifying a problem area, a written interim evaluation will be completed with a performance plan of expectations.
 - (5) At any time it is determined that the employee is recommended for performance probation, disciplinary probation, termination, or demotion.
 - (6) When the employee transfers from one supervisor to another, the employee's former supervisor will perform a complete performance evaluation, unless the employee has been evaluated within the past three months. If so, a Letter of Extension will be written by the former supervisor.
 - (7) At any time a supervisor is transferred or retires, he/she will perform a complete performance evaluation of employees under his/her supervision, unless the employee has been evaluated within the past three months.
 - (8) Quarterly upon promotion or re-assignment to a position of greater responsibility (i.e., 90 days, 180 days, and 365 days from date of promotion or reassignment and annually thereafter).
- (c) Supervisors are expected to learn and understand position standards, to be aware of specific remedial/developmental activities, what resources are available, and to serve in a capacity of advising and assisting the employee to any extent reasonable.
- (d) Evaluation Process
- (1) The supervisor will evaluate the employee on the standard City of Newport News Employee Performance Evaluation form. Supervisors should refer to City Policy #902 in the Personnel Administrative Manual.
 - (2) The performance evaluation will be submitted to the Assistant Director, Superintendent, or Administrator, respectively, in *draft form* for

review/approval prior to discussing with employee. No performance evaluation should be discussed with an employee prior to review/approval from the Assistant Director, Superintendent, or Administrator, respectively.

- (3) Once the Assistant Director, Superintendent, or Administrator has reviewed and provided his/her comments, the supervisor will discuss the performance evaluation in detail with the employee. In addition, the supervisor will also discuss with the employee goals for the next performance evaluation period and career development opportunities. The employee may add any comments in the space provided on the performance evaluation form. The employee should sign the performance evaluation form, not indicating agreement, but indicating that the performance evaluation has been reviewed with him/her. If the employee refuses to sign the performance evaluation form, the supervisor should so note. If the employee disagrees with any rating, he/she may attach a statement and/or request an evaluation review.
 - (4) Documentation for ratings must be available for discussion and to substantiate the rating. Any rating which indicates the "Standards Not Fully Met/Less than Acceptable" should reference interim counseling sessions and be noted in the respective comments section.
 - (5) Each successive level of supervision will either concur or disagree with the performance evaluation and will add comments supporting or questioning the evaluation. Any changes to performance evaluations will be discussed with the employee. Each level of supervision will review and sign the performance evaluation.
 - (6) If, after review by the employee, there are comments made other than concurrence, the performance evaluation will be sent back to the employee for review. The employee will be given a copy of the evaluation; and a copy will be maintained in the employee's personnel file. A copy of the employee's most recent evaluation, with all comments, will be forwarded to the City's Human Resources Department.
- (e) Review Procedure
- (1) An employee who questions or disagrees with his/her performance evaluation

may request a review of the performance evaluation through the Department of Juvenile Services' chain-of-command to the Director. Such a request must be made within 30 days of the date the employee signs the evaluation form. This procedure is an informal, administrative procedure and has no connection to any other City or Departmental appeals or grievance procedures. Performance evaluations are not subject to grievance.

- (2) An employee requesting a review of his/her performance evaluation should make the request to each higher level of supervision and should present his/her justification, in writing, as for warranting a different evaluation on any factor.
- (3) If, at any level, it is determined that the evaluation was not appropriate, a new evaluation may be issued which will supersede the previous evaluation. No evaluation will be changed or superseded without the approval of the Director and notification of such change will be given to the employee.
- (4) If an employee desires to appeal a performance evaluation further, he/she may do so by writing a letter to the Director, through his chain-of-command, requesting a review by the City's Human Resources Department. The City's Human Resources Department will serve in an advisory capacity to Juvenile Services, and to the employee to determine if human resources policies have been followed. Final determination on an employee's performance evaluation rests with the Director.

2.17 LEAVE POLICIES

- (a) Notification of Leave under the Family Medical Leave Act (FMLA) – When practicable, notification of need for FMLA shall be submitted to the Supervisor (or designee) in writing no less than 30 days prior to the commencement of leave. When a 30-day notice is not practicable, an employee is required to inform his/her Supervisor as soon as the employee

knows he/she will need leave. See Personnel Administrative Manual Policy #703, Leave for Medical Purposes, for additional information regarding FMLA.

(b) All leave must be personally requested and authorized. Leave is approved by the Supervisors and Program Administrators. Reporting to anyone who answers the telephone or anyone on duty that you will not be reporting to work as scheduled is not acceptable. You must speak to a supervisor. Leave requests must be made in advance. See individual types of leave for minimum times. Emergency leave may be granted on short notice. Verification of the need for any leave other than vacation or personal leave may be required. Leave taken without express approval of those authorized to grant leave may be reported as leave without pay and the conduct may be disciplined. [Note : Counselor I/II new hires are expected to work the first six months without request for leave. Excessive leave during the first six months impacts training.]

(c) Paid Personal Leave:

- (1) Reference City Personnel Administrative Manual, Section 701.
- (2) It shall be the policy of this Department that Paid Personal Leave shall not be routinely approved for more than two weeks (eighty work hours) consecutively. All requests for leave scheduled to extend beyond eighty hours must have the approval of the Department Director.
- (3) The nature of our mission is such that we are frequently dependent upon "relief" workers to cover periods of absence by full-time employees. This process tends to impose a hardship on all parties involved when an employee is absent from work for prolonged periods.
- (4) Leave requests for Paid Personal Leave in excess of one working day will be submitted to the supervisor at least two weeks in advance. Every effort will be made to give a timely response to such requests.

(d) Holiday Leave Policy:

- (1) Reference City of Newport News Personnel Administrative Manual, Section 702.
- (2) Employees, whose work schedule requires that they work on a City holiday, shall receive compensation for the holiday with another day off, equivalent to the hours granted for the holiday in question.
- (3) Time off for these holidays is subject to authorization using the standard leave request form.
- (4) If an employee's regularly scheduled day off falls on a scheduled holiday, the employee shall be compensated as described above.

- (5) If the employee is sick on a scheduled holiday, the holiday will be charged to the employee in lieu of sick leave.

(e) Paid Medical Leave:

- (1) Reference City Personnel Administrative Manual, Section 702.
- (2) Paid Medical Leave is not automatic. It is subject to proper approval.
- (3) For each day of absence, except in unusual or emergency situations, the employee shall be expected to give reasonable notice of their need to be absent due to illness. This notice shall not be less than four hours before the beginning of the employees scheduled shift. Once the employee has been seen by a physician and notified his/her supervisor of their anticipated length of absence, the employee need not contact his/her supervisor on a daily basis.
- (4) A medical excuse may be required by the supervisor/administrator at the time leave is requested.
- (5) It shall be the policy of this Department that any employee who is absent for more than two consecutive work days due to illness or injury, shall present to his/her supervisor upon the employee's return to work, a medical excuse. This medical excuse shall stipulate the date the employee was under a doctor's care.
- (6) At the discretion of the Supervisor, Program Administrator, Deputy Director or the Director, in situations where excessive absences is observed, a medical statement may be required for any absence.
- (7) Leave requests for anticipated Paid Medical Leave in excess of one working day for such situations as hospitalization, etc., shall be submitted at least one week in advance. Leave requests for Paid Medical Leave for medical appointments involving one working day or less should be submitted at least three days in advance. Leave requests for all emergency leave, whether PML, PPL, or funeral, shall be submitted on the first day of the employee's return to work with all necessary documentation where necessary. Any type of emergency leave may require documentation.
- (8) If the employee is sick on a scheduled holiday, the holiday will be charged to the employee in lieu of Paid Medical Leave.
- (9) The Director may request an examination by a licensed physician when there are indications that the care of children, other employees, or the employee himself, may be jeopardized by the physical, mental, or emotional health of an employee. An employee may be required to leave work and take Paid Medical Leave if the employee's condition jeopardizes the employee, work operations, or other employees. An employee found to be unfit for duty shall be relieved from duty pending the written release of a physician.

(f) Funeral Leave:

- (1) Reference City Personnel Administrative Manual, Section 704.
- (2) This policy requires each instance be handled based upon the individual circumstances.

(g) Jury Duty/Civil Leave: Reference City Personnel Administrative Manual, Section 705.

(h) Non Paid Leaves of Absence:

- (1) Reference City Personnel Administrative Manual, Section 706.
- (2) All Leave without Pay (LWOP) requests must be submitted to the Director for approval.

(i) Military Leave: Reference City Personnel Administrative Manual, Section 707.

2.18WORK SCHEDULES

Only a Supervisor, Program Administrator, or Deputy Director may make changes in work schedules.

2.19PART-TIME STAFF

Part-time staff is used to provide program coverage when full-time staff is absent, when the population of a program exceeds the staff: client ratio, and when vacancies occur. Relief staff works on an as-needed basis. They are expected to be available for work outside of other full-time employment or school. Part time staff is expected to work a full eight (8) hour shift.

2.20OVERTIME/COMPENSATORY TIME

(a) Reference Personnel Administrative Manual, Section 610 and Memo dated March 15, 1994 "Overtime and Compensatory Time Guidelines"

(b) Employees may be required to work overtime to provide adequate levels of service. All overtime must be scheduled and/or authorized by a supervisor level position or higher. Overtime may be mandatory.

(c) Overtime-eligible staff is directed not to begin work more than seven minutes before their shift begins or work longer than seven minutes after it ends. Should one do so without administrative approval, they will not be paid overtime. All overtime must be approved by an administrator. Overtime shall be approved only when necessary to the operation to maintain security or staffing ratios.

(d) Should staff arrive for work earlier than seven minutes before their shift begins, they may go to a lounge area to wait for their shift time to begin. Except in the case of emergency, staff is not to engage in any work related to the detention home. Should any emergency situation require staff to work longer than their scheduled shift time, overtime shall be approved.

(e) Employees may be required to work during states of emergency as declared by the City Manager. Department employees provide essential services, and as such, are covered under the Emergency Status Policy of the Reference Personnel Administrative Manual, Section 611.

(f) Employees who are not overtime eligible are not compensated for time worked in excess of 40 hours in a work week and do not earn compensatory time. Discretionary leave may be granted by the d or his designee. Discretionary leave is not granted on a one-for-one basis in exchange for additional time worked. Discretionary time is normally granted for periods of a half day or less. There is no requirement that discretionary leave be granted.

2.21 TARDINESS

(a) Tardiness in reporting for scheduled work will require a leave request. Excessive tardiness will not be tolerated and is subject to disciplinary action.

(b) Tardiness shall be defined as not being ready to assume shift responsibility at the beginning of the shift.

(c) If an employee is tardy more than once in a four-week period, the employee's supervisor shall counsel them regarding their attendance and document the counseling to the supervisory file. If two counseling sessions are required within a three-month period, the supervisor shall request the matter be administratively reviewed. Should disciplinary action be required to address a tardiness issue, the conduct will be likened to the level of severity as is appropriate under the City Standards of Conduct.

(d) Notifying a supervisor of an expected tardy does not automatically mean the tardy will be excused. Nor does it preclude the right of the supervisor to require documentation of the requested leave.

(e) Leave approved for tardiness shall be charged to vacation. In the case of new employees who cannot use vacation, time will be leave without pay.

2.22 EMPLOYMENT OUTSIDE OF THE DEPARTMENT

(a) Department employees may work in other city departments on a part-time basis with the approval of the Department Director and the Director of Personnel; Reference Section 614, City Personnel-Administrative Manual.

(b) Employees holding employment with other agencies or companies will make the Director aware of said employment, with employer, and the work schedule in writing. Employment with the Department will be considered the primary employment for all full-time employees. The secondary employment shall not interfere in any manner with the performance of the employee's responsibility to this Department.

2.23 EMPLOYEE CONDUCT

(a) The Department has a Code of Conduct, which is in addition to the City Code of Conduct. The levels of seriousness are matched against the appropriate level of misconduct found in the City Code of Conduct for disciplinary purposes.

(b) See Section 51 for complete rules regarding Employee Conduct.

(c) Phone Use:

- (1) Personal phone calls are a hindrance to proper supervision of residents and must be limited to emergencies only.
- (2) The City and this Department shall not be charged for personal long distance telephone calls. If it becomes necessary for you to make a long distance call, the call must be billed to your telephone calling card, your home phone, or other party. When these methods are used, no charges will appear on the department's phone bill.
- (3) Failure to observe this requirement will require that the charges be reimbursed to the department and disciplinary action may be taken.
- (4) In those instances where you are required to work beyond your regular schedule and a call is necessary to inform family members, babysitters, or to cancel an appointment, the call can be made and charged to the Department. These calls will be restricted to five minutes.
- (5) Collect calls are to be accepted only from the nurse or administrators. A collect call may be accepted from other employees only if they are out of the area on official business such as training or transportation.

- (6) For each day of absence, except in unusual or emergency situations, the employee *personally* will be expected to give reasonable notice of their need to be absent due to illness. In all but unusual or emergency situations, this notice shall not be less than four hours before the beginning of the employee's scheduled shift. Once the employee has been seen by a physician and notified his/her supervisor of the anticipated length of absence, the employee need not contact his/her supervisor on a daily basis. A medical excuse may be required by the supervisor/administrator at the time leave is requested if the situation warrants.

(d) Electronic Mail: Electronic Mail (E-Mail) is for business use only. It is not to be used for personal messages. Discretion and professionalism shall be used in all correspondence. Failure to follow this policy may result in disciplinary action.

(e) Dress Code:

- (1) It is the policy of the Newport News Department of Juvenile Services that certain items of clothing and jewelry shall not be worn by employees in various areas of operation for reasons of personal safety and public image. These restrictions are not intended to place undue hardship on the employee, but to enhance the two areas stated above, namely, personal safety and public image.
- (2) It is expected that all staff members will maintain a neat and professional appearance at all times. Tight or revealing clothing, hats, workout clothes while on duty shall not be worn. Walking length shorts or Capri-length pants are not acceptable. Direct care staff working in residential programs shall not wear high heels or other types of unstable footwear, ties or necklaces which could be used to choke, large rings, earrings, or any other similar unsafe items. Department shirts shall be worn with khaki, black, or blue full-length pants. Jeans are not permitted. [Note: The Department does not provide pants.]
- (3) It is suggested that discretion be used in considering the wearing of clothing of financial or personal value as the Department and the City will not accept responsibility for replacement of, or reimbursement for, items of clothing or jewelry damaged while an employee is on duty.
- (4) Employees' personal belongings such as stereos, radios, televisions, etc., which an employee opts to bring to work for program use are the responsibility of the employee and neither the Department nor the City will repair or replace such items if they are damaged or stolen.

(f) Smoking Policy:

- (1) Residents are not permitted to smoke while in detention facilities under any circumstances.
- (2) Staff and Visitors:

- (i) Smoking is not permitted in the presence of residents under any circumstances or in any area which may be occupied by youth.
- (ii) Smoking is not permitted anywhere in Departmental buildings.
- (iii) The Department follows the Smoking Policy as established by the City of Newport News. Reference Personnel Administrative Manual, Section 1402.

(g) Demeanor:

- (1) As employees of the City of Newport News, assigned to a Department of Juvenile Services program, staff shall be expected to maintain certain standards of demeanor at all times.
- (2) While on duty, staff shall keep personal business to an absolute minimum. In residential programs, anytime a staff member finds it necessary to leave the floor (following established procedures for such absence) the time away should be kept to a minimum.
- (3) No unauthorized person shall be allowed in any part of the Department's residential facilities (excluding reception area in administrative offices).
- (4) All staff are expected to give their support to their fellow worker. Should you have some difference of opinion, it shall be discussed someplace out of sight or sound of the residents. However, under no circumstances shall inadequate supervision be rendered due to staff differences.
- (5) Staff shall have no reason to put their hands on children at any time, except for the following reasons:
 - (i) When searching a child.
 - (ii) While rendering assistance, i.e. medical or support.
 - (iii) As a means of maintaining control, i.e., breaking up fights, quelling disturbances, or handling matters involving escapes.

(h) Horseplay or wrestling is strictly forbidden:

- (1) The use of profanity is unacceptable and is subject to disciplinary action.
- (2) Destroying or defacing detention home property is also against accepted practice.
- (3) Staff is expected to be polite and courteous to all persons at all times.
- (4) No staff member shall accept gifts in any form from a resident or a member of a resident's family or from residents formerly placed in any detention program.
- (5) Staff members shall not initiate or engage in contact with any youth formerly placed in any detention program for social or business reasons. Care must be taken to prevent conduct, or the appearance of conduct, which may be inappropriate or illegal, or to establish a possible expectation for favoritism during any future placements. Contact initiated by youth may be responded to for the purpose of encouragement only.

- (6) Staff members shall not make personal funds available to residents. This policy pertains to periods during which the youth is in a program and upon his/her release.
- (7) Observations of misconduct or questionable behavior of staff members must be reported by anyone who observes it to the Superintendent or Supervisor. If required to make a written statement to give information when it is deemed appropriate, the employee must do so. Reports must be made immediately after an incident/observation in serious matters affecting or jeopardizing the health, safety, and welfare of a youth, other

2.24 TRAVEL POLICY

- (a) Reference Personnel Administrative Manual, Section 1405.
- (b) A City of Newport News Travel Report must be completed by an employee who is going on a trip that requires him/her to stay overnight or requires reimbursement.
- (c) Travel vouchers are to be submitted to the Supervisor not later than five days in advance of the anticipated travel. The Accounting Technician will be responsible for completing the required form and submitting it to the Director. The voucher must be completed, receipts submitted, and the form signed within three business days after return.

2.25 VOLUNTEER SERVICES

The purpose of the Volunteer Program is to expand and enrich the Newport News Juvenile Services' existing programs. The volunteers supplement the program by providing special services, which might not otherwise be available to the residents. The Volunteer Program also serves as a liaison between the community and Newport News Juvenile Services, promoting a better understanding of the role and purpose of Detention. Volunteers also aid in educating the community, through their experience in Detention and positive contributions to the juveniles, and help activate community support in the field of juvenile corrections. Newport News Juvenile Services will provide a learning environment for volunteers, students, and/or interns during their service.

SECTION 3.0 – ADMISSION/RELEASE

3.1 ORGANIZATION OF FILES

(a) All resident's folders shall have the resident's name (using last name first, the first name, middle name, and the suffix). An example would be Smith, John, Jr, date of birth, resident's i.d. number, race, and gender is on the outside top of the folder. The bag number is also on the top of the folder in pencil. All papers pertaining to a resident should be in the correct section of the file.

(b) The file shall include the following:

- ~~(1)~~(4) Detention/Court Order
- ~~(2)~~(5) Resident Face Sheet
- ~~(3)~~(6) Detention Card
- ~~(4)~~(7) Orientation Process Form
- ~~(5)~~(8) Intake Checklist
- ~~(6)~~(9) Property Sheet
- ~~(7)~~(10) Medical Assessment Form (pink copy)

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3.2 DETENTION CARD

The Permanent Record Card will include the following information:

- (1) Resident's Name
- (2) Date and Place of Birth
- (3) Dates of Admission
- (4) Dates of Discharge
- (5) Names of Parent(s)/Legal Guardian(s)

NOTE: Names and addresses of parent(s)/legal guardian(s) and sibling(s) will be in the HYPE system and available to the Police Department information section.

3.3 AUTHORITY TO DETAIN [6 VAC 35-140-60]

(a) Every attempt shall be made by the Court Service Intake Worker and Law Enforcement personnel to provide pre-admission services to juveniles in need of medical attention. If the youth presents with serious, observable medical problems, the staff shall inform law enforcement to take the youth out for treatment. The youth will be accepted to detention when the transporting agent presents a medical statement indicating the youth is not in need of hospitalization.

(b) A detention order/court order must always accompany the juvenile to the detention facility. Verify that the Court Service Unit issuing the detention order is aware the juvenile was taken into custody, that the detention order is still active and has not been withdrawn by Court Services and that the charge is for a **detainable offense**.

Note: All Hampton juveniles must be processed through Hampton Court Services Intake prior to being admitted to detention.

(c) The transporting officer will sign and print their name on the detention card (**Attachment #3**).

(d) A strip search of the youth and search of their belongings for weapons or contraband shall be conducted by the staff conducting the admission in the Intake area **prior** to the departure of the transporting officer and **prior** to being placed in an Intake holding cell.

(e) Whenever a language or literacy problem exists, which could lead to a resident's misunderstanding of rules and procedures, assistance shall be provided by staff or a qualified individual under Newport News Juvenile Services staff supervision.

NOTE: ALL WEAPONS SHALL BE SECURED PRIOR TO THE TRANSPORTING OFFICER ENTERING THE INTAKE AREAS WITH THE JUVENILE

3.4 ADMISSION CRITERIA [22 VAC 42-10-530]

(a) The following criteria must be met in order for a juvenile to be admitted:

(Pursuant to a detention order issued as provide for in 16.1-255 and 16.1-256 and the criteria for detention set forth in 16.1-248.1 has been satisfied; the juvenile is ordered to remain detained under 16.1-249 and 16.1-250 of the Virginia Code.

- (1) Juveniles who have been charged with a violation of the law prior to their 18th birthday; juveniles between the ages of 8 to 17 years of age.
- (2) Determination by the Court as noted above that the release of such juvenile would constitute a threat to themselves or others in a serious and substantial unrest to public interest.
- (3) The accompanying individual has obtained the proper executed papers necessary for detaining the juvenile.
- (4) Demonstrates no illness or physical conditions which deem them unsuitable for detainment without prior medical release.

(b) Upon admission, a folder will be assigned to every juvenile and clearly labeled "Confidential." This folder will contain all necessary information to be used by the staff in the delivery of services to that juvenile.

NOTE: These folders and their contents are not to be shared with anyone outside of the detention center, nor will any portion be duplicated or disseminated, except as law allows.

(c) All active and inactive folders will be kept in the file cabinets located in the record room. The inactive files will be examined regularly by assigned staff and all folders for residents who have turned 21 years old will be destroyed according to the policy established by the State Librarian. If the resident was here after his/her 18th birthday, do not destroy the records until three years after the release date. A permanent record card will be kept on file for each resident after the disposition of the resident's record.

(d) While detained, all residents shall receive any services necessary to meet their medical, mental health, social, educational, nutritional, and recreational needs. Residents will be

provided clean clothing and supplies to maintain personal hygiene daily. A safe and secure environment shall be maintained at all times to include consistent staff supervision.

(e) In addition, they shall be given the opportunity to communicate in person, via telephone, and in writing, with parents/legal guardians, with legal counsel, with any treatment provider as indicated by the Court, and with clergy.

(f) Problem Admissions: If a resident is admitted to the program that is extremely hostile, violent or refusing to cooperate with the admission procedure, ask the transporting law enforcement officer for assistance, if necessary, to place the resident in a holding cell, prior to the officers departure. **The youth must first be either pat and/or strip searched to prevent entry of contraband or injury prior to being placed in the holding cell.** (Depending on whether the youth is cooperative will depend on which search is conducted.) Electronic Monitor (EM) bands will not be cut off during the admission process. The issuing agency will be called to arrange removal of the EM band.

(g) Personal Property [6 VAC 35-140-480]: At the time of admission, juveniles shall surrender their personal belongings, including clothing, money, jewelry, and medications.

(h) If weapon(s), drug(s), possible stolen item(s) and/or other contraband are found during the Intake search of a juvenile, the delivering officer present in the Intake area will take possession of the item(s).

(i) The personal property recorded in Juvenile's Personal Property screen located in the HYPE Tracking System (**Attachment #4**) shall be completed, describing each article by color and brand if applicable. Jewelry shall be described as "yellow in color", "clear stone", etc. Both the youth and admitting Counselor shall sign and date the property sheet. State shoe size, color, & maker such as Nike, Reebok, etc.

(j) Juveniles' Fund [6 VAC 35-140-110]:

- (1) Property shall be properly labeled and stored neatly in the property room. All money and valuable property shall be secured in the safe in the personal property room. (Resident's personal funds are not typically used in any manner since there is no need for its using during their detention.) The property room

door and safe used for monies and valuables shall be closed and secured/locked when not in use.

- (2) Juvenile's cash property shall be inventoried and documented in *Resident's Banking Transaction Log* (located in the HYPE Tracking System). Place the contents in a sealed envelope, labeled with resident's name and secure it in the property room's cash box located inside the safe. The amount must also be balanced in the *audit book* by a Supervisor or designee before the end of the shift. Stamp envelope with "sealed" stamp. Juvenile and staff shall sign envelope.
- (3) Cash deposits are made on Tuesdays. The Supervisor shall submit monies for deposit to the Accounting Technician in the Administrative office and shall ensure reconciliation of the audit book.

(k) Admitting Residents with Contact Lenses:

- (1) When a resident is admitted with contact lenses, notification to the parent/guardian shall be made to inform them of the need to have all required contact lens material within 72 hours of admission in order for the resident to continue to wear the contact lenses, (especially if they are disposable/extended wear lenses) and/or glasses.
- (2) The contact lenses are to be kept in a contact lens case bearing the resident's name when not being worn. The labeled case will remain with the resident's hygiene items on his/her assigned Pod.

3.5 ADMISSION PHONE CALL [6 VAC 35-140-80]

- (a) Staff shall dial the number to speak with the parent/guardian during or following the admission to gather any missing information, arrange for any medication or personal property pick-up, inform them about visitation, telephone calls, and general program rules and to answer any questions. The resident shall be permitted to talk to his/her parent/guardian briefly during the admission process. If the juvenile refuses an intake call, staff shall document the juvenile's refusal. The intake call shall be documented on the *Admit Activity Log* in the HYPE Tracking System.

(b) If the parent/guardian is unavailable at the time of admission and the juvenile was unable to speak to their parent/guardian, the juvenile shall be allowed to call them at a later time. Although the counselor conducting the intake will make every effort to speak to the parent/legal guardian, when they are unsuccessful, this followup will be the responsibility of the counselor on the Pod.

3.6 SEARCHES AND SHOWERS [6 VAC 35-140-590 & 6 VAC 35-140-480]

(a) Same sex staff shall conduct searches and showers. The youth shall empty all pockets, remove coats and shoes. Shoes, coats, bags, purses, etc. shall be placed out of the juvenile's reach. A pat down search is conducted prior to the delivering officer leaving and placement of the youth in an Intake holding cell. The juvenile shall not be touched anymore than is necessary to conduct the search. Proceed to the shower room, instruct the juvenile to remove all personal clothing and place the clothing in a personal property storage bag. **All clothing shall be removed under the direct observation of the counselor conducting intake.** The counselor conducting intake shall conduct a body/strip search of the juvenile in the shower area to ensure privacy.

(b) The search shall include but not be limited to hair, ears, mouth, armpits, and soles of feet. Hair pieces, mouth pieces, "fronts," "grills," earrings and any body piercing must be removed. The Supervisor will be notified in all cases of removal of any of these items. The nurse will be notified of any earring or body piercing removal. At this time check for bruises, scars, marks and signs of abuse. If any are observed, note the observation on the admission forms and photograph. Report any observed or reported abuse per procedure. Place the clothing and personal property away from the juvenile's access, until the remainder of the admission procedure is completed. **Staff will not conduct searches of the juvenile's body cavities.**

(c) If it is determined a body cavity search is necessary, only qualified medical staff will conduct this search after authorization from the Supervisor on Duty or the Court is received. Any witness (other than medical staff) to a body cavity search must be of the same sex as the juvenile. A body cavity search shall be fully documented in the resident's medical file.

(d) A shower **shall** be conducted in Intake. Youth will be issued clean, proper fitting clothing. Clothing for **all residents** will consist of Newport News Juvenile Services issued

pants, sweatshirt, socks, underpants, bra (females), t-shirts (females) and shorts (males and females). Hygiene articles necessary for maintaining proper personal hygiene shall be issued in Intake. **Under no circumstances shall a youth be allowed in any storage areas.**

3.7 ISSUING CLOTHING

(a) The appearance of the residents in the care of the detention center is an important factor in improving the resident's self-esteem. In order to keep them looking neat and clean, the staff must keep clothing in order. Clothing must be clearly marked as to size and it must be kept in its proper place.

NOTE: All *shifts*: Intake staff shall issue the initial set of clothing to the new admission, making sure that the clothing fits properly.

(b) In the event that the detention center's clothing does not fit properly, the resident will have to wear his/her clothing until properly fitting clothing can be obtained. The Administrator or Supervisor shall coordinate getting personal clothing from the resident's parent(s) or legal guardian(s). Once the personal clothing is received a schedule will be set up for the changing and washing of the dirty clothing. If personal clothing cannot be obtained for the resident, the resident's original set of clothing must be washed each day. The resident must wait in his/her room until the clothing is returned. During this time, the resident may read if he/she chooses to do so. This process, if needed, will be coordinated by the morning shift during the morning hours.

(c) The evening shift issues clean clothing to juveniles at shower time. Staff will check for clothing in need of repair. Exchange damaged clothing for undamaged clothing, and place damaged clothing in the proper container.

(d) Boys shall be issued clothing consisting of pants, undergarments, a t-shirt, tennis shoes, shower shoes, socks, and sweatshirt. Girls shall be issued pants, undergarments, bra, t-shirt, socks, tennis shoes, shower shoes, and sweatshirt. Residents may wear their own tennis shoes, after they have been approved for wear by the Supervisor. Residents shall wear the detention center-issued clothing unless there is no clothing in the resident's size or due to special circumstances in which detention center clothing is not practical (such as pregnancy).

Belts are not allowed in the detention center.

(e) All youth shall be issued a wrist band for identification purposes. This band shall remain on their wrist until they are released.

3.8 PERSONAL HYGIENE SUPPLIES

(a) Personal hygiene supplies consisting of a comb, toothbrush, deodorant, soap, and shampoo packet will be issued. Each resident shall be issued a washcloth and towel during shower time.

(b) Each resident's name will be placed on the Pod Population Sheet in the HYPE system. A room number and locker will be assigned during the intake process and noted in the HYPE system.

(c) The overnight shift in conjunction with the storekeeper is responsible for replacing and replenishing hygiene supplies, to include worn/broken toothbrushes. Any empty or used product is to be disposed of in the waste basket in the charting room.

(d) Toilet paper is available in each resident's room and is supplied by staff once the previous roll has been used completely. The card board roll in the center is to be removed for safety and security of resident and staff.

3.9 ORIENTATION [6 VAC 35-140-65]

(a) An effective system of communication between staff and youth begins at the time of their intake and initial orientation to detention. The counselor completing the intake process is responsible for the orientation of the youth. A youth entering detention may appear to be upset or bothered in one way or another during the intake process. Asking a youth if he/she understands why he/she is being placed in the detention center often provides an opportunity to express feelings to answer questions. Efforts to convince the youth of the need to conform to acceptable behavior while in detention will be made.

(b) The youth should be informed of the procedures that will take place. The more the youth knows about his/her detention stay, the easier the adjustment will be. The juvenile should be aware of the need to shower to exchange his clothing and that they will be given an individual room that is locked whenever he/she is in the room. The rules and expectations for behavior in the Center are reviewed and a copy of the resident handbook, which outlines the facility rules, consequences and discipline procedures, shall be given to the juvenile. The grievance policy, fire drill procedures and sick call procedures are also reviewed with the juvenile during their initial orientation. The staff will also explain the program services and schedule of activities.

(c) If the counselor is unable to review the information with a youth during the admission process, due to multiple admissions or other pressing requirements, the review shall be on the Pod by the admitting Classification Staff or directed to another staff member to complete.

(d) Where a language or literacy problem exists, which can lead to a resident misunderstanding the rules, staff or a qualified person under the supervision of staff shall assist the resident as needed.

(e) Completion of orientation process is documented on the Juvenile's Orientation Checklist screen located in the HYPE Tracking System (**Attachment #5**).

3.10 ASSIGNMENT OF ROOMS [6 VAC 35-140-440]

(a) Housing units are designated as female, younger/smaller males, and older/larger males. Younger males refer to males 15 years old or younger. Older males refers to males 16 years or older.

(b) Smaller males refers to a male under 5'6" and of slight to moderate build. Larger males refer to a male 5'6' or taller and of moderate to husky build.

(c) Residents shall not be doubled with other residents.

(d) These classifications are intended to protect residents from bullying or being abused by other residents.

(e) The youth is assigned a room and shall be given an orientation to their assigned Pod. They shall be encouraged to participate in on-going group activities. **Routine isolation of youth upon admission is strictly forbidden.**

(f) Pod assignments shall be made based on the age, sex, size, and known history of the juvenile. Male and female residents **shall not** occupy the same sleeping room, although they may be housed in the same living unit.

(g) Any youth who has problems with youth already detained in Newport News Juvenile Services will be so noted on the Conflict List. (**Attachment #6**)

(h) The Control Room shall be informed of all admissions and in certain situations room assignments and any other important information pertaining to the youth.

3.11 BONDING PROCEDURES

(a) Juveniles may be granted bond by the Juvenile Court or by the Circuit Court if the child is under the Circuit Court jurisdiction. Procedures differ for Hampton and Newport News Courts.

(b) Hampton Court placements will be bonded in Hampton. A law enforcement officer will transport the youth for bonding. When a call is received notifying Detention of the hearing, the permanent release procedure is followed. A copy of the latest detention order with the bond amount on it is needed to accompany the youth. Hampton Court placements who are bonded in Newport News require notification of this procedure be made to the Hampton Juvenile Court Intake Office.

(c) Newport News placements are bonded at the Juvenile Court Clerk's office during office hours, 7:30 A.M. – 4:00 P.M. After hours, the Magistrate, in the Public Safety Building, will handle the process.

(d) Youth called for bonding to the Juvenile Court Clerk's office will be escorted to the Clerk's office by a staff member. The youth will wear detention clothing and restraints to the bonding. After the bonding process has been completed, return the youth to detention and complete the permanent release process.

(e) Youth called for bonding to the Magistrate will be escorted to the office by a staff member. The resident will wear detention clothing and restraints to the bonding. After the process has been completed, return the resident to detention and complete the permanent release process.

NOTE: Magistrate office requires a detention order with the bond amount on it.

3.12 TRANSPORTING YOUTH

(a) When transporting residents outside the facility, full restraints if applicable are required; to include a waist belt, hand cuffs, and ankle restraints (leg irons). The use of mechanical restraints will be used for preventing injury and preventing escape.

(b) Staff will ensure that the residents are in full restraints (if applicable) at all times during the transport. The resident must also wear seatbelts as required by law. Staff shall call the detention center upon arrival to the destination, every hour out, and prior to returning to the detention facility. In addition, contact by authorized individuals only shall be allowed. All contacts shall be properly supervised by staff.

(c) Upon notification the juvenile will be returning to the facility, the transporting staff will be required to notify the Control Room and the Supervisor on duty.

(d) In the event of an escape while on transport, the staff shall not attempt to apprehend resident and shall immediately call 911. (See Insert # 4)

(e) The Transportation Safety Checklist shall be completed before each transport. (See Insert #5)

NOTE: Notify Supervisor of any questions, problems, or concerns while on transport.

3.13 RELEASES

(a) Releases [6 VAC 35-140-180]: Before releasing any youth, proper authorization must be received from the committing court or courts (in case of multiple jurisdictions). If there is ever any doubt as to whether a particular youth should be released, the doubt must be cleared through direct communication with an officer of the court and/or the Supervisor or the Superintendent. Youth will only be released to authorized parents/guardians or persons taking custody of a released youth . A picture identification shall be presented prior to release of youth .

(b) Temporary Releases:

- (1) Temporary releases may be granted for, but not limited to, court appearances, medical appointments, inpatient care while continuing custody is with the Newport News Juvenile Services, day treatment programs, approved therapeutic home visits and funerals. If transported by any person other than detention staff, prior written approval (transportation order, court order or approved memo) of the committing agency must be on file.
- (2) If a youth is required in a court other than the jurisdiction for which he/she is being held, or the youth is being held by multiple jurisdictions, the juvenile's personal property will not be released with him/her. The juvenile held by more than one jurisdiction shall always wear detention clothes to court. Every staff and Supervisor is required to be aware of these cases and process the temporary release accordingly.
- (3) All residents temporarily released for appointments (excluding court appearances) will wear detention clothes. Special permission would only be

granted for, but not limited to, pre-placement interviews, family funerals ordered by the committing court or post dispositional youth participating in community activities. Upon return to the building, a thorough strip search must be conducted to the Intake area. **Residents are never brought into the population or onto a Pod prior to being searched.**

(c) Court Release:

- (1) When a resident is being temporarily released to attend Newport News Court, the resident is not required to take any personal belongings. This includes clothes, medication, money, etc. If the court is releasing the resident, the resident will return to the detention facility for the releasing process. At this time, the resident will receive their personal belongings. When a resident is being temporarily released to attend Hampton Court the residents are required to take all personal belongings. This includes clothing, medication, money, etc. Residents attending Hampton Court may be released directly from court without returning to the detention facility.
- (2) The youth will be taken to the Intake area where he/she will change into their personal clothing. The staff conducting intake will ensure all issued detention property is returned. The juvenile's property will be inventoried and verified against their property sheet. All monies owed the resident will be removed from the property room safe and secured with the resident's property. All personal medication due the juvenile shall be included in the inventory. The juvenile shall sign the portion of the property sheet verifying they have reviewed and confirm release of all their property. The staff conducting intake shall hold all property including medication until turned over to a responsible party at the time of release. A copy of the juvenile's property sheet will accompany the juvenile's property.
- (3) If any items are missing, attempt first to locate the item(s). If unable to locate the property note this on the property sheet and report the missing items to the Supervisor on duty and the Superintendent. Explain to the youth and/or person, to whom he/she is being release that we will continue to attempt to locate the property. The Newport News Juvenile Services cannot assume responsibility of any property, which the resident claims to have had at intake but is not listed on the juvenile's property sheet.
- (4) The person, to whom the juvenile is being released, shall sign the temporary release section of the Admission Card (See **Attachment #7**).
- (5) If the resident is being released to a parent/guardian, any potential weapons or contraband are to be released to the parent/guardian, not the youth.

- (6) If the youth returns to detention from a temporary release and no changes in property have been made, the original property sheet may be signed and dated by both the resident and the staff. If a resident returns to detention following a temporary release with additional or less personal property, this must be recorded on the property sheet and signed and dated by both the staff and resident.

(d) Permanent Release:

- (1) The Pod Counselor will inspect the assigned room and issued detention property for damage. Linens will be removed and placed in the dirty linen cart. The room, mattress and pillow shall be cleaned and sanitized by the custodian, staff or resident volunteer, prior to reassignment. The resident will remove all items from their assigned room and bring them to Intake.
- (2) The youth will be taken to the Intake areas where he/she will change into their personal clothing. The staff will ensure all issued detention property is returned.
- (3) Anytime a resident with property is released from detention, the juvenile's property will be inventoried and verified against the property sheet. All personal medication due the juvenile shall be included in the inventory. The juvenile shall sign the portion of the property sheet verifying they have reviewed and confirm release of all of their property. All monies owed the resident will be removed from the property room safe if under \$5.00. A check will be written for amounts over \$5.00.
- (4) When a youth is transported to the Department of Juvenile Justice (DJJ-RDC), he/she is not permitted to contact anyone at the time of his or her release. When the DJJ picks up the youth they WILL NOT accept any personal property of the committed youth. The releasing staff will contact the Juvenile Court Probation Office and advise them of the release. The staff will also contact the parent/legal guardian and inform them of the juvenile's release and of any property which needs to be picked up. This call shall be documented on the juvenile's property sheet. If staff receive instructions from the parent/legal guardian on disposal of the youth's property of a scheduled time when the property will be picked up, this contact should be documented and shared with Supervisors, Senior Counselors, and Superintendent.
- (5) If necessary, Superintendent will send a discharge letter to the parent/legal guardian outlining the specific property left behind and requesting its pick up or to receive instructions on its disposal. On request, the items will be mailed to a verified address or transported to the closest court location for pick-up.

- (6) When a resident is released to any other facility, a copy of the youth's medical assessment and any related information shall be sent with them. Related information would include but is not limited to suicidal ideation and attempts, disruptive or violent behavior, and/or any unusual behavior noted.
- (7) In the event a resident is transferred without sufficient prior notice for these records to be copied, the Nurse will forward the copies by mail, or FAX to the receiving facility. When a juvenile is transported to the Department of Juvenile Justice from Newport News Juvenile Services, all pertinent medical, educational, behavioral information as well as family circumstances during the resident's stay in detention shall be forwarded with the juvenile or within 24 hours after the juvenile is released.
- (8) Medication is released to the person accepting the juvenile, never to the juvenile directly.
- (9) Residents released for a pre-placement interview, evaluation and/or any youth that is away from the facility for more that 24 hours will be permanently released from the Juvenile Tracking System. They will be readmitted under their original detention order upon their return.
- (10) The releasing staff shall ensure the permanent release section of the Admission Card (**Attachment #8**) is complete in all areas. Should the Newport News Juvenile Services facility cease operation, the Superintendent, Supervisor and staff will assist in locating the residents to other detention homes.

3.14 DOCUMENTATION

All youth admitted will be interviewed for pertinent data and entered into the HYPE Tracking System. All information on the Juvenile Information screen of the HYPE Tracking System shall be entered, verified, and/or, updated (**Attachment #9**). Any information relative to the admission procedure such as contacts made with parents, medication and special problems shall be documented. The completed medical and suicide-screening sheet shall be copied and forwarded to the Nurse and Mental Health Clinician.

3.15 MEDICAL AND MENTAL HEALTH SCREENINGS [6 VAC 35-140-430 & 6 VAC 35-140-190]

(a) A medical screening will be initiated and documented on the Initial Medical Assessment Screen (**Attachment #1**) located in the juvenile HYPE Tracking System by the Counselor conducting intake during the intake process. The Nurse will complete a follow up screening during the youth's stay in detention. The initial medical screening will determine if the youth has any medical condition that should be of immediate concern to the staff. If the counselor conducting intake is in doubt regarding the resident's medical condition, the Nurse or Supervisor and/or Superintendent should be notified immediately. Immediate health care will be provided to any youth with such conditions.

(b) When admitting a youth with medication or at other times when medicine is delivered the medication shall be documented on the resident's property screen and on the medication sheet by the Nurse on duty or the Medication Agent when medicine is reviewed by the medical department. Unlabeled or outdated medications or those without the resident's name clearly identified will not be accepted. The prescription number and number of tablets in the container are to be noted on the medication sheet as well as the admitting/receiving staff's initials and date. Contact must be made with the Nurse before administering any medication brought in for the juvenile. Controlled drugs are to be entered on the drug count sheet upon receipt. Medications are to be turned over to the Nurse on Duty or placed in the located cabinet, **not** left on the clinic counter or in the intake area.

(c) When a youth acknowledges recent drug or alcohol use, documentation of what, how much, and when ingested, is made on the medical form. See **Medical screening guidelines for alcohol and/or drug use** for further instruction. If the youth admits to recent drug use or staff suspects recent drug use has occurred, a urine sample may be obtained from the youth, in the presence of the admitting same sex staff. The sample is labeled with the youth's name, date, time and initials of the staff taking the sample. A tamper resistant label is applied to the container in the presence of the youth. It is then placed in the clinic refrigerator to be tested by the Nurse. The Nurse will advise staff of any applicable medical precautions as determined by the test results.

(d) The counselor conducting the intake shall administer an Initial Suicide Assessment (**Attachment #10**) located in the HYPE Tracking System to determine the current mental health status of the admitted juvenile. The completed Initial Suicide Assessment shall be copied and forwarded to the Community Service Board (CSB) Counselor. The CSB Counselor shall be responsible for scoring the MAYSI screening on every resident that enters the Newport News Juvenile Services (as soon as practical after admission). If further mental health services are needed, the Counselor conducting intake shall notify the Supervisor immediately. The Supervisor will assess the situation, confer with the CSB Counselor, if applicable, and make

recommendations. If Newport News CSB is needed the Supervisor will contact and forward any information to the CSB Counselor.

(e) Any youth admitted who has recently been treated in a mental health hospital or another treatment facility should have a copy of their discharge summary in their file obtained by the Mental Health Clinician. This copy shall be kept confidential to prevent further dissemination. If no summary accompanies the juvenile, the CSB Counselor or Nurse will make a request for this information. The Probation Officer will be requested to share any information they possess regarding the juvenile's past treatment. The information shall be directed to CSB Counselor, Nurse, Superintendent, and Supervisor.

(f) All pertinent medical information will be logged into the juvenile's Chronological Notes located in the HYPE Tracking System and communicated to the Nurse.

(g) If the youth admitted poses a health or safety threat to themselves or others, the option of housing them in a holding cell until further assessment is available. These youth will receive comparable services as the general population.

3.16 MEDICAL SCREENING [6 VAC 35-140-450]

(a) Our primary medical responsibility and liability shall involve those incidents and/or conditions that may occur after the admission of the juvenile to Secure Detention. All pre-existing conditions, particularly those of an emergency nature, shall be dealt with before acceptance into Detention. Youth who are visibly under the influence of drugs or alcohol, have visible or reported injuries, shall receive treatment or be screened by a physician and deemed safe to incarcerate prior to admission. This is to be the responsibility of the officials who have custody of the child prior to admission.

(b) Financial responsibility for pre-existing medical, psychiatric, psychological, or dental conditions will not be accepted by the Department.

(c) To insure that this practice is maintained, a careful medical screening process by the admitting Counselor will be of utmost importance. All potential residents must meet certain

medical criteria before they can be officially admitted into the detention facility. Complete utilization of the admission medical form shall serve as a sufficient tool for screening. During this phase of the admission process, each child is to be informed of the medical services program and how to gain access to the program. If a Counselor should be in doubt regarding observations, the nurse shall be on call for any questions.

(d) When a child is admitted who admits to recently using drugs or alcohol, documentation of what they have taken and when is made on juvenile initial Medical Assessment Screening (**Attachment #1**) located in the HYPE Tracking System. If they are detained on a drug charge, have admitted to recent drug use, or the staff suspects that recent drug use has occurred, a urine sample is obtained in the presence of the admitting staff. The sample is labeled with the resident's name, date, time and the initials of the staff tacking the sample. The sample is then placed in the refrigerator in the Medical Suite. Urine specimen containers may be found in the Medical Suite.

SECTION 4.0 - OPERATIONS

4.1 CONFIDENTIALITY [6 VAC 35-160-170]

(a) Acquiring, accessing, duplicating and disseminating any portion of information pertaining to residents currently or previously admitted to Newport News Juvenile Services for anyone other than the courts and staff or current jurisdiction is prohibited. The resident's attorney, parent or legal guardians, persons or agencies as authorized by the court and/or agencies providing court ordered services requires a signed **Release of Information Authorization** form by the resident and/or their parent/guardian.

(b) The resident has the right to review their observation file, admission file and medical file as requested.

- (1) Failure to maintain confidentiality of resident files is unlawful and subject to court action.
- (2) Do not share information over the phone about residents; all calls must go through the Supervisor on Duty.
- (3) Do not inform an ex-resident of the names of present residents during conversations.
- (4) Do not share information with parents of residents who do not presently have custody of the resident.
- (5) Whenever in doubt, refer the person inquiring to the resident's parents, legal guardians or court.
- (6) Employees shall not reveal any personal information about one resident to another, nor shall staff discuss such information in groups.

4.2 USE OF FACILITY VEHICLES [6 VAC 35-140-140]

All employees who may be required to operate a motor vehicle in the course of the performance of their job duties must possess a valid Virginia Driver's license. It is each employee's responsibility to notify the Superintendent in writing if his or her license is revoked or suspended

for any reason. Any employee with a revoked or suspended driver's license shall not operate a vehicle for any reason. Any traffic citations received by employee while operating a Newport News Juvenile Services vehicle (including parking tickets), are the responsibility of the employee. Vehicles may not be used for personal business.

- (1) Support Services Supervisor – Support Services Responsibilities:
 - (i) Act as the primary focal point on all vehicle matters between the City Garage and Newport News Juvenile Services. Maintain a cooperative liaison for maintenance and repairs of vehicles. Ensure a minimum number of vehicles are operational or arrange for replacement vehicles.
 - (ii) Conduct frequent inspections of the fleet. Maintain current records of each vehicle.
 - (iii) Notify the Superintendent and Supervisor of any persons not qualified to operate vehicles.
 - (iv) Investigate misuse, abuse, damage, or accidents involving vehicles. Submit all required reports.
- (2) Juvenile Services Supervisor Responsibilities:
 - (i) Ensure all newly assigned personnel are briefed as part of orientation training in the safe operation of vehicles and any reports or forms requiring operator completion.
 - (ii) Review records annually to ensure a current license is in effect and on file.
 - (iii) Assign vehicles to specific transports on a daily basis.
 - (iv) Ensure all expendable forms and supplies are replenished as needed.
 - (v) Forward all reports and forms to the Support Services Supervisor.
 - (vi) Work closely with the Support Services Supervisor to identify and resolve any problem areas related to vehicles, personnel, or procedures.
- (3) Operator's Responsibilities :
 - (i) Have in their possession at all times a valid Commonwealth of Virginia driver's license. (Part-time military employees may have out-of-state licenses).
 - (ii) Operate all vehicles in a safe manner, obeying all traffic rules and Newport News Juvenile Services policies.
 - (iii) Ensure all occupants have seat belts securely fastened before the vehicle is placed in motion.
 - (iv) Use extreme caution when backing, using a spotter if possible.
 - (v) Lock vehicles when not in use.
 - (vi) Do not push any vehicle with a Newport News Juvenile Services vehicle.
 - (vii) Do not use vehicles for personal use or transport unauthorized persons.
 - (viii) Refrain from using tobacco products, food or drink in vehicles.
 - (ix) Report any malfunctions, leaks, unusual noises, broken parts, and low fluid levels. Do not operate vehicles with inoperative seat belts, windshield wipers, brakes, flashers/hazards, signals, head/parking lights, broken mirrors, low fluids, inoperative horns, low tire pressure or other unsafe conditions.
 - (x) Complete a trip report after each use.

- (xi) Report any damage to the vehicle.
 - (xii) Search vehicle inside and out.
 - (xiii) Inspect first aid kit.
- (4) Accidents [6 VAC 35-140-160]:
- (i) Notify police.
 - (ii) Apply first aid if necessary. A first aid kit and gloves are available in the vehicle.
 - (iii) Maintain safety of the passengers.
 - (iv) Notify the Supervisor on Duty or the Support Services Supervisor.
 - (v) Follow instructions for accident procedures (copy in glove box).
 - (vi) Complete an incident report upon return to Newport News Juvenile Services prior to leaving your shift.
 - (vii) A drug/alcohol test may be required per City Policy.

4.3 LINENS

Bed linens consisting of two (2) sheets and two (2) blankets will be issued. Residents on crisis watch will only receive two (2) blankets with no sheets (see Section 18).

4.4 PROCEDURE FOR HANDLING CLOTHING AT REGULAR SHOWER TIME

(a) Staff will exchange the following dirty items from resident with clean items during regular shower time: washcloth, towel, socks, t-shirts, shorts and undergarments. Dirty clothes will be placed in laundry bags.

(b) Support Services and designated staff will wash all clothing and linens. The evening shift will be responsible for placing dirty laundry in the laundry room. Laundry personnel will properly stock and rotate the clothing. Clothing in need of repair will not be discarded; it will be sent to laundry.

(c) Detention clothing will be worn to Court with the exception of residents appearing in Circuit Court and Hampton Court.

(d) Juveniles are not permitted in the personal property or clothing rooms. Staff shall handle all clothing coming in or out of these rooms.

(e) When exchanging clothing, the exchange will be done piece for piece (i.e. pants for pants, t-shirt for t-shirt, etc.). The juvenile is required to take a full set of clothing in detention. Exchanges of clothing will be documented in the HYPE system.

(f) Personal Hygiene and Showers Guidelines:

- (1) All residents are required to take a shower upon admission and once a day while in detention.
- (2) During showers, all residents are to be secured in their rooms.
- (3) Keep showers to the allotted time as directed by staff.
- (4) There is to be no horseplay in the shower, in the rooms during shower time, or at any other time.
- (5) There is no talking while in the shower.
- (6) Do not leave any belongings in the shower.
- (7) Residents shall wash hair daily, brush teeth at least twice a day. Keep hair neat and combed.
- (8) Residents may not give haircuts. Only licensed professionals are allowed to cut resident's hair.
- (9) Refusing to complete personal hygiene will result in juvenile remaining in their room.
- (10) Shoelaces are to be laced and tied at all times when shoes are worn.
- (11) Residents are to wear issued clothing for sleeping. Sleeping without clothes is not allowed.
- (12) Shoes are not to be worn inside the resident rooms.

4.5 POD CLEANLINESS

(a) The Juvenile Counselor on duty will be responsible for the cleanliness of his/her assigned Pod. During clean-up, the Counselor will supervise and ensure that the juveniles sweep, mop, and thoroughly clean their own room and common areas.

(b) Support Services shall maintain all other areas of the facility. Necessary repairs and maintenance problems observed by staff shall be noted in the HYPE system and reported to the Supervisor on duty for further action.

(c) All waste shall be disposed of in the large dumpster containers located in the rear of the kitchen loading dock. The lid shall remain down at all times.

(d) Clean-up Procedure:

(1) Clean up before breakfast: All residents are expected to clean their own rooms including making the bed and cleaning common areas; residents on room time are to clean their own rooms. After hygiene, the cleanup will include all rooms. This will include toilets, sinks, and floors. At staff's discretion, this may include mopping of floors. As the cleaning of each room is finished, the residents who are not on room time will prepare to go to breakfast, while room timers are secured in their rooms.

(2) Saturday clean up: This clean up is more detailed. The living area of each Pod should be swept and mopped with mild soapy disinfectant water. Staff needs to remember to keep the utility closet locked at all times and only staff dispenses the disinfectant. Staff needs to closely observe juveniles to make sure all areas are cleaned properly and that juveniles are working safely.

(3) After shower clean up: Following showers each day staff will assign residents to clean the living area and shower room. The shower and room shall be cleaned and mopped. Excess water shall be removed using a squeegee, not blankets or towels.

4.6 POLICY OF STAFF FOR ATTENDING AREA OF OPPO SITE SEX

At those times when it becomes necessary for the Staff to enter a room housing a resident of the opposite sex, the Staff of the same sex as the resident must be present. This requirement should protect Staff from unwarranted allegations of abuse by residents of the opposite sex. The exception to this policy is in the case of any emergency, and to conduct room checks in the event the same sex staff is unable to complete checks. The Control Room Staff will then observe and document the action.

4.7 VISITATION [6 VAC 35-140-90]

(a) The children are permitted visits by their parents, grandparents, or legal guardians two (2) times a week. This schedule is subject to change due to Pod closures.

Saturday	Pods A-B	1:00 – 3:00P.M.	Pods G-H	6:30 – 8:30P.M.
	C-D		I-J	
	E-F		O	
Sunday	Pods A-B	1:00 – 3:30P.M.	Pods G-H	1:00 – 3:00P.M.
	C-D		I-J	
	E-F		O	
Tuesday	Pods G-H	6:30 – 8:30P.M.		
	I-J			
	O			
Thursday	Pods A-B	6:30 – 8:30PM.		
	C-D			
	E-F			

(b) These visits are very important to the child's attitude and mental health. At times, however, a child may have a difficult time with his parent or parents. In such cases, both the parent and child are expected to conduct themselves in an orderly manner. If they are not able to do this, then they may lose the privilege of visiting with each other.

(c) Special visitation shall be made for parents who find regular visiting hours a hardship. These arrangements shall be made by the Superintendent or Supervisor or their designee.

(d) The regulations regarding visitation shall be made available to the child and appropriate persons involved with the child.

(e) Visitation Procedures:

- (1) We reserve the right to limit visits to fifteen minutes.
- (2) Visits are to take place in the Multi-Purpose Room with no less than two (2) counselors monitoring the visits. They are to look for the passing of contraband and for misconduct.
- (3) After visits are concluded, one staff will conduct strip searches while the other staff monitors residents waiting to be searched.
- (4) Visitors are to sign the visitor's log.
- (5) All pocketbooks and packages are to be placed in visitor's lockers during visiting hours.
- (6) If for reasons of security, visiting hours cannot be kept, then all parents are to be notified as soon as possible.
- (7) All persons, packages, and purses are subject to be searched for weapons, drugs, or other contraband. Hand-held metal detectors are used as an unobtrusive search of visitors.
- (8) Before searching any person, reasonable suspicion must be raised and documented in an incident report.
- (9) Any property including clothing or medication brought for a child or released to a Custodial must be recorded on the Personal Property Screen in the HYPE Tracking System.
- (10) No persons under the age of 18 will be admitted without prior approval of the Director or Superintendent.
- (11) No visitors other than parents, grandparents, legal guardians, may be admitted to the facility without approval of the Director or Superintendent.
- (12) No persons who are under the influence of drugs or alcohol, or who are abusive, will be admitted to the facility. Contact the Police Department if assistance is required to handle these situations.
- (13) When juveniles are permanently reassigned to other pods, staff shall contact parent/guardian to advise them of the new pod's visitation schedule.
- (14) Visitors attempting to give, or found to have given to a resident, any item(s) which have not been specifically approved or processed may have their visit immediately terminated and may be charged with a felony as specified in the code of Virginia. (See Insert # 6)

- (15) Any visitor found to have aided, or attempted to aid a resident in any escape or escape attempt will lose their visitation privilege permanently and may be charged with a felony as specified in the code of Virginia. (See Insert # 6)

(f) Other Visitors:

- (1) Professionals, involved with a child, are permitted visitation with the approval of the Court or Superintendent. Lawyers, probation officers, social workers, and ministers are permitted visitation as requested. Teachers, mental health professionals, and counselors for other programs or facilities may visit with approval of the Director or Superintendent. Children shall have confidential access to lawyers and court officials.
- (2) Attorneys are prohibited from removing any child from the facility without the consent of the committing Court. All questions regarding this matter shall be referred to the Superintendent.
- (3) No local, state, or federal authorities shall be permitted to question or interview any child without the consent of the appropriate committing Court, attorney and/or parents/guardians, or any persons standing in loco parentis. Ask for I.D. if the officer is not personally known.
- (4) The legal and human rights of the children shall be preserved at all times.
- (5) All children, visited outside of the vision of staff, shall be strip searched upon return to the activity area.

(g) Questioning of Residents by Police [6 VAC 35-140-570]: Procedures for the questioning of residents by police differ depending upon which court is holding the resident.

- (1) Residents being held by Newport News Juvenile Court: Police do not need permission from a judge in order to question a child in Detention. A police officer can not take a child out of detention for questioning. If the child is a complainant in a case, the police may question the child in reference to that complaint.
- (2) Residents being held by Hampton Juvenile Court: Police do not need permission from the judges to question a child in Detention; however, if the officer wants to take the child out of the facility, then a judge will need to give permission. We do not have the authority to release any child from Detention. It will be necessary for the detaining court (Hampton, etc.) to be contacted and made aware of the impending visit by the police. This information should be given to intake staff.
- (3) Law enforcement officials may not visit with a child from other jurisdictions or take a child out of Detention for special reasons unless verbal or written permission is first given by the child's lawyer or the presiding judge.
- (4) Law Enforcement Interviews with Residents: To ensure that we are in compliance with 6VAC35-140-570, Questioning of Residents (Standards for Juvenile Residential Facilities), the resident must consent to interviews; it must be documented that the resident was provided an opportunity to confer with an

attorney, parent, or guardian or other person in making the decision. (See Insert # 3)

(h) Appointments:

- (1) On occasions, a child must leave Detention to see a doctor, counselor, get emergency treatment, evaluations, or for some other special reason. Such out-of-facility trips must be authorized/scheduled by the designated staff, Supervisor, Nurse, Administrator, or Court if appropriate.
- (2) When taking a child out of Detention, the child must be in full restraints if applicable. The child will wear Detention-issued clothing unless special permission to wear their own clothing is given.
- (3) When a resident is taken out of the facility by staff, then he/she is to be strip searched upon return.
- (4) All residents transported by Detention staff shall be transported in a city vehicle. A screened vehicle will be used. No child is to be transported in a private automobile.

4.8 PROFESSIONAL LEGAL SERVICES

(a) Newport News Juvenile Services Policy dictates that a resident shall be allowed to visit his/her attorney at reasonable times, except during shower times and bed time.

(b) All attorneys will conduct their visits in the interview room area located in the multi-purpose area. This will allow the resident to have confidential access to his/her attorney or designee.

(c) Attorneys may not remove a resident temporarily or permanently without the consent of the committing agency by Court order.

4.9 RESIDENTS' MAIL [6 VAC 35-140-75]

(a) It is the policy of this facility that residents are allowed to send sealed correspondence to parents or legal guardians, attorneys, courts, clergy, or public officials. Residents are given two free envelopes per week, stamps are provided by the department.

(b) Incoming and outgoing mail shall be inspected by staff (in the presence of a witness) for contraband. If contraband is found, it is turned over to a Supervisor who reports the finding to the Superintendent. An incident report shall be submitted. Also, the findings shall be documented in the juvenile's *Mail Activity Log and Chronological notes* located in the HYPE Tracking System.

(c) Incoming and outgoing mail may be read by the Superintendent, Supervisor or Senior Counselor based on legitimate facility interests of order and security. Under these circumstances, mail may be read, censored, or rejected. The resident shall be notified when incoming or outgoing letters are withheld in part or in full. The opening and reading of mail is recorded in the juvenile's *Mail Activity Log*, located in the HYPE Tracking System. Letter writing materials are made available to all juveniles at a designated time.

(d) Juveniles are not allowed to receive or send correspondence/letters to any type of correctional facility (i.e., jail, city farm, state department, halfway houses, or prisons).

4.10 RADIO COMMUNICATION [6 VAC 35-140-610]

Two way radios will be used by Administrators, Superintendent, Supervisors, Sr. Counselors, Staff, and Support Staff. No names of juveniles or employees will be used on the radios. The use of the radios will be for assistance, location, movement, and communication.

(See Insert #1 for Juvenile Services Two-Way Radio Codes)

4.11 COMMUNICATION: INTERCOM, RESIDENTS' ROOMS

The following procedure will be used in communicating with juveniles while they are in their room. The staff will activate the intercom by pushing the intercom button in the charting room. Staff will respond to the resident by use of the intercom telephone located on the staff desk in the charting room. Staff will talk to the resident and find out what the problem is. Staff must ensure that the intercom is in the "on" position whenever a juvenile is in his/her room. In this manner, the juveniles can be properly monitored while they are in their rooms. Staff shall communicate with the juvenile at his/her room door whenever possible.

4.12 CONSULTATION WITH MENTAL HEALTH PROFESSIONAL [6 VAC 35-140-700]

It is the policy of the NNJDC that juveniles restrained by mechanical restraints will receive the following:

- (1) When a juvenile is restrained for more than two (2) hours consecutively in any 24 hour period, except when being transported, trained staff shall make and document a determination, arrived at in accordance with policies and procedures, as to whether a mental health problem is indicated; and
- (2) If a mental health problem is indicated, staff shall immediately contact NNCSB (only when LCSW is not available). Staff shall document that they have consulted with the local community service board (NNCSB).

4.13 TELEPHONE CALLS [6 VAC 35-140-80]

(a) Juveniles will have an opportunity to make phone calls to maintain adequate contact with family and professionals involved with their cases. Every juvenile will be allowed two phone calls per week to his/her parents, legal guardian, and grandparents. Juveniles who live out of

the area must call collect unless approved by a Supervisor. Only the initial call will be charged to the City. There shall also be opportunities, through the behavior management system, for the juvenile to make phone calls to a parent or guardian.

- (b) All phone calls, personal and professional, will be made at designated times :
 - (1) Phone calls to lawyers, probation officers, ministers, social workers; Monday through Friday @ 3:15 P.M.
 - (2) Personal phone calls may be made per a posted schedule or when scheduling permits.
 - (3) All numbers shall be dialed by staff and staff shall remain with the juvenile. All calls will be logged by staff in the juvenile's phone activity log, located in the HYPE Tracking System. Juveniles may accept incoming calls **ONLY** from professional people unless authorized by an Administrator.

4.14 SUICIDE PREVENTION/INTERVENTION PLAN

(a) Suicide Prevention/Intervention Plan [6 VAC 35-140-250]: The Newport News Department of Juvenile Services in cooperation with Hampton-Newport News Community Services Board shall establish a cooperative agreement to provide emergency mental health services to detained youth. The participation of the Newport News and Hampton Juvenile Court Service Units is integral to this plan. Therefore, the Directors of these agencies have agreed to the policies and procedures reflected in this plan. The approval of the supervising physician shall be obtained. This plan shall be reviewed annually and amended as needed.

(b) Procedure:

- (1) Admission Screenings:
 - (i) The initial Suicidal Assessment, (**Attachment #10**) located in the HYPE Training System contains questions to elicit information about past suicidal attempts or thoughts/plans of suicide. There are also questions about past psychiatric hospitalization and treatment/counseling.
 - (ii) The Court Services Intake Unit forwards verbally and/or in writing, any known suicidal or dangerous behavior to the detention facility staff prior to admission. The CSU shall arrange for medical or mental health

screening prior to placement in a detention program when the immediate condition of, history of, or other information available is suggestive of needs for immediate intervention services.

- (iii) During the phone call made to parents/legal guardians by the CSU Intake Unit at the time of admission, information is gathered on mental health status, treatment, and medications, if any.
- (2) Medical/Mental Health Assessment:
- (i) During the first 72 hours after admission, the child is interviewed by the nurse for an appraisal. If indicated, the nurse will contact CSB for assessment and evaluation. The nurse is trained in psychiatric care.
 - (ii) If the child is currently in counseling or is taking psychotropic medication, these treatments will be continued while the child is in care. The detention facility will transport the child for appointments utilizing the necessary security equipment required to prevent escape from custody. This security may include the detention staff's presence during interviews and/or therapy sessions.
 - (iii) Any Department staff or teaching staff may refer a child to the CSB staff or nurse for assessment. In emergency situations, any staff member may make the request for an evaluation by the CSB.
 - (iv) Residents may request to see a CSB staff or nurse.
- (3) Staff Training:
- (i) All direct childcare staff and supervisors receive annual training in suicide prevention and intervention. An annual in-service is provided for all staff by a qualified trainer from the CSB or other mental health trainer or professional.
 - (ii) All direct childcare workers review the Department policy and procedure for suicide intervention during pre-service orientation.
 - (iii) Training videos and courses produced by the American Correctional Association are used to train and as refresher classes for employees.
 - (iv) All staff must receive training in this policy and procedure and Suicide Prevention/Intervention as provided by the Department of Juvenile Justice or other qualified training resources.
 - (v) Training shall include at minimum:
 - a. The importance of observation and documentation.
 - b. Recognizing signs and symptoms of depression and suicidal behavior intervention skills including but not limited to counseling, referral, and/or supervision.
- (4) Crisis/Suicide Precaution Status:

- (i) If a resident has attempted suicide or seriously threatened suicide in the past, either in the detention home or in the community, or another facility, the resident will remain on suicide status, unless cleared by CSB.
 - (ii) Only CSB staff or mental health professional may remove a resident from crisis or suicide status. Thorough documentation is required in the Juvenile's "Chronological Notes," located in the Hype Tracking System.
- (5) Manifestations of Symptoms or Attempts of Self Injury:
- (i) When a child has made a verbal statement which the detention staff views as a serious threat to harm themselves or others or when a child has attempted to harm himself/herself, the Supervisor on Duty or the Superintendent shall institute the following procedures:
 - a. Place on crisis status .
 - b. Contact CSB Emergency Mental Health Services for an evaluation.
 - c. Institute intensive supervision.
 - d. If necessary for the protection of the resident, Staff, or property, apply restraints only to the degree required for safety
 - (ii) Restraints authorized for use under this policy include:
 - a. Helmets to prevent head injury from banging .
 - b. Boxing gloves to prevent hand injury from banging.
 - c. Other physical or soft restraint in combination with the above .
 - (iii) The policy for use of physical force shall be followed whenever any type of physical or mechanical restraints are used. Should law enforcement apply restraints different than those allowed by Detention policies and standards, thorough documentation shall be made by the Detention Supervisor or designee on duty.

4.15 SUPERVISION OF JUVENILES [6 VAC 35-140-540]

- (a) On each shift when male and/or female residents are being housed, there shall be a same sex Staff on duty, when possible, engaged in supervising the residents. This includes supervising the residents during daily activities, special events or volunteer programs. During awake hours and daily activities, staff are required to be in close proximity of the residents. Only the required Hot Sync of the Palm Pilot or in extreme emergencies should Staff enter the Charting Room with residents unsecured unless another staff is available.
- (b) No juvenile will exercise supervision over another juvenile.

(c) Residents will not be allowed to operate any power equipment.

(d) A juvenile shall not be used to replace a janitor, maintenance person or other staff. They will not be engaged in structural repair, clean or maintain areas out of the secure area away from the facility, or work in the food service capacity. This does not apply to post-dispositional residents assigned to community service duties.

(e) Residents are not given an allowance or wage while in detention.

(1) Visual Supervision:

(i) No juvenile shall be left visually unsupervised in any part of the detention center by any staff member currently responsible for resident supervision except those residents whom do not require direct and constant visual supervision when secured in a cell, while using toilet facilities or while having professional visitors.

(ii) Only same sex staff may conduct strip and pat searches, or supervise showers, dressing or use of toilet facilities. This restriction does not apply to medical personnel conducting medical procedures or in unusual circumstances when a response to a serious threat to life and/or safety occurs.

4.16 ESCAPES [6 VAC 35-140-640]

(a) In the event that a juvenile escapes, the staff members should immediately gather the other juveniles together and maintain control and order. One of the staff members should contact the City Police at the 9-911 emergency number or by using the emergency button on the phone. Give the police the following information:

- (i) The resident's name and description (age, sex, race, clothing, etc.).
- (ii) The direction the resident was going upon leaving the Detention Facility (if known).
- (iii) Any other information relative to his apprehension.
- (iv) An Administrator shall be contacted immediately. The Administrator or designee will contact the committing agency, parents or legal guardians, and Director/Deputy Director.

(b) Staff members shall not normally attempt to apprehend an escapee. However, staff members that have been trained and designated as Special Conservators of the Peace (SCP)

have the power to issue summons and/or make arrest. (See Insert # 2) While on medical transports or any other approved outing, (SCP) staff members are authorized to attempt apprehension of the juvenile. The Department Director or Designee will select the staff members who are to be trained as SCP.

(c) A serious incident report form must be completed and faxed to DJJ no later than 24 hours after incident. The Administrator or his/her designee will obtain a petition from the Court if the escape occurred during normal Court hours. If the Court is closed, the intake Staff on duty after 4:30 p.m. daily is to be called in regard to responding to the Detention Facility or police station to write the petition and detention order.

(d) AWOL (Absent Without Leave):

- (i) In the event that a juvenile escapes while out with a probation officer, or social service worker. Although, NNJDC may be notified, staff shall advise the person to report the escape to the police and Court.
- (ii) If the juvenile is not returned by the next Court working day, a detention order shall be requested by intake staff.
- (iii) Discipline of residents who are returned from being AWOL are as follows:
 - a. If a juvenile runs from an outside worker, NNJDC will not normally give him/her any room time upon his/her return; however, each case will be reviewed to determine if a consequence is in order.
 - b. If a juvenile escapes from the detention facility, he/she should get at least 72 hours in his/her room. An administrative review will be held as soon as possible (within 24 hours), at which time the juvenile will be informed of his/her discipline.
 - c. If the juvenile is released from detention and is later returned as a result of being AWOL, he/she can be readmitted on the original order prior to becoming AWOL.

(e) Staffing Ratio:

- (i) The number of juveniles being supervised may vary among staff members except that the ratio of one for every ten residents (1:10), or portion thereof, on the premises or in transport, shall be maintained. Staff may be reassigned between Pods as population/activities warrant.
- (ii) During sleeping hours there shall be no less than one Staff on the premises for every sixteen juveniles (1:16).

- (iii) When residents are taken to the gym or the recreation yard for activities, the juvenile to staff ratio will be established by the Supervisor, but shall not be less than one Staff for every ten residents (1:10).

(f) General Supervision:

- (i) Staff must communicate issues regarding situations suspected of posing a threat to safety and security to the Supervisor and other Newport News Juvenile Services staff immediately.
- (ii) **Staff shall always position themselves where they can directly supervise the juveniles.** Priority will be given to those juveniles considered a high risk. Counselors will stay in close proximity with juveniles who are agitators and/or victims of others. Two or more Counselors shall not sit at the same table. Staff shall not congregate in areas away from the youth.
- (iii) Staff are encouraged to participate in activities with juveniles, **with the exception of outside activities**, as long as their primary responsibilities of the Counselor are to supervise, coach, and referee the games.
- (iv) At no time shall a Staff leave the workstation without first informing a fellow Staff and the Supervisor that they are leaving the floor and when they will return. If a staff member needs to leave the building for any reason, they must first have the approval of the Supervisor on Duty. The Supervisor must ensure that staffing ratios are maintained when a Staff leaves the building.
- (v) Staff will enter the Medical Suite, control room, offices, or Charting Room only for the purpose of conducting Newport News Juvenile Services business.
- (vi) Residents are never to be moved through the building in mass, except in extreme emergencies. Routine movement will be by the pod, class or group. Residents will not be allowed to walk near the control room outer wall.
- (vii) Juveniles shall not be permitted to enter storage areas, pod offices, kitchen or administration areas.
- (viii) When any Staff needs to remove a resident from a designated area being supervised by a Staff, the Supervisor must be notified.
- (ix) If it becomes necessary for a Counselor to open a room door to check on a juvenile during sleeping hours, it should always be done with extreme caution and with at least two staff members present. Be aware of the juveniles attempt to use this situation as a possible means for escape.
- (x) Should a Counselor or Control Room Staff detect any unusual situation outside the immediate confines of Newport News Juvenile Services (i.e., unknown and/or unauthorized persons); staff can leave the building to investigate, at the discretion of the Supervisor.

4.17 RECREATION [6 VAC 35-140-530]

(a) There shall be a program schedule posted on every Pod. Residents shall have access to outdoor exercise daily unless prevented by documented adverse weather conditions or if the resident is a threat to facility safety.

(b) Recreation will include both indoor and outdoor activities. Equipment is available for both active and quiet scheduled activities. All staff should encourage individual and group participation in scheduled activities. Each resident is encouraged to participate to his/her utmost ability. However, some residents may have physical or mental limitations, which prevent them from fully participating in some activities of the program. In such cases it shall be the responsibility of the medical staff and Supervisor to determine the resident's limitations, if any, and determine suitability for participation in recreational activities.

(c) Residents who are physically handicapped or have other health restrictions and who cannot participate in recreational activities with the general population shall be provided alternative recreation that is suitable to their abilities.

(d) Recreation shall include activities other than physical exercise. Board games, indoor physical recreation games; bowling, horseshoes, shuffleboard, videos, groups, talent shows, writing activities, reading materials and holiday parties shall be included. **No "R" rated videos may be shown in the facility.** Only videos from the video library shall be shown to the residents, during their free time unless authorization is given from the Supervisor.

(e) Reading materials that are appropriate to residents' ages and levels of competency shall be available to all residents. The Staff coordinates the availability of the reading materials. No magazines or hardback books are allowed on the Pods. No personal reading materials are allowed beyond the secure area.

(f) Generally, at least two Staff members should always accompany the residents to the gym or outside recreation area. The Supervisor shall increase the staff/resident ratio as necessary. **A check to determine if any residents are on medical or high escape risk level shall be made prior to this activity.** Under no circumstances will residents be taken into the recreation yard if they are considered a high escape risk. A head count is taken before and after the activity. Staff will review rules with the resident prior to any outside activity. Staff will

carry a handheld radio at all times. Staff shall pre-plan emergency procedures prior to exiting the building.

4.18 HOUSING AND ACTIVITY AREAS [6 VAC 35-140-520]

The Newport News Juvenile Detention Facility (NNJDC) was built in 2004. The facility provides adequate fresh drinking water and toilet facilities in both the sleeping and activity areas.

4.19 MEALS

(a) During meals, Staff shall sit at dining room tables with the residents. There shall be no more than one staff member at each table. Detention staff will select tables and positions from which the largest part of the group can be observed. Sit at tables with residents who agitate others or who are victims of others. Staff and residents seated together during meals consume the same food. Staff members are not to eat other food in the presence of residents. Exceptions may be made for special health related diets.

(b) The sporks are handed to the residents at the point of service. This is after the resident has picked up his or her food tray. Sporks are collected for count at the tables following the meal. Staff shall place sporks in pan for count prior to residents leaving the dining hall. If the count is off, residents will remain inside the dining hall until all sporks are accounted for or until a complete search of residents is done, whichever is practicable. For the safety of our residents and staff, prior to leaving the dining facility a search shall be done when the spork count is off.

(c) Trays shall be emptied by residents. The trashcan shall remain located by the "return tray" window to keep spills in one area. The trashcan shall not be rolled to the tables.

(d) Staff may not bring individual residents food or other items as a reward for good behavior or disciplinary measure.

(e) Residents serving disciplinary room time shall not be allowed to eat in the dining room unless determined by the Supervisor. All paper products containing food, given to a youth on room time shall be retrieved after within 20 minutes or less to be disposed of properly. This includes milk cartons, Styrofoam containers and snack wrappers.

4.20 LIGHTING IN HOUSE AND ACTIVITY AREAS [6 VAC 35-140-330]

(a) All sleeping and activity rooms at the Newport News Juvenile Detention Facility have sufficient lighting as well as windows appropriately placed for natural lighting.

(b) A nightlight, which burns 24 hours a day, provides sufficient lighting to observe the residents in the sleeping area.

(1) Furniture Care and Proper Sitting:

- (i) No feet or legs in chairs or on furniture.
- (ii) Keep all chair legs flat on the floor.
- (iii) Only four (4) people seated at a table at one time (unless staff approved).
- (iv) Do not damage property.
- (v) Do not sit on tables or recreational equipment.
- (vi) Residents should pick up chairs and/or tables and move them. Do not slide furniture.

(2) Television Equipment:

- (i) Residents are not permitted to touch the television.
- (ii) Residents may talk quietly while watching television.

(3) Group and Activities:

- (i) Residents are to complete tasks assigned to the best of their ability.
- (ii) All equipment, games, reading materials, and art materials are to be used with care and only for the purpose intended and then returned to their proper storage area.
- (iii) All cards, table games, pencils and/or other items issued to residents are to be returned when residents are finished with them or when staff requests their return. Do not share issued items unless directed by staff.

- (iv) Residents are not to stand around or interfere while any game is being played. Spectators are allowed only with staff permission.
 - (v) Residents are not to leave their seat without Staff permission.
- (4) Gym :
- (i) No excessive noise during gym activities.
 - (ii) No horseplay.
 - (iii) No cursing.
 - (iv) No gymnastic type activities (handstands, cartwheels, etc.).
 - (v) Use equipment properly, and return it to the storage area after use. (Residents are not allowed to run up the blue mats on the walls or hang on the basketball rim and dunking the ball is prohibited.)
 - (vi) Residents are expected to sit on the sidelines in the gym while not playing. (Female and male residents shall sit on opposite sides.)
- (5) Changing Activities/Movement
- (i) Residents are to line-up in a straight line, when asked by staff.
 - (ii) Residents are not to talk in line while walking to groups, school, in the halls or on the pods.
 - (iii) Residents are not to touch the walls, light switch plates, intercoms, doors, or other items when walking to activities. Hands shall be behind the back.
 - (iv) When preparing for movement, residents are to line up in room order unless otherwise instructed by Staff. This will assist in movement to assigned rooms. During movement, residents will walk along the right side of all hallways.
- (6) Assigned Room/ Lockers/ Living Areas :
- (i) Residents are to prepare their beds nightly using the linens issued and fold their linens every morning and after rest periods before leaving their rooms.
 - (ii) The toilet is to be flushed after each use (including during sleeping hours).
 - (iii) Residents are allowed up to 3 books in their rooms or lockers. This includes a religious book.
 - (iv) Residents are allowed up to 3 personal letters in their rooms or lockers. This does not include court/lawyer/P.O. correspondence.
 - (v) When residents exit rooms, all materials should be taken out with the resident and placed in their lockers.
 - (vi) Residents are allowed up to three (3) pictures. No Polaroids will be accepted nor will pictures of gang affiliated material be tolerated.
 - (vii) Residents are to use only the bedding items issued to them.
 - (viii) Residents must remain visible at all times while in their rooms.
 - (ix) Residents will be held responsible for any unauthorized items found in their assigned rooms and lockers, and for any damages done to their rooms and lockers.

- (x) Communication by any means (sign language, toilet pumping, written or verbal message) from room to room is not allowed.
- (xi) Standing on the bunk, toilet, or sink is not allowed.
- (xii) Residents are required to do their part in keeping their living areas clean.
- (xiii) Personal hygiene items will be kept in the resident's assigned lockers.

4.21 SUSPECTED ABUSE REPORT

(a) Any suspected or reported abuse of residents, either present or past, allegedly committed by staff or any others, shall be reported immediately to the Supervisor. If the alleged abuser is a caretaker (i.e. family member, guardian or detention staff.) the Supervisor on Duty at the time of the report shall complete an "Abuse Worksheet" located in the HYPE Tracking System (**Attachment #15**) and contact Child Protective Services (CPS) in the locality in which the alleged abuse occurred, prior to the end of their shift. If it is after business hours, the report will be made to the abuse hotline. The CPS worker may ask to speak to the person receiving the report from the juvenile.

(b) If the alleged abuser is not a caretaker, the report is to be made to the Police Department in the locality in which the alleged abuse occurred.

(c) In the instance of possible staff involvement in sexual or physical abuse, the Director and/or Deputy Director and Superintendent shall be notified immediately. They shall determine whether the severity of the situation warrants immediate action to remove the staff member from duty pending investigation; and/or remove the resident from the facility.

(d) Any suspected abuse by staff requires a Serious Incident Report (SIR) to the Regional Office of the Department of Juvenile Justice (DJJ) at (804) 323-2412. The Supervisor shall forward a copy of the Incident Worksheet and any other documentation to include statements by the juveniles, to the Director and/or Deputy and Superintendent by the end of their shift.

(e) The Supervisor or Superintendent will contact the Newport News CPS office and the Regional Department of Juvenile Justice Manager (Certification Analyst) notifying them of the complaint.

(f) Mental health and/or medical services for the resident(s) and /or staff will be sought when such needs are indicated.

(g) Investigation of Child Protective Service complaints shall not be conducted by Detention personnel but by Department of Social Services in conjunction with regional DJJ staff. Newport News Juvenile Services will cooperate in the investigation.

(h) The Superintendent shall conduct administrative investigations.

(i) Types of Abuse: There are three types of abuse:

(1) Verbal abuse, to include:

- (i) Any form of threatening a resident to include threatening to deprive him/her of visitation, threatening bodily harm, and other forms of harassment.
- (ii) Cursing and/or making obscene gestures towards residents.
- (iii) Cursing and/or making derogatory comments about a resident and/or his/her family.
- (iv) Using verbal retaliation.

(2) Emotional abuse, to include:

- (i) Ridiculing a resident or his/her family.
- (ii) Ostracizing a resident from others in his/her group.
- (iii) Harassing a resident.
- (iv) Isolating a resident without due process.
- (v) Using emotional retaliation; and failing to protect a resident from the emotional abuse of another resident and/or staff.

(3) Physical abuse, to include:

- (i) Using restraint unnecessarily (i.e., grabbing and restraining a juvenile who is not posing imminent threat to himself or others).
- (ii) Using excessive force (i.e. hitting a juvenile).
- (iii) Physical retaliation.
- (iv) Provoking a juvenile into a physical confrontation.
- (v) Using physical force as a means of punishment.
- (vi) Failing to protect a juvenile from harming him/herself or from the physical abuse of another resident or staff.

4.22 SEXUAL CONTACT

If sexual contact between residents of the same or opposite sex appears to have occurred or has been alleged and the possibility of penetration (rectal, vaginal, or oral) is present, use the following procedure:

- (1) Separate the participants, (place in separate rooms if same sex).
- (2) Talk with juveniles in a calm, non-judgmental manner.
- (3) Try to ascertain the course of events.
- (4) Be sure to keep the chain of evidence intact (clothing, blankets, etc., bagged and labeled). **NO** showers or washing prior to physical examination by outside medical authorities.
- (5) Notify the Supervisor on Duty immediately. Notify the medical staff and Superintendent. The Supervisor will call the Police Department to report the suspected crime.
- (6) Police will give instructions if the juvenile(s) should be taken to the hospital for examination.
- (7) The Supervisor and/or Superintendent will notify other authorities and parents.

4.23 ACCUSATION OF ABUSE BY A STAFF MEMBER

(a) When a staff person makes a formal complaint against another staff person that alleges his/her behavior has affected supervision or care of residents and/or engaged in inappropriate behavior clearly in violation of policy, the Superintendent shall conduct a formal investigation.

(b) If there is any truth to the allegations, the Superintendent will report all actions to Child Protective Services, local Courts, and the police as necessary. A report detailing the investigation of allegations and findings will be placed in the staff file, and forwarded to the Police department if necessary for possible criminal investigation.

4.24 SHIFT ACTIVITY

(a) Counselors:

- (1) The primary shifts for Counselors are 6:30 a.m. to 3:00 p.m., 2:30 p.m. to 11:00 p.m. and 10:30 p.m. to 7:00 p.m. Additional staff is assigned as dictated by population and activities. The responsibilities of the Counselors are designated in detail in the job description. Below are some highlighted areas of importance.
- (2) Each oncoming Counselor will read the previous staff notes in their assigned Pod log since they last worked. They will document to the log that they have read the log and have been briefed and by whom. Each oncoming shift will also check the census, the Pod roster, conduct a headcount, the residents' levels, check any other applicable logs or reports, check court dates, and conduct a security check to include, but not limited to keys and radios, outside doors, sleeping room doors and all other doors that require locks. All new admission files will be reviewed for any important behavioral, medical or mental health information.
- (3) In addition, all Counselors coming on duty will plan and coordinate activities for their shift. Information will be shared with the oncoming shift regarding planned activities or suggestions and ideas for additional activities. Counselors can plan Pod activities together to encourage smooth transition for the residents. Supervisors or their designees will assign specific duties to Counselors, for which they will be responsible during their shift. The Supervisor will assist the Pod Counselors in planning activities and providing supplies as requested.
- (4) Head counts should be taken frequently during each shift, always at mealtime, before and after gym and outside activities, fire drills and any group movement. A minimum of four (4) population counts will be made each shift.
- (5) At the end of the shift, the Pod should be in order, including storage areas and Staff's office, prior to leaving the shift. Report any observed maintenance, cleanliness or security problems to the Youth Services Supervisor.
- (6) Ensure that an accurate and complete shift report is given verbally to the oncoming shift and that all matters concerning discipline and/or behavior of residents on your shift have been logged and reviewed with residents. Do not leave confidential material in an area where residents are present.

(b) Supervisor: The Supervisor is responsible for resolving problems and clarifying the Newport News Juvenile Services policy and procedures. The Supervisor is responsible for the operation of their assigned shift as well as other shifts when they are assigned to duty. The Senior Counselor is SOD (Supervisor on Duty) in the absence of the Supervisor.

4.25 SECURITY AND CONTROL [6 VAC 35-140-600]

(a) The Main Control Room serves as the security and emergency communication center for the facility and is manned 24-hours per day. The Control Rooms control all building entrances, egress, and internal movement within the secure areas. The Control Room Staff shall monitor through visual and audio systems all activity to insure the safety and security of all residents and staff.

(b) The Control Room shall **never** be unmanned. The Control Room Staff will **never** leave the Control Room to assist another staff person in an emergency situation within the facility. Only in the event the building is evacuated will the Control Room Staff leave

their post. When the MCR is manned by two staff persons the supervisor may use one staff to assist the operation as needed, with the exception to shift change times.

(c) Supervisors or "Control Room" trained and certified staff shall relieve the Control Room Staff periodically for breaks and meals. Breaks shall be taken when staff and resident movements are at a minimum.

(d) Control Room: Staff shall be trained and certified in Main Control Room operations prior to working alone. Training records shall be documented and reviewed by the Training Coordinator before a controller can work alone. Trainees work along with a primary controller (on-the-job) to gain confidence in the systems and to get familiar with emergency and accountability procedures. Critical tasks must be signed off before a controller can work alone. Task certification occurs when the trainer and trainee sign the training record. The training sheet for "Main Control Room Orientation and Training" shall be signed by both the trainer and trainee verifying task certification, mutually agreeing the trainee is proficient at the critical tasks. The record is then forwarded to the Training Coordinator for review and placement in the staff training record.

4.26 ROLE OF CONTROL ROOM STAFF

(a) The Supervisor on Duty is in charge of the Secure Detention Operations. The Control Room Staff shall effectively employ all systems at his/her disposal to ensure a safe and secure environment. The Control Room Staff shall immediately inform the Supervisor of current or anticipated problems as soon as possible. Supervisors and Control Room Staff shall practice emergency response procedures to ensure proficiency.

(b) Control Room Staff has the capacity to monitor conversations between the residents in areas where staff and juveniles are present. Staff shall not monitor attorney/resident conversations.

(c) Control Room Staff shall document to a log, pertinent information to include, but not limited to staff on duty, visitors, movement of residents, intakes and releases, transports, shift events and any unusual events.

(d) The Control Room Staff has access to HYPE. In addition, the Supervisor on Duty will provide the Control Room with all changes in risk levels, any unusual circumstances, all residents on special checks and/or other changes in shift plans.

4.27 DOOR SECURITY

(a) Doors to sleeping rooms, closets, storage areas, pod offices, property room, and areas adjoining activity areas shall always be locked after use. Doors shall never be blocked or propped open.

(b) All security perimeter entrances and exterior doors shall be kept locked except when used for entrance or exit of staff, residents, visitors, or in emergencies.

(c) It shall be the sole responsibility of the Control Room Staff to open doors to gain entry into the building and grant exit out of the building. The primary entry point for visitors to Newport News Juvenile Services is via the front lobby administrative entrance. The designated waiting area for all visitors 24-hours-a-day is at the front lobby. Parents/Guardians shall not be permitted access to the Intake Salleyport or Intake processing area to pick up the juvenile until the juvenile is completely processed for release. The Control Room Staff and front office administrative staff must closely coordinate with the Supervisor/Intake Classification Staff to ensure parents/guardians are directed and/or permitted entry to Intake at the right time. **The Control Room and/or front office administrative staff will advise the Supervisor of all visitors permitted access to the front reception waiting area.** During office hours the front office administrative staff may allow access at the front entrance for those persons having legitimate business with Newport News Juvenile Services.

4.28 INTERNAL CIRCULATION CONTROL

(a) The Control Room Staff will provide other personnel and legitimate visitors with door access for movement as rapidly as possible, consistent with security and safety. In the event staff is moving residents within the building, the movement and observation of those residents and staff will have priority over non-resident movement. If possible and as a courtesy, persons at doors will be asked to wait until residents and areas are secured.

(b) No doors shall be opened unless the requesting party is identified.

(c) In order to maintain security, doors will be opened in such a manner as to compartmentalize areas. Only one door leading into an area will be open at any given time.

4.29 CLOSED CIRCUIT TELEVISION (CCTV) SURVEILLANCE AND DVD TAPING

[6 VAC 35-140-130]

(a) The purpose of CCTV surveillance and the recording of this information within Newport News Juvenile Services are for security reasons and to investigate alleged misconduct. It is the intent of Newport News Juvenile Services to protect the dignity of residents under its care at all times, while at the same time using this technology to enhance security and provide liability protection. Surveillance media will be maintained in controlled libraries. With permission of the Director or his designee, select video media not containing indecent images, may be dubbed for training purposes. Media containing indecent images shall be reviewed with discretion, consistent with the scope of an investigation or operational necessity. Indecent images are defined as residents clad in undergarments or a state of undress so as to expose the genitals, pubic area, buttocks or female breast. This is consistent with the definition under Virginia Code, Chapter 8, § 18.2-386.1. These extremely sensitive images will not be dubbed to other media or be transferred to any other data-recording device.

(b) Control Room Media Taping of Incidents: All potentially serious incidents involving staff and residents shall be DVD recorded. The performance standard is to record as much of the entire incident from start-to-finish as possible. Using the "All Page" and public broadcast capabilities; Control Room staff can freeze all but essential movement in the facility. Recording cameras shall be focused on the high priority incident. Close coordination between the Supervisor, Control Room Staff, and Pod staff is essential.

4.30 KEYS [6 VAC 35-140-620]

(a) All Newport News Juvenile Services keys shall be closely controlled. Emergency keys are controlled and accounted for in the Main Control Room using logs. Control Room Staff shall be responsible to record all keys issued in the Control Room log book and to log keys contained in the key cabinet. Administrative personnel are issued personal keys, which are accounted for on the master Key Inventory maintained by the Control Room Staff. In the event of a key emergency, the Supervisor will notify the Control Room Staff.

(b) A duplicate copy of this master roster is maintained in the Main Control Room. Bench stock and spare keys are stored in the Main Control Room. Control Room Staff controls these keys. Deficiencies will be reported immediately to the Control Room Staff.

4.31 KEY AND EQUIPMENT LIABILITY

- (a) All keys and equipment shall be signed in and out by the Control Room Staff.

- (b) Equipment: All Control Room staff shall be responsible for the following equipment:
 - (1) Man Down (Duress).
 - (2) Portable Radios.
 - (3) Handcuffs.
 - (4) Shackles.

- (c) The Control Room staff sign in and out forms that shall be used for each piece of equipment and keys that are distributed by the Supervisor to his/her staff during briefing.

- (d) Before the start and end of each shift, the Control Room Staff shall be responsible for making sure all equipment is working properly. If there have been any reports of equipment being damaged or malfunctioning, the Control Room staff shall log and report the problem to the Support Services Supervisor. The Main Control Room staff shall keep a log of all broken, damaged, or lost keys and equipment. This shall help to keep an accurate account of all keys and equipment.

- (e) Carts: Carts will be equipped with the following equipment:
 - (1) Man own (Duress).
 - (2) Portable Radios.
 - (3) Keys.

- (f) The Supervisor will be issued a cart on every shift before his/her briefing. There will be an equipment sign in and out sheet for each Supervisor attached to the cart. The forms will be filled out by the Supervisor to sign in and out equipment for staff during their shift.

4.32 GUIDELINES FOR KEY CONTROL

(a) Key Accountability - All keys maintained in the Main Control Room are to be secured in either the white or gray box as per the master key inventory list when not in use. There are no exceptions to this policy.

(b) Key Inventory

- (1) All MCR staff shall, on their assigned shift, conduct an audit of all keys housed in the MCR prior to set up and/or preparation for distribution without exception. The *Key Inventory Checklist Log* is a listing of all keys housed in the white and gray boxes, and is to be used as a guide for this process. This form shall be completed and signed off by the MCR staff conducting the inventory each shift. The completed form is to be maintained in the binder housing the key control log sheets.
- (2) Immediate notification shall be given to the SOD for any keys missing. An incident report is also to be completed by the MCR staff conducting the inventory and said incident report is to be forwarded to the SOD prior to leaving the facility/shift during which the key is not accounted for. The SOD shall investigate and forward to the Superintendent a report with the MCR incident report attached prior to leaving the facility.

(c) Key Management

- (1) Distribution of Keys - It shall be the responsibility of the MCR staff to document, in writing on the *Supervisor Keys and Equipment Cart Log*, all keys placed on the shift distribution cart. The MCR staff shall maintain a copy of the distribution log for the cart. The supervisor or senior counselor obtaining the cart and distributing the keys shall ensure that all persons receiving keys sign the log to include supervisors.
- (2) Keys which are distributed only at times when used rather than for the entire shift and that are returned immediately after use to include safe keys, medical agent cabinet keys, teacher/classroom keys, maintenance and janitorial related keys, master emergency keys such as MMM keys shall be signed out in the *Key Control Log Gray Box* or *Key Control Log White Box*, respectively.
- (3) The person receiving the key(s) is to personally sign the log under name, MCR staff are not to write the staff's name in. The person receiving the key(s) is personally responsible for returning the key(s) to the MCR. MCR staff shall not, under any circumstances, accept telephone notification or word-of-mouth notification with regard to the location or exchange of a key which has been signed out either via the shift distribution cart or as listed on the key control logs. All keys distributed during a shift are to be accounted for as to location by the MCR staff prior to the end of their shift. Keys distributed are to be communicated by the off-going MCR staff to the on-coming MCR staff.

- (4) All exchange of keys secured and distributed via the MCR are to take place via the MCR without exception unless otherwise noted in this standard operating procedure.

(d) Emergency Key Mode Status

- (1) At any time when the facility goes into emergency key mode status the same requirements shall be maintained with regard to documentation and distribution of all keys . The only exception shall be for keys required on the Pods used for access to doors on the Pod. The initial distribution of these keys when key mode is instituted shall be the same as when keys are distributed via the cart utilizing the *Key Mode Log*.
- (2) However, should key mode status continue between shifts it shall be the responsibility of the MCR staff to provide to the on-coming SOD a new *Key Mode Sign In and Out Log* listing keys still distributed to Pods. During the first hour of the on-coming shift, the assigned SOD shall visit each Pod and verify through observation that the staff on their shift assigned to said Pod is in receipt of the Pod keys and shall have that staff sign the new *Key Mode Sign In and Out Log* for that shift.
- (3) For the duration of any key mode status, each SOD is required to conduct a visual check and document in writing the location of all keys in use on Pods. Pod staff are to immediately notify their SOD should they come on duty during key mode status and not receive the Pod keys from the off-going staff. Both staff shall remain on the Pod until the off going SOD and on-coming SOD report to the Pod.
- (4) Immediately, when key mode status has ended and normal operating conditions are reinstated, the SOD on duty is to obtain from all Pod staff pod keys in use and is to return these to the MCR. Supervisors are responsible for returning to the MCR the completed key mode signature log immediately following their rounds in the building to verify key locations during key mode status. The MCR staff are responsible for filing all logs through the duration of the key mode status in the appropriate log binder.

(e) Security of Keys Not In Use

- (1) The on-duty MCR staff are responsible for custody and control of all keys located in the MCR and are required to ensure all keys not in use are secured in the white or gray key box as noted on the key location list. This includes keys which are returned by one shift on a cart and which will not be distributed immediately i.e. keys on the cart being returned to the MCR by the ending shift managers and/or staff. Keys are not to be left on the cart or hung on radios on the cart or

chargers. Keys will be pulled from the gray or white key box and placed on the cart as the final function in setting up the cart and no earlier than 30 minutes before the cart is to be signed out. Non-cart distributed keys are to be secured in the white or gray key box as per the master listing immediately when returned to the MCR. At no time shall keys not in use for a specific reason be unsecured i.e., outside of the white or gray key box.

- (2) The MCR staff are responsible for accountability of all keys during their assigned shift. The SOD is responsible for ensuring all provisions of this standard operating procedure are adhered to by all department staff during their shift and for randomly conducting a review of MCR logs and the key boxes. The SOD shall document their review of this process in the MCR log book during each shift.

4.33 TOOL CONTROL AND EQUIPMENT ACCOUNTABILITY

(a) Control Room/Security: Control Room staff shall inventory all equipment in the Control Room during shift change according to the "Control Room Key and Equipment Log." Report lost or damaged equipment immediately to the Supervisor and document on an Incident Report. The Incident Report shall be forwarded to the Supervisor and copied to the Support Staff Supervisor when completed.

(b) Recreation: The control and accountability of all recreational equipment are the immediate responsibility of the Pod Counselor, Supervisors, Physical Education Teacher or any staff who issues the equipment.

4.34 EMERGENCY POLICY AND PROCEDURE

(a) Taking of Hostages: The Superintendent will notify the Director and/or Superintendent. Only the Director or Superintendent should contact the police. NO resident will leave the

grounds with hostages. Any staff or administrator taken hostage will immediately relinquish all authority to the next in the chain of command. Once the situation has been diffused, medical care may be provided and any necessary repairs for safety will be completed.

(b) An incident report will be completed, a prevention plan will be developed, and all policy reviewed to prevent similar incidents.

4.35 SLEEPING HOURS

All bed times are in accordance to the Behavior Management System. Residents may be allowed to go to bed after dinner when requested, with the approval of the Supervisor on Duty. All residents are to sleep in their assigned rooms and in their beds.

4.36 MOVING JUVENILES TO ANOTHER ROOM/POD

When a juvenile is moved to another room or to another Pod, staff shall make all the necessary corrections in the HYPE system. A new room number and locker will be assigned; juveniles shall take their bedding and linens to the new assignment. The reason for the move must be documented.

4.37 WILLFUL DESTRUCTION OF DETENTION PROPERTY

The willful destruction of detention property or damage done willfully to the building may result in additional charges being filed against the resident. The parent(s) or legal guardian(s) may be required to pay for any and all damages incurred.

4.38 PHOTOGRAPHING OF RESIDENTS

No photographing of residents shall be permitted by staff, visitors, or residents in any area in the detention facility without prior authorization from the Director.

4.39 SEARCHES

(a) All persons and hand-carried items are subject to be searched for potential weapons, drugs or other contraband. Under no circumstances will facility employees physically touch a visitor by performing a pat-down search.

(b) All visitors are taken into the facilities secure area where they will be under escort of a facility employee at all times. If for any reason this cannot be done, the Supervisor and Control Room Staff will be informed.

(c) All items brought for a juvenile are to be given to a staff member. Items will be screened for approved materials. Items will be returned to the delivering person if not approved. All items must be searched before they are given to a juvenile.

(d) Searches of resident's persons will be made to maintain facility security and control contraband, and shall specify that:

- (1) The resident shall not be touched any more than is necessary to conduct a comprehensive search.
- (2) Only qualified medical personnel shall conduct body cavity searches, and only when specifically authorized by the facility director or a court. Inspections are to be fully documented in the resident's medical file.
- (3) Strip searches are performed visually by staff of the same sex as the resident in an area that ensures privacy.
- (4) No less than two (2) Staff will monitor visits. After visits are concluded, one staff will conduct strip searches while another staff monitors residents waiting to be searched.
- (5) Any witness to a body cavity search or strip search is of the same gender as the resident.

(e) If at anytime, drugs or other security contraband such as firearms, knives, chemical agents or any other items prohibited in the facility are detected in the secure area, the item will be immediately seized, removed from the area and secured. An incident report will follow confiscation. (This includes potential weapons and/or security contraband found on Newport News Juvenile Services Staff, Volunteers, Professional Visitors and/or Law Enforcement Officers who have not been called to the facility on an emergency response). If at any time, staff members reasonably suspect any visitor may be in possession of security contraband inside the facility, the Supervisor will be notified immediately. In such instances, pat downs shall be conducted where they are necessary to prohibit contraband according to policies and procedures. Pat downs shall be conducted by personnel of the same gender as the client being searched and conducted only by personnel who are specifically authorized to conduct searches by these written policies and procedures. Pat downs, in addition, shall be conducted in such a way to protect the subject's dignity and in the presence of one or more witnesses.

4.40 HANDLING OF JUVENILE'S FUNDS [6 VAC 35-140-110]

(a) All cash obtained from a juvenile at intake is recorded and placed in the juvenile's cash personal property envelope and placed inside the safe. The cash shall be placed inside a sealed envelope with staff signatures and "sealed" stamped across the envelope closure. The personal property list shall be updated as appropriate. Cash is never accepted from visitors for juveniles.

(b) It is the policy of the Department that the monies brought into Secure Detention by or for children in our care, shall not be kept on site for an extended period of time. All such monies will be deposited and disbursed through a checking account with the Newport News Municipal Employees Credit Union, Inc. Deposits to, disbursements from, and record management for this account will be the responsibility of the department Accounting Technician.

(c) It is the policy of the Department that a cash transaction log shall be maintained to record the transfer of children's cash monies from admission to deposit in the Department's checking account. This log will be audited by a designated person daily and by the designated person and the individual accepting cash money for transfer to the Department's checking account at any time that such a transfer occurs .

(d) Cash deposits are made every Tuesday. The SOD is responsible for giving the amount to be deposited to the Accounting Technician.

4.41 JUVENILES [6 VAC 35-140-590]

(a) All juveniles returning from court or appointments outside the facility will be strip-searched by the same sex staff in the intake area. If there are multiple returns at the same time, a pat search will be conducted prior to placement in a holding cell to await a strip search. All juveniles will be searched after visitation with family or professional visitors, clinic visits, or any areas where contraband may be acquired, to include CSB, school, and Pod to Pod movement.

(b) Unannounced searches of juveniles, their rooms and their lockers shall be made periodically at the discretion of the Counselor on Duty. Avoid undue force, embarrassment or indignity to the individual being searched.

(c) **Counselors will under no conditions make searches of juvenile's body cavities.** If it is determined a body cavity search is necessary, only qualified medical staff will conduct this search after authorization from Administration or the Court is received. Any witness (other than medical staff) to a body cavity search must be the same sex as the juvenile. A body cavity search shall be fully documented in the resident's in the resident's medical file.

(d) **Other Persons/Item:** All persons and hand-carried items are subject to the searched for potential weapons, drugs or other contraband. Under no circumstances will facility employees physically touch a visitor by performing a pat-down search.

4.42 BUILDING [6 VAC 35-140-580]

(a) Supervisors shall ensure security checks are completed on each shift and that these checks are documented. Checks should include secure perimeter entrances, exterior doors and doors leading to areas from which juveniles are restricted, are locked and that all locks, windows, doors and other security devices are fully operational and secure.

(b) All sleeping rooms and lockers shall be inspected daily for contraband and damage. All secure areas shall be inspected daily for damage and to ensure all equipment is in working order. Any security problems requiring maintenance shall be relayed to the Supervisor immediately.

(c) Random building searches shall be conducted to include all areas of the building in conjunction with random searches of the residents. Drug searches with the aid of trained drug sniffing dogs will be made on occasion. The entire building is subject to search.

4.43 RECREATION AREAS

The gym and the outside recreation area shall be inspected for safety and contraband prior to and after use by the residents. Special attention shall be given to gate locks, the secure integrity of the perimeter fence and to the presence of any climbing aids and/or contraband in the outside area.

4.44 CONTRABAND [6 VAC 35-140-120]

Contraband is anything declared off limits for the residents: It is prohibited for juveniles to possess matches or any smoking materials while in detention, in the custody of detention staff or on temporary release. Juveniles may not possess any materials not issued to them or approved by staff. If staff detects the possibility of contraband, they shall conduct a thorough

search of all areas and suspected juveniles. If contraband is found, it will be collected, bagged and either attached to the incident report filed or noted in the incident report if it was turned over to police or transporting law officer.

4.45 CRIMINAL ACTIVITY

(a) All criminal activity by juveniles shall be reported to the Supervisor, who will then take the appropriate action and notify the Detention Superintendent. The appropriate State and local law enforcement agencies will be notified. If a juvenile is suspected of committing a criminal offense while in the facility, every effort will be made to preserve evidence relevant to the offense.

4.46 OUTSIDE RECREATION AREA [6 VAC 35-140-630]

(a) The outside recreational yard will be searched prior to use. The following areas will be checked:

- (1) Perimeter wall for contraband.
- (2) Inside Grounds for contraband (large rocks, sticks, potential weapons, etc.), holes/safety concerns and suspicious individuals outside perimeter fence.
- (3) Cement for holes, warped cement and large debris.
- (4) Basketball equipment for hoops/nets which are torn, equipment that is broken, or damaged poles.
- (5) The outside area is surrounded by a fourteen (14) foot brick wall.

- (6) There are four (4) cameras monitoring the outside perimeter: two (2) are inside the perimeter and two (2) are outside the perimeter.

4.47 OUTSIDE RECREATION AREA USE FOR RESIDENT ACTIVITIES

(a) General Information:

- (1) Staffing: At a minimum, the ratio of 10 residents to 1 staff shall be maintained. The Supervisor will determine if additional staff is needed to ensure security and safety. All staff members supervising outdoor activities must be certified in Handle With Care and First Aid-CPR.
- (2) Residents: No more than 10 residents at a time, unless otherwise authorized by a Supervisor. Only Medium risk Pre-Disposition and/or medium and low risk Post-Disposition residents will be permitted in the outside recreation yard. Any resident deemed "High Risk" will not be permitted outside. Residents on gym restriction will not be allowed outside for physical activities. Alternative activities for youth on either High Risk or Gym Restriction will be provided.
- (3) Equipment: Designated two-way radios are to be used for outside Recreation while residents are out of building and any recreational equipment needed for the activity.

(b) General Guidelines:

- (1) Each outside activity is to be planned with adequate staffing before going into the recreation yard.
- (2) All staff involved need to be informed of scheduled recreation time and which residents will be included.
- (3) Staff shall have a list of low and medium risk residents scheduled to participate.
- (4) Residents are not to be informed of the outside activities prior to leaving the pod.
- (5) Supervisor, P.E. Teacher or Staff shall survey outside area prior to residents going outside. The grounds should be searched for any contraband, or objects

that may have been thrown over the wall. Staff should check the walls for any problems and report them as needed.

(c) Positioning of Staff: There will be a minimum of two staff members. This always includes two Staff. The need for additional staff will be determined by the Staff. Counselors will maintain direct observation of the residents at all times. Staff may not participate in outdoor activities.

4.48 DAILY SCHEDULE OF ACTIVITIES

(a) 5:45 a.m. to 6 a.m.:

- (1) Wake residents.
- (2) Cleanup materials should be readied (broom, bucket, water, cleanser).
- (3) Each resident will clean his/her room daily. Bed linens must be folded neatly in the middle of the bed. (Mattresses should be kept flat, as folding causes tears in the material).
- (4) Staff will check jobs completed for cleanliness. If a job is not completed satisfactorily, the resident will be asked to repeat the task.
- (5) Residents are to wash themselves in their rooms using issued hygiene items. They will return all personal hygiene items to the Staff and/or their locker when exiting their rooms.
- (6) Residents do not have an option of sleeping in. If they do not wish to eat breakfast, they still must get up, go to the dining room and sit at a table. Residents who choose to remain in their room will not be released from their room until the following day. The medical staff, Supervisor, or administration can authorize medical room time with no loss of privileges.

(b) Shift Briefing - 6:30 a.m., Monday through Friday: Oncoming Staff will have a briefing with their team Supervisor and be assigned to Pods. Once on Pods, Staff will sign into the HYPE Tracking System and read any Alerts or Postings. They will be briefed by the off going shift about the night's events, what the activities are for the day shift, including courts, both transport and video, any disciplinary actions, room confinements, new admissions, and/or any other pertinent issues.

(c) Shift Change - 6:45a.m.: Once on Pods, Staff will log into the Palm Pilot and scan all rooms. Staff should log this scan as the “beginning of the shift walk thru” scan. Oncoming staff will be briefed by the off going staff about the night’s events, what activities are for the day shift, including court calls, transports, and any disciplinary actions, room confinements, new admissions , and/or any other pertinent issues. Staff will log into the HYPE Tracking System and read any alerts or postings.

(d) Breakfast - 7:00 a.m.: All residents will eat meals in the dining room except those specified by the Supervisor who are on room confinement and on medical restriction. Residents who will not be attending the dining hall will receive a room tray. Disposable plastic forks/spoons will not be issued if the resident is a security or safety risk. Food and/or food wrappers and containers may not be left in rooms. Staff issuing food shall ensure that items are discarded within a 20 minute period:

- (1) Residents shall be seated at assigned tables.
- (2) A moment of silence may be observed.
- (3) Residents shall help themselves to drinks, napkins, and condiments.
- (4) Counselors shall eat and sit at tables with the residents.
- (5) Sporks shall be issued by staff and collected by staff prior to residents leaving the cafeteria. If the count is off, a search shall be conducted prior to residents leaving cafeteria.
- (6) Residents will empty their own trays.
- (7) Staff will eat the same food as residents.

NOTE: Residents who are being transported to court: After breakfast, residents will proceed to the intake area where they will be transported to court.

(e) School - 8:15a.m. – 11:25a.m. - [6 VAC 35-140-100]:

- (1) School starts. All residents must attend school. This includes those who may have dropped out, been expelled, or graduated. School is a scheduled activity. Residents who choose not to attend school must remain in their room until the following day. On these occasions, a “Student Non-Attendance Record” must be

completed. No school credit may be earned. Exceptions to this will be residents who have behavioral contracts outlined and/or are medically excused by the medical staff.

- (2) Residents must follow program behavior guidelines, as well as any rules established by the teacher(s).
- (3) Staff members will maintain discipline in the classroom. Staff is to constantly monitor residents. Staff shall not have reading materials for personal use in the classroom.

(f) Lunch - 11:35 a.m. to 12:35 p.m.: Follow same procedures as breakfast.

(g) School - 12:35p.m. – 2:45p.m.: All residents will be in school during this period.

(h) School Ends - 2:45p.m.: Residents return to their designated Pods and prepare for groups as scheduled.

(i) Shift Changes - 2:50 PM.

(j) Scheduled Group - 3:00 p.m. – 4:00 p.m.:

- (1) All residents will participate in scheduled Pod activities. Activities will be geared toward meeting the needs of all the resident's physical, emotional and mental health requirements.
- (2) Mental Health Clinicians, Nurse Practitioner, Clergy, Volunteer Group Leader and/or Staff on each Pod will facilitate groups according to the assigned topic and posted schedule.
- (3) Counselors shall have all residents ready for assigned group activities for the designated time frame.

(k) Professional Phone Calls 3:15p.m. – 4:00 p.m.:

- (1) Calls will be made to one of the following: Lawyers, Probation Officers, Social Workers, Ministers, Therapists and/or Case Workers. Calls are made per the Pod schedule.

- (2) The Staff will dial all calls and ask for the party. The Staff will remain with the resident during this time.
- (3) All incoming and out going professional and personal calls will be logged on the resident's Phone Activity Log.
- (4) Detention issued shower shoes will be used during showers.

(l) Dinner - 4:00 p.m. – 5:00 p.m.: Follow same procedures as breakfast and lunch.

(m) POD/ Group Activity 5:00p.m. or 5:30p.m.: (The following activities may vary depending on Pod schedule): This meeting is a time where the "Pod Community" residents can voice concerns in a constructive manner regarding any maintenance issues or unit concerns. Feedback from peers is constructive and positive in nature. This is also a time where the Staff can "check in" with each resident regarding their daily behavior progress, their level status and any individual concerns. The format for this meeting should be structured and be followed to prevent deterioration of the goals of the meeting.

(n) Showers:

- (1) Residents will be secured in their rooms during showers. Showers can be conducted two at a time. Clean underwear, shirts, and socks are issued daily. Clean pants are issued per each Pod's schedule. Dirty clothing is exchanged for clean clothes. Dirty clothes are placed in the laundry bin.
- (2) All towels and washcloths are placed in the dirty laundry bin following showers.
- (3) Staff will dispense all hygiene supplies, including deodorant.
- (4) Detention issued shower shoes will be used during showers.

(o) Linens washed every Tuesday.

- (1) Residents will be issued clean linens and blankets.
- (2) All dirty linens are placed in the dirty laundry bin.

NOTE: Free time is between the hours of 6 PM and 9 PM if the Pod schedule permits. It is not guaranteed to residents.

(p) Visiting Hours - 6:00 p.m. – 8:00 p.m.: Visiting hours will vary by time and pod. Please see current visitation schedule and/or Pod activity schedule.

(q) Visiting will take place in the Multi-Purpose room. Visitors will not be allowed in the resident living area. Residents will be searched after visitation prior to returning to their Pod.

(r) Residents who do not have visitors remain on their Pod.

(s) Video/DVD Library - Fridays: Friday nights will be designated as movie night. A movie will be provided by the Department. Residents will be able to watch videos on the Pod Activity Floor.

(t) Snacks:

Snacks from Food Service will be distributed daily. The Snack Enrichment Program provides educational opportunities to the residents in conjunction with snacks.

(u) Bedtime - Sunday through Thursday:

(1) 7:30p.m. – Bedtime for Level 0

(2) 8:00p.m. – Bedtime for Level 1

(3) 8:30p.m. – Bedtime for Level 2

(4) 9:00p.m. – Bedtime for Level 3

(v) All bright lights are out - 10:00p.m.: Dim lights must remain on during the night.

(w) Shift Briefing - 10:30 p.m.: Oncoming Staff will have a briefing with their team Supervisor and be assigned to Pods. Once on Pods, Staff will sign into the HYPE Tracking System and read any Alerts or Postings. They will be briefed by the off going shift about the night's events, what the activities are for the day shift, including courts, both transport and video, any disciplinary actions, room confinements, new admissions, and/or any other pertinent issues.

(x) Shift Change - 10:45 p.m.: Once on Pods, Staff will log into the Palm Pilot and scan all rooms. Staff should log this scan as the "beginning of the shift walk thru" scan. Oncoming staff will be briefed by the off going staff about the night's events, what activities are for the day shift, including court calls, transports, and any disciplinary actions, room confinements, new admissions, and/or any other pertinent issues. Staff will log into the HYPE Tracking System and read any alerts or postings.

(z) Night Duties - 11 p.m. to 7 a.m.: Night duties include, but are not limited to, processing intakes, monitoring residents every 15 minutes, locker searches, building searches, record maintenance and documenting this process by using the Palm Pilot scanner. During this shift hygiene is also completed.

4.49 WEEKEND AND/OR HOLIDAY SCHEDULE

(a) Free time per Pod schedule (times will vary): Residents who do not have behavioral consequences will be allowed to sit out on the Pod Day Room Floor to have free time. This may include activities such as board games, cards, coloring materials, etc.

(b) Hygiene Starts - 5:45 a.m.:

- (1) Each resident will clean his/her room daily. Bed linens must be folded neatly in the middle of the bed. (Mattresses should be kept flat, as folding causes tears in the material).
- (2) Staff will check jobs completed for cleanliness. If a job is not completed satisfactorily, the resident will be asked to repeat the task.
- (3) Residents are to wash themselves in their rooms using issued hygiene items. They will return all personal hygiene items to the Staff and/or their locker when exiting their rooms.
- (4) Residents do not have an option of sleeping in. If they do not wish to eat breakfast, they still must get up, go to the dining room and sit at a table. Residents who choose to remain in their room will not be released from their room until the following day. The medical staff, Supervisor, or administration can authorize medical room time with no loss of privileges.

(c) Shift Change - 6:30 a.m.:

(d) Breakfast - 7:00 a.m.:

(f) Super Saturday Clean-Up - 8:30 p.m. to 11:00 AM: This time period is used for intensive cleaning of the residents sleeping area, Pod bathroom and Pod living area. In addition to normal cleaning assignments, special attention should be made to doors, door jams, toilets (polish), wipe walls, bunks, chairs, tables, lockers, floors, and water fountains. Scour the Pod shower; including the shower stalls, sink and toilet. Wash all chairs and tables in the activity area. Pod door entrance windows should also be cleaned. Clean counters, walls and damp mop floors.

(g) Religious Services - 10:00 a.m. to 11:00 a.m. Saturday/Sunday: Group religious services will be on a rotating basis. Three groups will attend, and then rotate. **Participation is voluntary.**

(h) Lunch - 11:30 a.m. to 12:30 p.m.: Follow same procedures as breakfast and dinner.

(i) Visiting Hours - Saturday/Sunday (see visitation schedule, times will vary):

(1) Visiting will take place in the Multi-Purpose room. Visitors will not be allowed in the resident living area. Residents will be searched after visitation prior to returning to their Pod.

(2) Residents who do not have visitors remain on their Pod.

(j) Dinner - 4:00 p.m. to 5 p.m.: Follow same procedures as breakfast and lunch.

(k) Showers (Times will vary according to schedule):

(1) Juveniles will be secured in their rooms during showers. Showers can be conducted two at a time. Clean underwear, shirts, and socks are issued daily. Clean pants are issued per Unit's schedule. Dirty clothing is exchanged for clean clothes. Dirty clothes are placed in the laundry bin.

(2) All towels and washcloths are placed in the dirty laundry bin following showers.

(3) Staff will dispense all hygiene supplies, including deodorant.

(l) During the next few hours, the juveniles will be allowed certain activities on the Pod, to encourage relaxation and wind-down. The activities offered will be at the Staff's discretion.

(m) Bedtime - Friday and Saturday:

- (1) 8:00p.m. – Bedtime for Level 0
- (2) 8:30p.m. – Bedtime for Level 1
- (3) 9:00p.m. – Bedtime for Level 2
- (4) 9:30p.m. – Bedtime for Level 3
- (5) 10:30p.m. - All bright lights are out. Dim lights must remain on during the night.

NOTE: See Pod Schedules (Posted on Pods) for Updates or Changes.

SECTION 5.0 – BEHAVIORAL MANAGEMENT

5.1 RESTRAINING TECHNIQUES/USE OF FORCE

(a) Physical restraints are used only to the degree necessary to protect the juvenile from injuring him/her self, injuring another juvenile or staff member; to prevent escape; and to prevent destruction of property. Physical restraints should only be used as a last resort. The amount of force used shall be only that which is necessary.

(b) All Juvenile Counselors at the Newport News Juvenile Detention Facility will be required to have certification in Handle with Care, or a similarly Department of Juvenile Justice and Department approved restraint system as decided by the administration.

(c) Policy:

- (1) The Newport News Juvenile Services Mechanical Restraints Policy is designed to maintain facility security and order, and to ensure the safety of juveniles, staff, and the public. Restraints shall only be employed as a temporary means of controlling the resident while preventing injury, escape, or transporting resident.
- (2) Only mechanical restraints approved by the Director shall be used by Newport News Juvenile Services staff.
- (3) Mechanical restraints are never to be applied as punishment and shall only be applied for the minimum time necessary to ensure safety and security. Juveniles will be monitored while restrained and checks will be documented and reported (see Attachment #29 regarding the monitoring of restrained residents).
- (4) It is Newport News Juvenile Services policy that restraints be removed immediately after the juvenile calms down.

(d) Documentation on Mechanical Restraint: The Physical/Mechanical Restraint Form located in the HYPE Tracking System shall be completed when mechanical or physical restraints are used.

- (1) The following information must be fully documented:
 - (i) Date.

- (ii) Time restraints were applied and time restraints were removed (including circumstances or removal).
- (iii) Staff involved.
- (iv) The initial reason(s) for restraint.
- (v) Other non-physical, less intrusive interventions used and proved unsuccessful in managing behavior.
- (vi) Name and title of person authorizing the restraint.
- (vii) Results of restraint, if applicable (i.e. injuries).

(e) All Physical and Mechanical Restraint Forms are filed in the juvenile's case record.

(f) Additionally, before the end of the shift, the Supervisor on duty will prepare a Complete Incident Report detailing all aspects of the use of restraints, to include:

- (1) The name of the juvenile.
- (2) The names and titles of staff involved.
- (3) Date and time restraints were applied.
- (4) Date and time restraints were removed.
- (5) Total amount of time that restraints were used, detailing the type of restraint.
- (6) Notations regarding the notification of the Superintendent and, where applicable, the nurse.

(g) The Detention Superintendent shall review all uses of restraints.

5.2 RULES AND CONSEQUENCES

(a) The behavior management program is designed to increase desired behaviors and decrease undesirable behaviors within detention. To accomplish this task, **the entire staff must consistently reinforce the behaviors that are observable, describable and measurable.**

(b) The behavior management program is based on a level system, which promotes successfully meeting behavior expectations. Consistent positive behavior earns privileges. Each resident receives a resident handbook at admission. It is the Intake staff's responsibility to

ensure the juvenile receives an overview of the behavior management program during the admission process.

(c) See the posted Level System, Behavior Rules, Resident Handbook, and Daily Schedule for the methods and procedures to implement the program.

(d) The mental and physical welfare of the resident should be the primary consideration in administering any type of consequences.

(e) It is the policy of this facility that residents are not subject to corporal or unusual punishment, humiliation, mental abuse or punitive interference with the daily functions of living, such as eating or sleeping. Prohibited also are consequences which deny juveniles' exercise, medical care, correspondence and contact with parents or legal assistance which affect in any way the juvenile's health, physical or psychological well-being.

(f) The Behavior Rules define acceptable/unacceptable conduct while in Detention and types of consequences that may be administered by Detention staff when a resident commits a rule violation.

(g) Detention staff may use a wide range of responses to control or modify unacceptable behaviors. In applying these responses the staff should not allow their emotions to dictate the actions to be taken. **Room restriction should be one of the last alternatives in attempting to control undesirable behavior.**

(h) Staff is encouraged to find logical, positive and learning consequences for negative behavior as a substitute for room confinement. This may include but not be limited to activities such as behavior contracts, learning projects and written assignments.

(i) All disciplinary actions are to be noted in the resident's chronological notes. This is to include warnings, consequences, and room restrictions. Prior to suspension of privileges or room restrictions, the Staff taking the action shall explain the reasons to the resident. Residents have the right to appeal disciplinary actions through the "Due Process" procedure.

(j) All staff that work with the residents shall receive continuous in-service training so they are thoroughly familiar with the rules, sanctions available, rationale for the rules, and guidelines for resolving minor misbehavior.

5.3 DISCIPLINE

The Newport News Department of Juvenile Services prohibits the following forms of punishment:

- (1) Corporal punishment of any type or physical punishment inflicted on the body.
- (2) Limitation of receipt of mail.
- (3) Degrading or humiliating punishment, including verbal abuse or ridicule.
- (4) Prohibition of contact and visits with approved persons (i.e. family, legal guardians, attorney, probation officer, and placing agency representative).
- (5) Deprivation of nutritionally balanced meals, snacks, and water.
- (6) Subjected to unclean and unsanitary living conditions.
- (7) Deprivation of health care, including counseling.
- (8) Deprivation of opportunities for bathing and access to toilet facilities.

NOTE: Any law violation that occurs while a resident is in detention may be investigated by the administration and referred to the Commonwealth's Attorney for possible prosecution.

5.4 ROOM CONFINEMENT [6 VAC 35-140-560]

(a) When a resident has committed a rule violation requiring confinement for his/her safety, the safety of others or to ensure the security of the facility, he/she is returned to the population as soon as possible. Alternatives to room confinement are used when the Supervisor deems it applicable. Room confinement as a consequence or isolation shall not exceed 72 hours. The resident may be confined pending a due process hearing for up to 24 hours. A Supervisor who was not involved in the incident must approve any longer confinement. A resident who is charged with a rule violation requiring more than 48 hours room confinement, shall be given a written copy of the disciplinary report within 24 hours.

(b) When room confinement occurs, the following shall be documented in the Disciplinary Report located in the HYPE Tracking System (**Attachment #19**). The report shall include:

- (1) Reason for confinement.
- (2) Time confinement begins and ends.
- (3) Any unusual behavior exhibited by the resident.
- (4) Any witnesses.
- (5) Disposition of any physical evidence.
- (6) Immediate action taken, e.g. use of force.
- (7) Due process (**Attachment #17**), if applicable.

(c) Additional documentation shall be completed in the resident's Chronological Notes, and Behavioral Level Tracking are located in the HYPE Tracking System (**Attachment # 18**).

(d) The Staff informs the resident of his/her rule violation and the resident is secured in their assigned room. The Supervisor is notified of all room confinements. The Staff completes their designated portion of the disciplinary incident report and forwards it to the Supervisor. The Supervisor completes their designated section of the disciplinary report, outlining the consequences and returns it to the Staff. The Staff reviews the completed disciplinary report with the resident, explaining the reasons for the recommended consequences and their right to a "Due Process" if they feel they are wrongly accused. The Staff shall explain to the resident that the Supervisor will visit all residents on room confinement by the end of their shift and that a "Due Process" is not required to request leniency or a lesser amount of room time.

(e) While in room confinement, staff will complete checks every 15 minutes, or more often depending on the resident's mental/emotional status

(f) Residents on room confinement for disciplinary reasons are required one hour of physical exercise (i.e., gym, Pod, outside recreation area between the two Pods) for every 24 hours of room confinement.

Anytime a youth is assigned to room confinement of 24 hours or more, the Superintendent designee shall be notified. **Anytime a juvenile is confined to his/her room for more than 72 hours the Superintendent shall notify the DJJ Regional Manager (Certification Analyst) of the confinement and the treatment plan.**

5.5 DUE PROCESS [VAC 35-140-550]

- (a) A due process hearing will be conducted within 48 hours of the request to review the reason for the confinement and to make a decision on the facts presented.
- (b) A due process hearing shall be conducted by an impartial person, with assurance that no adverse actions are taken against the juvenile as a result of Due Process.
- (c) The juvenile shall be present in the hearing unless they waive that right or through their behavior. The reasons for such action shall be documented.
- (d) The juvenile shall be permitted to make a statement and present evidence at the hearing and to request witnesses on their behalf. The reasons for such action shall be documented. If requested, the juvenile is given assistance in presenting his/her position.
- (e) A written record of the hearing's findings and any actions taken is maintained in the resident's Disciplinary Reporting Screen (**Attachment #9**), located in the HYPE Tracking System. A copy is placed in the resident's file, Superintendent, and copies are given to the resident.
- (f) If the resident is found innocent, any reference to the charge shall be removed from the record.
- (g) The Superintendent shall review all disciplinary hearings and dispositions to ensure compliance with policies and procedures.
- (h) The juvenile shall have the right to appeal the disciplinary hearing's decision to the Superintendent within 24 hours of receiving the decision. The appeal shall be decided within 24 hours of its receipt and the resident will be notified in writing of the results within three (3) days. (Time frames do not include weekends and holidays).

(i) Residents on room confinement for disciplinary reasons are required one hour of physical exercise (i.e., gym, Pod, outside recreation area between the two Pods) for every 24 hours of room confinement.

(j) Anytime a youth is assigned to room confinement of 24 hours or more, the Superintendent or designee shall be notified.

5.6 ROOM CHECKS

(a) **(All room checks shall be conducted on an irregular basis).** Normal checks will be made on an irregular schedule within 15 minutes or less intervals.

(b) Residents on crisis are checked as normal within 15 minutes or less; however, they will have the same clothing restriction as a resident on suicide check.

(c) Residents on suicide status shall be checked a minimum of every five (5) minutes.

(d) All checks shall be recorded using the Palm Pilot Bar Code Scanner. Should this system be inoperable, manual log entries shall be made in each child's file by the person conducting the checks.

(e) When Staff of the opposite sex makes a room check, the Security Control person will record the rooms checked, the time of the check, and the Staff making the check.

(f) Dim lights will remain on from sunset to sunrise. In the event the dim light is inoperable, the bright light will remain on.

(g) Current residents and new admissions that are placed on crisis status will be issued underpants, t-shirts, and two (2) blankets only whenever they are in their room unless otherwise authorized by the nurse. If a child is on crisis annotate in computer.

(h) Any child who reports on his/her medical screening form that he/she has ever attempted or thought of suicide, and any child who has been assessed by Mental Health Services for suicidal ideations will remain on crisis status until evaluated by CSB. The staff must read the logs from previous admissions and medical information sheets to make this determination. Those found to be manipulating will be treated as suicide risks and the above precautions taken. Once implemented for a child, these precautions will be observed throughout the current admission and for subsequent admissions.

(i) Only the nurse, social worker, CSB Counselor, or other designated person(s) are authorized to remove a child from crisis status. Only a mental health professional can remove a resident from suicide status.

(j) See Section 2.5-1 for information regarding searches at admission.

5.7 COUNSELING

(a) To further enhance Staff/resident communications and meet the physical and emotional needs of the children, various levels of counseling are an integral part of the overall detention facility program.

(b) The purposes of counseling are to clarify, give and receive information, and present alternatives and behavior responses. Counseling in Detention is designed primarily to help the resident deal with confinement. For many residents, this is a new and unusual experience. Being in Detention itself can cause many emotional problems, but often the resident brings his/her own special set of problems, experiences, and feelings which shape his behavior. There is great "peer" pressure on each resident. The resident spends a great deal of time worrying about what is going to happen to him/her with a feeling that there is little that he/she can do. The residents feel they have little control over their life. Many residents are socially and emotionally immature or maladjusted and have poor coping skills. All of the above determine how each resident will handle his detention experience.

(c) The Staff on the Pod is responsible for recording behavior observation notes in the resident's record, [formulating goals and objectives for the resident] serving as the contact person for the resident, report writing, counseling the resident, and family contact as indicated. At minimum, a weekly behavior summary report in the resident's chronological notes is required.

(d) Every effort will be made to continue treatment for residents currently in or referred for therapeutic counseling.

5.8 CONSEQUENCES (BEHAVIOR RESPONSES)

(a) Each "offense" will be handled in a progressive manner. The least restrictive discipline will be used for the first offense unless the offense is a particularly violent situation. Each time the offense is repeated within a short timeframe, more restrictive response will follow.

(b) Room time in excess of twenty-four (24) hours will require a Supervisor's approval and his/her signature. All room time of twenty-four (24) hours or more will require a disciplinary hearing.

NOTE: Supervisors must be informed of all roomtime given.

(c) Room release time will be affected by behavior during room time.

(d) Residents on room confinement serving in excess of twentyfour (24) hours are required to have at least one (1) hour of daily physical exercise which must be documented in the resident's chronological log. The resident must have three documented room visits and a disciplinary hearing conducted by a Supervisor or Senior Counselor.

5.9 CONSEQUENCES FOR BEHAVIOR OUTLINED

GROUP I: NON-VIOLENT BEHAVIOR: Counseling up to Loss of Free Time (Documented in chronologicals)

NOTE: If a resident is put out of school, he/she will lose all free time for the day.

EXAMPLES:

1. Moving without permission
2. Rude table manners
3. Not following directions
4. Abuse of telephone
5. Refusing to complete assignments
6. Disrespectful to others
7. Refusing to participate in scheduled activities

GROUP II: DISRUPTIVE BEHAVIOR: ROOMTIME 24 HOURS (Complete Incident Report)

Charges may be filed.

EXAMPLES:

1. Cursing
2. Verbal threatening
3. Too noisy
4. Continual defiant behavior
5. Gambling
6. Flooding
7. Abuse of property
8. Talk/plan of escape

9. Possession of a weapon or sharpened instrument (i.e. combs, pencils, eating utensils, etc.)
10. Being in an unauthorized area
11. Calling out room numbers
12. Testing doors and window
13. Physical contact
14. Possession, use of, distributing drugs/alcohol, tobacco in detention or while on a detention program post-disposition

GROUP III: VIOLENT BEHAVIOR: 25 - 48 Hours Room time

72 Hours Room time (Superintendent's Approval)

Over 72 hours (Deputy Director's Approval)

Charges Filed:

NOTE: Residents on this type of room time will be evaluated on a case-by case basis and will be put on a half-day program designed to integrate them back into the general population. Negative days during room confinement will not count. Half-Day Program: Residents are required to serve five (5) days on the program before they are allowed to participate in regular activities with the population.

EXAMPLES:

1. Attempted escape
2. Escape

3. Setting a fire
 4. Inciting/participating in a riot, severe disturbances and similar incidents
 5. Fighting/Assault
 6. Physical staff defiance
 7. Assault on staff or resident
-

5.10 BEHAVIOR MANAGEMENT PROGRAM

(a) The behavior management program is based upon an effort to increase desired behaviors and decrease undesirable behaviors within detention. To accomplish the task, the entire staff must consistently reinforce these behaviors that are observable, describable and measurable.

(b) The behavior management program is based on a level system, which requires successfully meeting behavior expectations. Consistent positive behavior earns privileges. Each child receives an orientation booklet at admission. It is the Staff's responsibility to insure the child receives an explanation of the program.

(c) Posted on each Pod should be Level System Code of Conduct, Personal Conduct Rules, Resident Handbook, and a Daily Schedule for the methods and procedures to implement the program.

(d) Resident's are not given an allowance or wage while in detention.

5.11 LEVEL SYSTEM GUIDELINES

(a) Level changes will be made once a week on Saturday by third shift staff. Level Drop by Room Time. Three negative behavior offenses warrants a drop in level:

- (1) Level 1 to Level 0, three (3) hours.
- (2) Level 2 to Level 1, two (2) hours .
- (3) Level 3 to Level 2 .

(b) Level 0: The projected time on this Level is 4 days. During this time, you are expected to learn the rules of the Program. Bedtime is 7:30 PM weeknights and 8 PM weekends (Friday and Saturday). You must have four (4) positive days in a row to move to Level I.

NOTE: (All privileges are subject to modification when on splits)

(c) Level 1: The projected time on this Level is five (5) days. During this time, you are expected to become a productive resident. Bedtime is 8 PM weeknights and 8:30 PM weekends (Fridays and Saturdays). You must have five (5) positive days in a row to move to Level II.

(d) Level 2: The projected time on this level is six (6) days. You are expected to assist other residents in learning the rules. Bedtime is 8:30 PM weeknights and 9 PM weekends (Fridays and Saturdays). You must have six (6) positive days in a row to move to Level III.

(e) Level 3 Level III is the highest level in the Program. Responsibilities as well as privileges increase. Orientation of residents, serving as a good example, assisting staff with activities as assigned are some of the expectations. To reach this level and to stay there requires a high degree of trust. Bedtime is 9:00 PM week nights and 9:30 PM weekends (Fridays and Saturdays).

(f) Residents' Personal Conduct:

- (1) Residents are to respect themselves and others.
- (2) Follow all instructions given by staff.
- (3) Residents must go to their rooms immediately when requested by staff.
- (4) No communication between male and female residents except at designated times.
- (5) Address staff members by Mr. or Ms. and their last names.

- (6) No excessive noise.
- (7) No cursing, insults, teasing or horseplaying.
- (8) No physical contact with other residents, except during scheduled groups.
- (9) No physical contact with staff.
- (10) Wear assigned clothing properly.
- (11) Residents are not to inflict injuries to themselves or disfigure themselves in any way, including tattoos.
- (12) Residents are not to engage in sexual conversations or advances toward residents or staff.
- (13) Residents are not to verbally or physically threaten anyone with bodily harm.
- (14) Resident must remain in visual sight of staff.
- (15) There is to be no movement without staff permission.
- (16) Residents are expected to walk with their hands behind their backs.
- (17) Residents are not allowed to draw, write, or talk about drug or gang activities. Any gang activity is a Group II violation. The department has a zero tolerance for gang activity or involvement.

5.12 GRIEVANCE POLICY (22 VAC 42-11-1040)

- (a) All Juveniles have the right to file a grievance.
- (b) No adverse action shall be taken against them as a result of filing a grievance.
- (c) All grievances will be investigated by an objective employee who was not involved.
- (d) The grievance will be kept on file for three years.

(d)

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SECTION 6.0 - MEDICAL

6.1 MEDICAL RECORDS [6 VAC 35-140-220]

- (a) It is the responsibility of the nurse and/or physician to collect health appraisal data through proper physical examination of the resident as well as obtaining a medical history. The collected data will be recorded and become a permanent part of the resident's record. Access to this record shall be carefully controlled by the administration at all times.
- (b) In addition to the "Initial Medical Assessment" (**Attachment #1**) located in the HYPE Tracking System, an on-going medical record is kept on each resident. This form includes a more extensive medical and social history as well as a complete treatment record.
- (c) A copy of the resident's medical record is forwarded to the Bon Air Central Infirmary for all residents committed to the Department of Juvenile Justice on or before their departure. This procedure also applies when children are transferred to other residential facilities. If sufficient notification prior to release is not given, the material will be Faxed or mailed to the facility.
- (d) A physician's "Medical Treatment Record" (**Attachment #2**) is maintained to cover verbal and written orders given by the physician on each child, which is then counter-signed by the physician.
- (e) The medical records of children currently in care shall be filed and stored in a locked file cabinet in the Medical Suite.
- (f) The inactive medical records shall be sorted by birth year and then alphabetized. Each birth year shall be placed in a folder and secured in the clinic. Medical records shall be pulled and placed in the active caseload folders if the child returns to care.

(g) Access to these records shall be restricted to Departmental staff and medical personnel or contractors who have duties and responsibilities for medical care.

(h) Medical records shall be stored in a secured file separate from other records for a period of 10 years.

(i) Staff is not authorized to give medical information to parents, legal guardians of other agencies not connected with the legal process unless written consent has been obtained from the child.

6.2 MAINTENANCE AND STORAGE

In accordance with regulations pertaining to Americans with Disabilities Act and the Virginia State Library Records requirements, the following procedures will be instituted to maintain and store medical records to meet the requirements of those acts:

- (1) Medical records shall be stored separate and apart from case records. The medical records of each youth who has passed his eighteenth birthday and been released from detention shall be placed in a common folder labeled with the year of birth and the year the records may be destroyed, which will be forty-eight years past the birth year. Records will be stored in a locked storage area pending destruction.
- (2) Access to these records shall be restricted to Newport News Juvenile Services staff and medical personnel or contractors who have duties and responsibilities for medical care.

6.3 EXAMPLES OF RECOMMENDED PERSON PROTECTIVE EQUIPMENT FOR WORKER PROTECTION AGAINST HIV AND HBV TRANSMISSION¹ IN PREHOSPITAL² SETTINGS

From: *Guidelines for Prevention of Transmission of HIV and HBV to Health Care and Public Safety Workers Reprinted from DHHS (NIOSH) Centers for Disease Control, 1987, HHS Publications No. 89-107, Table 4, Page 28*

Task/Activity	Disposable Gloves	Gown	Protective Mask ¹	Eyewear
Bleeding control (spurting blood)	Yes	Yes	Yes	Yes
Bleeding control (minimal bleeding)	Yes	No	No	No
Emergency Childbirth (if splashing is likely)	Yes	Yes	Yes	Yes
Blood drawing	Yes ²	No	No	No
Starting an intravenous (IV) line	Yes	No	No	No
Endotracheal intubation, esophageal obturator use	Yes	No	No	No*
Oral/nasal suctioning, manually cleaning airway	Yes	No	No	No*
Handling and cleaning instruments with microbial contamination	Yes	No	No*	No
Measuring blood pressure	No	No	No	No
Measuring temperature	No	No	No	No
Giving an injection	No	No	No	No

*Unless splashing/soil is likely.

¹Refers to protective masks to prevent exposure of mucous membranes to blood or other potentially contaminated body fluids. The use of resuscitation devices, some of which are referred to as "masks" is discussed on page 16.

²In voluntary blood donor centers, phlebotomists have option not to use gloves: this is the only exception. (CDC statement amended in April, 1992 to be consistent with VOSH 1910.1030 Blood borne Pathogens Standard.)

6.4 LENGTH OF HAIR

The Newport News Juvenile Detention Center does not have restrictions on the style or length of hair that is natural, except in cases of health and safety reasons.

6.5 MEDICAL PROCEDURES [6 VAC 35-140-450]

(a) Medical Consent: In instances of pre-existing medical problems or where a child is in need of inpatient hospitalization, every effort will be made to secure the signature of the parent or legal guardian.

(b) Obtaining Dental Services: In those instances deemed by nurse, physician and/or Superintendent to be dental emergencies, proper medical attention will be obtained through City contracted private dentists, Riverside Hospital Emergency Room or the child's private dentist when applicable. These services will not normally include cosmetic needs and prosthetic devices such as crowns, braces and dentures. After routine oral cavity examination performed by the nurse during the medical screening process, if further care is deemed necessary, parents or legal guardians will be contacted to assist in arranging dental services. In cases of pre-existing dental appointments, Juvenile Services will assist by transporting those individuals.

(c) First Aid: All Detention Facility staff responsible for the direct care and

Supervision of children shall be certified in standard first aid. Staff so trained will administer first aid to children when necessary consistent with the skills acquired in this training. The nurse or other appropriate medical personnel shall be notified should it appear that more extensive medical care is required. In all cases where first aid has been administered, the nurse shall be notified as soon as possible. Well stocked first-aid kits and CPR masks are kept in the staff work stations for minor injuries and medical emergencies.

(d) Medical Administration: All non-medical employees who administer medications shall be certified Medication Agents. Said staff will have successfully completed a Medication Agent training course prior to administering medications. A designated certified Medication Agent shall be on duty each shift. The Medication Agent is responsible for the administration and documentation of medication for the shift. In the absence of medical staff, the Medication Agent attends the doctor for on site medical care, processes any prescriptions, accepts and releases medication for residents.

(e) Notification of Next of Kin or Legal Guardian: In cases of serious illness, injury or death, notification shall be the sole responsibility of the detention administration.

(f) Chronic Illness and Convalescent Care: When deemed appropriate by the Attending physician and the Detention Facility nurse, care shall be provided for the children with chronic illnesses as well as those convalescing from surgical procedures.

(g) Prevention Health Care: Instruction is provided to both staff and children in medical preventive maintenance by the detention facility nurse as well as medical personnel made available through local public and private medical facilities.

(h) Screening, Referral, and Care of Mentally Ill and Retarded Children: Mental health base line assessment is done by admitting staff at the time of intake using guidelines provided by Juvenile Services Medical staff and the Community Services Board. A copy of this assessment is given to the nurse and in-house CSB staff who will determine if services are needed. When deemed appropriate by the nurse, physician, CSB and the Court, such children will be cared for within Secure Detention. Medical and Mental Health screening assessments are to be documented in the HYPE Tracking System as the Initial Medical Assessment (Attachment 1) and MAYSI Mental Health Assessment (**Attachments #11 & 12**).

(i) **Special Medical Problems:** It shall be the responsibility of the Detention Facility nurse and/or a physician to provide verbal and written instructions regarding all special medical problems of children in Detention. It shall be the responsibility of the nurse to ensure compliance with these instructions.

(j) **Medical Screening Guidelines for Alcohol and/or Drug Use:** During initial assessment and observation, if alcohol consumption is apparent and the juvenile appears to be intoxicated from alcohol or the smell of alcohol is present, the urine screening test may be performed on site, prior to placing the resident into population. If the urine screening test results are positive (indicated by standard measurements of legal intoxication) the following information should be obtained and documented. Resident will be taken out by Police or Delivering Officer to provide medical care.

NOTE: If the resident appears to have any of the following medical issues, ER medical clearance is necessary prior to placement in the population:

- (1) Open cuts requiring stitches
- (2) Uncontrollable bleeding
- (3) Increased disorientation and/or loss of consciousness
- (4) Severe physical trauma received within the past eight hours not previously seen by medical (i.e., car, accident, beating, etc.)

6.6 MEDICAL ASSESSMENT AND TREATMENT [6 VAC 35-140-430]

(a) Within five (5) days after admission, each child is examined by the nurse and/or physician to determine their apparent health. Medical problems that may arise after the initial exam will be managed during regular "Sick Calls," before 9:00 a.m. each weekday (**Attachment #13**). The nurse shall be responsible for examining each resident whose name appears on the list as soon as possible. All medications shall be administered from the clinic during sick calls. In cases of minor complaints, the nurse may administer appropriate treatment in the medical suite (clinic) as set forth by the standing orders of the physician. On complaints deemed serious, the physician is called to examine the resident.

(b) There are occasions when a resident may be transported to a physician's office, depending on their availability. If the physician is unavailable the resident may be transported to an Ambulatory Clinic or Emergency Room. It shall be the policy of the Newport News Secure Detention Facility to secure payment for emergency services through the parent's medical insurance or other alternatives whenever possible.

(c) If a child's parent/guardian cannot or will not pay for medical services, or the financial responsibility lies with the Department, payment is process through the City's health care plan for these cases.

(d) Various specialty clinics at the Health Center are utilized upon referral by a physician. Those clinics may include but are not limited to dental, OB-GYN, Immunization, and Referral.

(e) Medical problems that arise after the nurse's normal working hours are to be managed as follows:

- (1) Phone contact or pager contact is to be made with the nurse for all medical problems that are not covered by Standard First Aid.
- (2) Treatment for minor complaints will be ordered by the nurse using the guidelines set forth by the physician.
- (3) Medications and treatments ordered by the nurse are to be recorded in the juveniles Medicine Activity Log located in the HYPE Training System.
- (4) In cases deemed more serious the nurse is to make arrangements with the Supervisor on Duty or Superintendent for possible transport of the child to the hospital.
- (5) In cases that appear life threatening, call 9-911 services immediately. The City ambulance service is to be called without hesitation. The nurse and Superintendent will be called next. The nurse may have vital medical information for the medical personnel.

(f) If inpatient hospitalization is ever deemed necessary, the following steps are to be followed immediately:

- (1) Ascertain from the doctor the nature of the problem and determine if the problem is of an immediate life threatening nature.
- (2) Simultaneously, the parents or guardians should be notified of the child's condition and requested to come to the medical facility immediately. Ascertain if the parents or guardians will admit the child and assume responsibility for medical treatment.

- (3) If surgery is required in a life-threatening situation and the parents or guardians are not willing to authorize the procedure, the Judge must be contacted for consent.
- (4) Staff supervision will be maintained until arrangements can be made for either a release from custody or alternative supervision can be arranged.
- (5) In situations that require hospital treatment and/or admission, contact with the committing court or placing agency is to be made as soon as possible. Such contacts are to be the responsibility of the supervisor, superintendent, or the nurse.
- (6) When mental health detention orders are obtained, the parents and the committing agency are to be notified by detention staff of the child's transfer to the admitting hospital.

(g) Any child admitted to this program that has recently been treated in a mental health hospital or facility should have a copy of their discharge summary in their case record. If this summary is delivered with the child, a copy will be made prior to forwarding this dissemination. If no summary accompanies the child, a request will be made at the earliest possible opportunity for this information. Court Service Units will be requested to share any information they possess with this Department. This information shall be directed to the nurse and Senior Social Worker.

6.7 MEDICAL TREATMENT AUTHORIZATION MEMORANDUM

This Department and Riverside Regional Medical Center (RRMC) have an existing agreement that RRMC is to perform necessary medical treatment for any juvenile held in custody of the Newport News Juvenile Detention Facility. This memorandum is in accordance with Section 16.1-241 (D) and Section 54.1-2929 (G) of the Code of Virginia.

6.8 ADDITIONAL INFORMATION

(a) Refusal of Care: Juveniles may refuse medical treatment and care. This refusal must be in writing. Nurse on duty/on call shall notify appropriate authorities.

(b) When health care is rendered against the juvenile's will, all applicable laws and regulations will be followed. A judge's order will be required.

(c) **Emergency Admittance:** When emergency admittance of a juvenile to the hospital is necessary, the parents or legal guardian will be contacted. A staff person must accompany the juvenile to the hospital for security purposes.

6.9 EMERGENCY MEDICAL PROCEDURES

(a) The following procedures pertain to those conditions that require immediate care to correct and/or prevent further injury and those of life threatening proportion. (In an emergency crisis you might have to decide whether or not it is necessary to put the rest of the children in their rooms until the crisis is dealt with effectively. As always life and limb or an injured or ill child is top priority.)

(b) Call for Emergency Medical Services (9-911 or 911) immediately in any situations involving life threatening or possible serious injuries. Contact the Nurse and Superintendent next.

(c) **Hospitalization:** If a child is hospitalized, staff must stay on site to monitor the safety and security of the juvenile. Juveniles are not permitted to use the telephone at any time during their hospital stay. Only parent(s) and legal guardian(s) will be allowed to visit, and the times of visit will be limited to the same visitation rules as the detention facility. Juveniles are not permitted to receive outside food. Restraints must remain on juveniles at all times. In case of any problems, the Counselor on duty will contact the Supervisor on Duty. Hospital security can also be called for assistance.

(d) **Broken Limbs:** The injured extremity must be immobilized as soon as possible and be without pressure of any kind. No further attempt should be made to manipulate the affected extremity as this may give rise to further damage. Contact should be made with the nurse before taking any further steps toward treatment. If she is unavailable, the Director or Superintendent is to be contacted for further instructions. Immediate signs to observe in determining a possible fracture include swelling, discoloration, displacement, and inability to move the affected part without a moderate to severe degree of pain.

(e) Back Injuries: Follow the above procedure with some exceptions that are imperative. Unless you are skilled in Advance First Aid techniques NO ATTEMPT SHOULD BE MADE TO MOVE OR TRANSPORT THE INDIVIDUAL UNLESS SURROUNDING CIRCUMSTANCES (FIRE, ELECTRICAL WIRES, ETC.) POSE A MORE IMMINENT THREAT TO LIFE. Until a skilled team is available, the most you should do is to keep the person warm and dry. If a back injury should be severe the individual may experience varying degrees of breathing difficulties. In all types of injuries, the most important and immediate action one takes is to check for an open airway. In cases of blocked airways and other breathing problems, the city ambulance service is to be called in immediately if the nurse is not on duty.

(f) Epileptic Seizures: It is very important that individuals not be restrained in any way during the actual seizure. The most important function staff can serve is making an accurate description of the seizure. This description should include duration of the seizure, whether there was a loss of bladder or bowel control, excessive salivation and length of time unconscious. This will aid the nurse and particularly the examining physician in determining the type of follow-up care necessary. This person shall be transported to a hospital after clearance with the nurse. Residents shall be checked more frequently during sleep hours. Crisis checks will be required and documented in Juvenile's Chronological Notes, located in the HYPE Tracking System.

(g) Asthma Attacks: It is rare that a child will get into real life-threatening difficulty with an asthma attack if their prescribed medicine is administered promptly and properly. Staff will have to rely on what the child reports as to an impending attack. If medicine is unavailable and an attack seems to worsen, the child shall be transported to a hospital immediately or call 9-911. These children will need more frequent checks during sleep hours. Crisis checks will be required and are to be documented. Children on medication who do not bring it with them are to have their parents contacted as soon as possible to bring medication in. Prescribed inhalers are not to be given to the child to carry around with them unless there is a direct doctor's order to do so.

(h) Suicide Attempts: In less severe attempt (i.e., cutting or scratching wrist superficially) the nurse shall be notified and the person observed as closely as possible until further evaluation and treatment can take place. In more serious cases, such as attempted hanging or deep laceration with profuse bleeding, contact the mental health emergency services and the nurse. All Suicide attempts or threats must be recorded in the Juvenile's "Chronological Notes" and "Grievances and Incidents" located in the HYPE Tracking System. When a resident is on suicide precautions, crisis checks will be instituted. The Emergency Services Unit of

Community Services Board makes assessment of suicidal issues and arranges for hospitalization if necessary (**Attachment #16**). Mechanical restraints may be necessary to prevent further injury until an assessment by Emergency Services is made. Written policy and procedures regarding their use is to be followed without exception.

- (1) In cases where attempts have been made, plans defined, or obvious depression is observed, the Mental Health Emergency Services counselor shall be called for an assessment.
- (2) All children who have attempted suicide or threatened to commit suicide, or have harmed themselves either during the current or a prior admission, shall remain on crisis checks and be placed on linen restriction for the duration of their detention. These restrictions shall be properly documented in the HYPE Tracking System.

(i) Detoxification: It shall be the policy of Newport News Department of Juvenile Services to properly screen each child for possible substance usage and/or abuse. Whenever possible, those children deemed in need of detoxification will be cared for within the facility. Cases deemed more serious will be referred to the appropriate facility immediately. Specific written instructions from the nurse and/or physician will be given on an individual basis for detoxification within the facility. Urine drug screens will be conducted and then tested by Redwood Toxicology on those so ordered.

(j) Poison Control: If it is determined that a child or staff member has ingested a poisonous, toxic agent, or substance, and the nurse is not on duty, a counselor on duty should immediately contact the Poison Control Hot Line at 1-800-552-6337. This number is posted on the Pods, and the Control Rooms, and Medical Suite. After following the instructions of the Poison Control Center and taking any subsequent necessary action, the nurse should be notified and apprised of the situation.

(k) Nosebleed: Elevate trunk of body so that the nose is above the level of the heart.

- (1) Compress softer portion of the nose against the midline septum for 5 to 10 minutes. Apply small ice pack if above measure fails.
- (2) If all of the above measures fail, the nurse is to arrange transportation to the hospital so that a physician may apply postnasal packing. If packing is done, it is not to be removed until 24 hours later.

(l) Psychological and Psychiatric Emergencies:

- (1) When a psychiatric emergency occurs, the Supervisor on Duty or Senior Counselor shall contact the nurse and/or Mental Health Emergency Services for instruction. If appropriate, the Emergency Services staff of Community Services Board will be contacted to conduct a mental health assessment. Should hospitalization be necessary the EMS staff will arrange for hospitalization via the appropriate juvenile judge or magistrate.
- (2) The Supervisor shall in turn notify the parents or guardians, the placing Court, the Director or Deputy Director wherever emergency psychiatric care of the child is deemed necessary.

6.10 ISOLATION TECHNIQUES

In cases of certain infectious diseases, it will be necessary to exercise rigid and specific precautions. When such conditions do occur, written instructions that relates specifically to that disease will be the responsibility of a physician and/or the nurse. The Medical Suite equipped with Isolation Room that will house juveniles separately to prevent rampant spreading of disease.

6.11 LICE INFESTATION

(a) No child is to be treated with any type of medication unless permission is obtained from nurse or physician. All treatments that are given are to be documented in the Juvenile "Medicine Activity Log" (**Attachment #14**) located in the HYPE Tracking System.

(b) All admissions to secure detention must be visually checked for crab lice and head lice by the admitting staff member. If signs are present, treatment will be given in the Medical Suite shower. Contact the nurse between 8:00 A.M. and 11:00 P.M. for permission to treat. Between 11:00 P.M. and 8:00 A.M. the child shall not be doubled in his/her assigned room pending treatment the following day.

(c) The shampoo must stay on the body for 10 minutes. The resident must be visually supervised in the application of the shampoo and the staff must time the treatment period before the shampoo is rinsed off. That is to be followed by combing through the treated hairs with a special comb designated for that purpose.

(d) Infested clothing including the resident's personal clothing and bed linens are to be placed in a bio-hazard bag and carried to the laundry room to be washed immediately. Washing is to be done on the hot water cycle with appropriate amounts of detergent and Pine Sol. The personal property bag must be sanitized or any property bags disposed of. The resident's room, including the mattress, bed, toilet and toilet seat as well as the floor is to be disinfected with a solution of soap and a disinfectant such as Pine Sol. Plastic gloves are to be used when implementing these procedures. Used gloves, plastic bags and personal property bags are to be disposed of immediately in the outside trash disposal. Room fumigation may be ordered on an individual basis. The above procedure to be implanted immediately after the resident has received medical treatment for infestation.

6.12 PHARMACEUTICAL POLICES AND PROCEDURES

(a) It shall be the policy of the Newport News Department of Juvenile Services to provide appropriate training in the administration of medication and the proper recording of such procedures. All non-medical employees who administer medication must be certified Medication Agents. It shall be the responsibility of the nurse to train new employees in medication administration as well as ensuring the medications are administered and recorded properly by non-medical staff on a continuous basis.

(b) Inter-muscular injections will be administered by the nurse or physician only.

(c) It shall be the policy of the Newport News Department of Juvenile Services that pharmaceutical testing or other experimental treatments utilizing children in the care of the Department be prohibited.

(d) It shall be the policy of the Newport News Department of Juvenile Services to adhere to all regulations set forth by the State Board of Pharmacy. Adherence is to include proper administration, recording, storing and disposal of all medication. All controlled substance and psychotropic drugs shall be stored in the narcotics safe/cabinet. The nurse shall inventory these drugs at the beginning and end of her shift with the Medication Agent on duty. At other shift changes, Medication Agents shall jointly inventory these drugs at the change of each shift or change of assignment. All inventories shall be documented.

(e) In accordance with the Virginia State Board of Pharmacy regulation unused discontinued prescription medications are labeled as to the amount remaining, date discontinued and the signature of the detention home nurse. Controlled substances drugs shall be inventoried and secured until properly disposed of by the pharmacy that originally dispensed the medication. Disposition shall occur in a timely manner. It shall be the responsibility of the nurse to coordinate and properly record each action of disposal. A written report signed by the nurse and the pharmacist participating in disposal will be retained for inspection by the State Board of Pharmacy. Inspectors from the State Board of Pharmacy will continue to make periodic visits to the home to ensure adherence to all regulations.

(f) Other prescription medications shall be disposed of by the nurse.

(g) It shall be the policy of the Newport News Department of Juvenile Services that stimulants, tranquilizers, psychotropic drugs and drugs requiring intramuscular administration shall be prescribed only by a physician, following a physical examination of the child by the physician or qualified medical personnel.

(h) The attending physician or physician prescribing medication shall be notified immediately of drug reactions and medication errors. A written incident report shall be completed on all medication errors.

(i) A sufficient supply of patented medicine such as Tylenol, non-narcotic cough syrup, antacids and antiseptic ointment will be kept in a locked medicine cabinet in the Medical Suite. Stock drug supplies will be kept in a locked closet in the Medical Suite.

(j) At each change of shift or change of designated medication agent, the outgoing and incoming Medication Agents will jointly conduct a count of all control drugs and verify the

amounts against the record. Both parties shall sign each medication sheet to document that the count is correct. The nurse will review the records weekly.

(k) Non-controlled prescription drugs shall be inventoried weekly.

(l) All syringes and needles will be stored in a secure area and inventoried weekly by the nurse.

(m) The nurse is responsible for administering all medications when on duty. In the absence of the nurse, a certified medication agent shall be designated and will be responsible for the administration of medication during his/her shift.

(n) When admitting a child with medication or at other times when medicine is delivered the medication shall be documented on Juvenile's "Property Screen" located in the HYPE Tracking System by the person who receives it. The prescription number and number of tablets in the container are to be noted on the "Personal Property Screen." Contact must be made with the nurse before administering any medication brought in by the child. Control drugs are to be entered on the drug count sheet upon receipt. Medications are to be placed in the medication cabinet, not left on the Medical Suite desk or in the charting room on the Pods.

(o) Upon a child's release from the program, medication not yet completed is to be given to the person accepting custody of the child with instructions regarding the administration of the remaining medication. There may be individual exceptions to this procedure, however, in such cases; medical personnel will clearly define such exceptions.

(p) Two sets of keys to the medicine cabinets are issued. One set of keys is signed out to an assigned shift Medication Agent by the Main Control Room at the beginning of each shift. This person is responsible for all medication administered during that shift. At the end of the shift, the Medication Agent will sign the keys back into the Main Control Room (Secure Detention Facility). The other set of keys is held by the nurse at all times.

(q) A 30 cc bottle of Syrup of Ipecac and activated charcoal will be kept in the locked medicine cabinet in the Medical Suite and its use will be under the direction of the Poison Control Center or physician. Cabinets containing these are labeled accordingly. Expiration dates are to be checked regularly.

(r) It will be the responsibility of the Detention Facility nurse or Medication Agent to call any prescription in to the pharmacist. Any staff member may accept a prescription into the Detention Facility, but it may not be administered without the approval of the Detention Facility nurse. If a staff member should accept a prescription, the written prescription itself is returned to the delivery person for return to the druggist. Medications received must be given to the nurse or Medication Agent on duty for proper processing.

(s) All medicine other than the child's own prescription medicine (aspirin, cough syrup, alka-seltzer, etc.) must be approved by the nurse from physician approved standing orders before administering.

(t) If a staff member needs over the counter medication for themselves while on duty they should also write their name and the name of the medication used on the checkout sheet. Staff is not to take any prescription drug in the medicine cabinet. The Medication Agent who carries the medication key is responsible for obtaining patent medications that are requested by a fellow worker. Any medical supplies needed must be obtained by the nurse, Medication Agent or Superintendent.

6.13 MEDICATION ADMINISTRATION INSTRUCTIONS

(a) The nurse is responsible for the administration of all medication while present in the facility. During her absence the assigned Medication Agent for the shift will be responsible for administering the medication to both males and females.

(b) At the beginning of the shift, the Medication Agent shall check the medication sheets for the next hours of administration.

(c) Generally there is a 30 minute span before and/or after the prescribed time to administer a medication. Exceptions to this will be so noted in red on the individual medication sheets.

(d) Check medication bottles carefully to be sure the names and prescription numbers correspond with what is written on the medication administration record before administering the medicine. If there is any discrepancy, do not give the medicine and contact the nurse. Unlabeled medications or those with a person's name other than the child will not be accepted.

(e) Resident Identification

(1) When preparing medication cups for the pass, the cups MUST have the following information clearly written on the side in order to accurately identify the resident and to ensure that the correct medication is being administered:

(i) Full name of resident (last, first, and middle)

(ii) Complete name of the medication being administered

(iii) Time the medication was administered

(iv) Resident's POD assignment

(3) When residents arrive at the clinic to receive their medications, the residents are to be seated in the waiting area until called individually into the nurse's station.

(4) When calling the resident into the nurse's station, verbally identify him/her by using his/her full name.

(5) As the resident approaches, further identify him/her by visually examining his/her identification (ID) band. If the resident does not have an ID band in place, the medication is NOT to be administered until the ID band is in place.

(f) Over the counter medications are not to be administered without a verbal or written order from the nurse or physician using standing orders. Before contacting the above check the child's Medication Administration Records for orders already written.

(g) Carry only one medication out on the Pod at a time. Never carry more than one resident's medication to the administration area as this may set up conditions for errors to be made.

(h) Check each resident to ensure they have swallowed their medication.

(i) Do not carry medications in their original containers out of the Medical Suite. Exceptions are creams, ointments and inhalation therapy. Return such items to the medication cabinet after use.

(j) When children require applications of external medications, the person administering medications at that time is responsible for supervising that resident. Do not give children medications or creams to administer themselves in their rooms or carry around with them unless given special authorization to do so. After using creams, ointments, etc., return them to locked medicine cabinet. Do not leave them on the wing or in the charting room.

(k) In cases of open wound infections and external medication applications, personnel are to use latex gloves to treat them. Sterile applicators are to be used to apply medications directly to a wound.

(l) Medication Agents administering medication to children of the opposite sex who are in room confinement may go to the child's room when escorted by another staff member to give medications. The Medication Agent shall not give the medication to another staff member to administer. All liability for the proper administration of medication rests with the Medication Agent.

(m) Medications are to be administered before signing them off on the medication record.

(n) Hours of administration are to be recorded in military time.

(o) If a child refuses medication, this shall be documented on the medical sheet and reported to the nurse.

(p) If a pill should accidentally be dropped on the floor be certain to flush it down the toilet. Note on the Juvenile's "Medicine Activity Log" located in the HYPE Tracking System if such

waste does occur. In cases of wasted controlled medications, the Medication Agent must have the disposal witnessed by a second person. The waste will be documented on the Juvenile's "Medicine Activity Log" located in the HYPE Tracking System.

(q) Report all errors to the nurse immediately upon discovery. An incident report shall be written in the Juveniles "Grievance and Incidents" screen located in the HYPE Tracking System and submitted to the nurse by the Medication Agent before leaving the shift.

(r) When the dates run out on the medication sheets, recopy the current data on a new medication sheet. Do not drop down further on the completed sheet and add new dates.

(s) Be alert to medication side effects. When applicable, a list of adverse reactions and symptoms of the effect will be posted in the charting room.

(t) Record all medication given to staff or yourself on the appropriate form. Counts will be made by the nurse for accountability.

(u) All incoming medications are to be counted upon acceptance and recorded on the Juvenile's "Personal property" screen located in the HYPE Tracking System.

(v) During admission residents' personal effects are to be searched for medications, both over the counter and prescription. Any found are to be placed in the medication cabinet or safe and a note left for the nurse during off duty hours.

(w) When children are released to courts other than Newport News with medication, the medication shall be given to the transporting agents, never to the child. Children returning from courts other than Newport News are to have their personal effects searched for medications released to them prior to leaving for court. Any medication is to be recorded again on the Juvenile's "Personal Property" screen located in the HYPE System.

A Registered Nurse and Licensed Practical Nurses are employed by the Newport News Department of Juvenile Services, in conjunction with and under the guidance of a licensed physician contracting with the City of Newport News to provide medical services and supervision, shall be responsible for medical services provided to children held in the Newport News Juvenile Services residential programs. Consistent with available services, there shall be no restrictions imposed by the administration on the attending medical personnel. Both the nurse and physician shall be available to the detention staff for consultation or services on a 24-hour basis.

6.15 MEDICAL PROCEDURE [6 VAC 35-140-450]

Medical Consent: In instances of pre-existing medical problems or where a child is in need of inpatient hospitalization, every effort will be made to secure the signature of the parent or legal guardian.

6.16 IMMUNIZATION STATUS

(a) Staff: All employees with direct contact with our children will receive annual Tuberculosis Screening through PPD Skin Test. Those staff that are past skin test reactors will be evaluated by the TB Clinic at the Health Center or by their private physician as to whether an X-ray is needed. In addition, said agency or agents will provide written documentation that they are free of tuberculosis.

(b) Juveniles: Secure Detention medical staff shall screen all children for immunization status and make referrals to the appropriate agency when a child is deemed in need of further immunizations. As quickly as feasible, all residents will have PPD skin tests done. Positive reactions will be assessed by the TB Clinic at the Peninsula Health Center.

(c) Human Bites: Should any employee or resident receive a human bite which breaks the skin, immediate medical attention will be sought via Riverside Hospital Emergency Room.

Proper protocol will be followed regarding testing for HIV, Hepatitis and wound care. Appropriate incident reports and first report of accident forms shall be submitted.

6.17 MEDICAL EQUIPMENT, SPACE, SUPPLIES AND ACCESS [6 VAC 35-140-470]

(a) The Medical suite will contain all equipment and materials necessary for the physician and the nurse to provide for proper examination and treatment of all children admitted to the facility. The facility will provide for the necessary privacy in all examinations of the children by the nurse and physician.

(b) The Medical Suite is off-limits to all Detention personnel except the nurse, physician, and Medication Agent on duty and Administrators, except in extreme medical emergencies. Under no circumstance is the Medication Agent to give the narcotics safe, medication cabinet, or clinic keys to anyone. The Medication Agent on duty may let the custodian into the medical suite to clean. Keys to the clinic, medication cabinet, narcotics cabinet and safe will be signed out in the Master Control Room by the Medication Agent on each shift.

(c) Children are not permitted in the Medical Suite unless accompanied by the nurse, physician, or Medication Agent.

(d) The Medical Suite door is to remain closed and locked at all times when unoccupied.

(e) Controlled drugs and psychotropic drugs are stored inside of a locked cabinet in the Medical Suite. All other prescription and non-prescription drugs are stored in locked cabinets in the Medical Suite.

6.18 BASIC HEALTH STANDARDS

(a) Daily Hygiene: Certain requirements will be made of each child maintaining basic cleanliness and grooming. Each child is to bathe and brush their teeth daily. Only under the most unusual circumstances will a child be excused from either. Children will require staff supervision to ensure they have bathed and brushed their teeth properly. These two simple activities of daily living are perhaps the most basic to good health. Children will be regularly instructed in basic personal hygiene. However children with particular problems will be dealt with individually. While it is sometimes said to be an infringement of one's individual rights to demand such, it is necessary because of such a confined living environment.

(b) Communicable Diseases In those instances when there is strong suspicion that an employee or child has a communicable disease, a medical examination shall be performed by a physician and he shall ensure that the affected individual and other staff and children have been treated and/or properly immunized against the diagnosed disease. Transportation arrangements shall be the responsibility of Detention Administration.

(c) Pregnancy: It shall be the policy of the Newport News Department of Juvenile Services to refer a child suspected of being pregnant to the attending physician for possible care and treatment, including emergency transfer to a hospital if deemed appropriate. It shall also be the policy of the facility to ensure the safety of these children and their unborn by restricting their physical activities appropriately as well as restrict the use of patent medication until an examination is completed by a physician. Medication will be administered only upon the direct order of a physician. A pregnancy test will be performed on all female residents of childbearing age if they are confined after their initial hearing.

(d) Special Medical Conditions: It shall be the policy of the Newport News Secure Detention Facility to provide individual treatment plans for those children in need of special care. Written treatment plans will be developed by the attending physician, which will include instructions to medical and non-medical staff. It shall be the nurse's primary duty to implement such care and follow up with non-medical staff. It shall be the nurse's responsibility to report directly to the attending physician any problems that may develop during the course of treatment.

(e) Transfer for Mental Health Reasons: It shall be the policy of the Newport News Secure Detention Facility to request that the Community Services Board or a physician examine a child whose mental stability may be in question. After examination it will be incumbent upon the examiner to recommend to the court of jurisdiction that a child be transferred to a mental health agency should he/she find the child mentally unstable and in need of services beyond the facility's capability.

(f) Special Diets: It shall be the policy of the Newport News Department of Juvenile Services to provide special diets when necessary. It will be the responsibility of the Detention Facility nurse to coordinate with the attending physician and to provide verbal and written dietary plans to the kitchen personnel.

(g) Use of Tampons: It shall be the policy of the Newport News Department of Juvenile Services to prohibit the use of tampons until they are proven medically sound and/or State or local medical authorities give blanket approval for such use. Sanitary napkins will be provided for female personal hygiene.

(h) Physical Conditioning: Physical conditioning in the form of calisthenics and running shall not be administered as a disciplinary tool or in a manner, which could be construed as excessive. Children wishing to be excused from all physical activities will need clearance by medical personnel.

(i) Physical Hygiene: Children may not use each other's personal hygiene items such as combs, toothbrushes, etc.

(j) Disposable Razors: Razors will be provided for residents' use. Each razor is to be used only by one individual and then placed in the sharps box in the clinic for disposal. Residents are to be under direct visual supervision when shaving.

6.19 COMMUNICABLE DISEASE CONTROL POLICY/PURPOSE

The purpose of the NNDJS Communicable Disease Control Policy is to insure that the transmission of infectious communicable disease is minimized through the implementation of established procedures and training for all staff and youth.

6.20 AUTHORITY

6.21 DEFINITIONS

- (a) **Communicable Infectious Disease:** Any disease transmitted from one person to another either directly; i.e., by contact with feces, blood or other discharges from the body, or indirectly by contaminated objects; i.e., drinking glasses.

- (b) **Infection Control:** Specific measures that are used for the protection of staff and youth to minimize the transmission of infectious communicable disease.

- (c) **Medical Isolation:** To separate a youth from the general population to prevent the transmission of a communicable infectious disease as deemed necessary by the physician.

6.22 POLICY

- (a) The Newport News Secure Detention Facility medical personnel shall be responsible for screening and evaluating all youth suspected of having a communicable infectious disease and shall provide medical isolation when deemed necessary by the physician. All detention staff and youth shall receive training and shall be required to follow the established General Precautions for Infection Control.

- (b) The procedures for infection control shall follow recommendations set forth by the Center for Disease Control (CDC).

- (c) These procedures shall be practiced at all times to prevent the transmission or communicable infections from unidentified as well as identified carriers. When strictly adhered to, the transmission of common diseases; i.e., colds as well as the more serious communicable diseases (hepatitis or AIDS) will be minimized.

6.23 PROCEDURES

(a) Training: Mandatory training will be provided by the detention medical personnel. Use of allied health personnel shall occur at the discretion of said medical personnel and administrative staff. Training will specifically address the mode of transmission of communicable infectious diseases to include hepatitis, AIDS and sexually transmitted infections. Additionally, the training will educate the staff and youth in the procedures for infection control.

- (1) Staff: This training will be part of the new staff orientation and should be completed within 30 days of employment. The procedures will be reviewed with all staff every year, sooner should new information or procedural changes occur.
- (2) Youth: This training will be a part of the youth's medical orientation and will be completed within five days after admission with holidays excepted. Training will be done by the Juvenile Detention nurse.

(b) Screening: Youth will be screened and evaluated by Detention medical personnel upon intake and through the normal procedures of sick call and emergency referrals. The physician will determine if a youth has to be medically isolated within the facility or elsewhere. Testing for the HIV virus will only be done when medically indicated. Positive testing results for the HIV virus will not become a routine part of that youth's case record. Test results will be secured with access limited to the Director of Juvenile Services and medical personnel.

(c) Notification of Staff: For the protection of youth's rights and confidentiality, the physician in consultation with the Director will determine if any specific instructions beyond the established general precautions for infection control should be given to staff who supervise youth who have been identified as having a communicable disease. The physician, in conjunction with the Director of Juvenile Services, will determine those staff who will be informed of a youth's serious communicable disease.

(d) General Procedures for Infection Control:

- (1) All blood and body fluids should be treated as if it were infectious.

- (2) Wash hands frequently with soap and water.
- (3) Avoid hand to mouth contamination; i.e., chewing on pencils, sharing cigarettes, drinking glasses, toothbrushes or combs and handling dirty tissues, etc.
- (4) Cover draining wounds with a proper bandage or dressing.
- (5) Wear latex gloves when in direct contact with mucous membranes (mouth, gums, inside nose, etc.) And when handling contaminated objects; i.e., soiled laundry, dirty tissues, etc. Hands should be washed with soap and water after removing gloves. If a glove tears it should be immediately removed, hands washed and a new glove put on.
- (6) Clean any surface contaminated with blood or other body fluids in the following manner:
 - (i) Area should be immediately wiped up while wearing gloves using paper towels, which are then discarded, in a separate plastic bag prior to discarding in the trash.
 - (ii) A chlorine bleach solution of 1 part bleach to 9 parts water should be used to disinfect the area. This solution must be made up as needed since it loses its effectiveness if stored. The bleach solution should remain on the area for 10 minutes. Then rinse with water.
 - (iii) Mops and other cleaning equipment should be soaked in the bleach solution for 10 minutes. Then rinse with water.
 - (iv) Plastic spray bottles containing bleach solution are to be kept on the Pods in the secure area and in the Medical Suite.
 - (v) Regular household bleach will be used to prepare the solution as needed.
 - (vi) Always wash hands with soap and water following contact with blood or body fluids even when gloves have been worn.

(e) First Aid From Infection: To decrease the risk of infection in rendering first aid, avoid contact with blood and body fluids by following the General Precaution for Infection Control. Gloves and CPR face masks will be available with first aid kits.

(f) Towel and Shower: Separate toilet and shower facilities are not necessary to prevent transmission of communicable diseases. However, toilets and shower facilities need to be routinely disinfected with any institutional cleanser such as AJAX, to maintain a sanitary environment. Shower stalls and toilets must be disinfected following the General Precautions for Infection Control immediately after use if there has been spillage of blood or body fluids on external surfaces. Gloves are recommended when youth are assigned the task of general cleaning of community toilets and showers.

(g) Personal Hygiene: Youth must not be allowed to share personal hygiene items because of the possibility of exposure to blood and body fluids. Specifically: drinking containers, utensils, combs/brushes, razors, toothbrushes, dental floss, and undergarments must not be shared. Nail clippers may be shared but must be thoroughly cleaned between each use. Generally, soap and water are effective cleansers unless blood is present and then the specified bleach and water solution is to be used.

(h) Laundry: Established detention procedures for laundry are sufficient in controlling the transmission of communicable disease. However, when staff or youth are handling laundry other than their own, gloves are to be worn. Soiled linen or clothing is to be washed separately using bleach and hot water; when collecting soiled linen and clothing, transfer them to a separate plastic bag until laundering can be done. Discard plastic bag in an outside receptacle after items are removed.

(i) Isolation: Because there are seven different categories of isolation, the physician will determine the type and length of isolation used. It will be the responsibility of detention medical personnel to carry through these techniques and to insure that all staff complies. Isolation may occur before a definitive diagnosis has been made. Presenting symptomatology may be sufficient reason to not delay precautions. When a specific type of isolation is ordered, it will be the responsibility of detention medical personnel to post instructions and monitor frequently.

(j) Room Placement: Youth with suspected or known communicable infectious diseases will not under any circumstances be doubled with another youth.

(k) Reportable Infectious Diseases: As soon as there is suspicion of a communicable infectious disease, detention medical personnel will begin arrangements immediately for testing and contact the attending physician for detention. The physician and/or health facility will determine to whom, how often and when the incident of these diseases will be reported. Certain sexually transmitted diseases must be reported to State Health Departments who in turn report them to a State Central Registry in Richmond, Virginia. In addition, those that normally reach epidemic proportions; i.e., measles, mumps, rubella, tuberculosis, hepatitis (viral type A), etc., must be reported to State Health Departments.

(l) Life Threatening Conditions: Youth determined to have a life threatening communicable infectious disease cannot be cared for properly within the limitations of secure and less secure detention. Detention medical personnel will seek to transfer these individuals to a more appropriate facility immediately.

(m) Employees with Suspected or Know Communicable Infections Diseases: Employees are to inform their employers when they suspect or know they are carrying a communicable infectious disease. Employees with known infectious diseases are to avoid direct contact with youth and staff in detention programs until medically cleared by a physician.

(n) **Return to Work:** Return to work will be permitted only after clearance by a physician. In addition, employees who have any skin conditions with open, draining areas are to refrain from direct contact with the youth in Detention programs. A physician is to define applicable job restrictions. An employee's readiness for return to full job responsibilities is to be determined by a physician. Employees receiving traumatic injuries that cause an open skin wound as a result of some altercation with our youth are to be referred immediately to a physician.

(o) Counseling for HIV Positive Youths and Those With ARC and AIDS:

All HIV positive youths and those with ARC and AIDS should receive counseling to help them adjust to their conditions and to alert them to behavioral changes that may be required to prevent future contagion of others. Additionally, such youth should be encouraged to voluntarily contact sexual or drug partners and advise them of their (the youth's) condition.

(p) The Infectious Disease Control Manual, which denotes specific contagions, type of isolation needs and duration of the infection is kept in the clinic. This manual is the current document used by Riverside Hospital and is in accordance with the CDC.

6.24 EXPOSURE PLAN INTRODUCTION

(a) The OSHA/VOSH 1910.1030 Blood borne Pathogens Standard was issued to reduce the occupational transmissions of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. Although a variety of harmful micro-organisms may be transmitted through contact with infected human blood, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood and certain other body fluids containing these viruses through routes like needle stick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials, in the course of their work. Occupational transmission of HBV occurs much more often than transmission of HIV. Although HIV is rarely transmitted following occupational exposure incidents, the lethal nature of HIV requires that all possible measures be used to prevent exposure of workers.

(c) This exposure control plan has been established by the Department of Juvenile Services, City of Newport News in order to minimize and to prevent, when possible, the

exposure of our employees to disease-causing microorganisms transmitted through human blood, and as a means of complying with the Blood borne Pathogens Standard. All employees who are exposed to blood and other potentially infectious materials as part of their job duties are included in this program. (See Section 13.6 Exposure Determination for a discussion of job categories and tasks that have been identified as having exposure.) This plan will be reviewed at least annually and updated as necessary by the Department Director using a staff team as a working committee. Copies of this plan are available (for review by an employee) in the following locations: Program Policy and Procedure Manuals in each work unit and Departmental Administrative files "OSHA-Occupational Exposure to Blood borne Pathogens.

(d) An employee may obtain a copy of this plan within 15 days of his/her request to the Department Director.

(e) Basic components of this exposure control plan include:

- (1) Exposure Determination
- (2) Methods of Compliance
- (3) Hepatitis B Vaccination Policy
- (4) Procedures for Evaluation and Follow-Up of Exposure
- (5) Incidents
- (6) Employee Training
- (7) Record keeping Procedures

6.25 EXPOSURE DETERMINATION

(a) All job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials (listed below) will be included in this exposure control plan. Exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment).

(b) Other Potentially Infectious Materials (OPIM):

Body Fluids

Other Materials

semen	any unfixed tissue or organ
vaginal secretions	(other than intact skin) from a human (living or dead)
cerebrospinal fluid	
pleural fluid	
pericardial fluid	HIV/HBV containing cell or tissue
peritoneal fluid	cultures, organ cultures, and culture medium
amniotic fluid	
any body fluid visibly with blood	blood, organs, or other tissues from experimental animals infected with HIV or HBV
saliva in dental procedures	HBV

List A: All Employees Are Exposed

All employees in job categories listed here are included in the plan:

Counselor I	Senior Social Worker
Counselor II	Less Secure Administrator
Senior Counselor	Custodian
Supervisor	Laundry Worker
Detention Aide	Nurse
Support Service Supervisor	Supply Clerk
Post "D" Coordinator	Kitchen Staff
	Support Services

List B: Some Employees are Exposed

Job classifications in which some employees may have occupational exposure are included on this list. Since not all the employees in these categories are expected to incur exposure to blood or other potentially infectious materials, the tasks or procedures that would cause these employees to have occupational exposure are also listed. The job classifications and associated tasks for these categories are as follows:

<u>Job Classification</u>	<u>Tasks/Procedures</u>
? Outreach Administrator	May perform CPR, First Aid for cut handle body fluids, clean contaminated area. May provide backup coverage in residential programs in emergencies. Administrators may be exposed as above.
? Community Programs	
? Administrators	
? Assistant Director	
? Deputy Director	
? Department Director	
? Superintendent	

* Any staff that may perform in the capacity of residential care staff have a higher exposure risk when performing these functions.

6.26 UNIVERSAL PRECAUTIONS

(a) All blood or other potentially infectious materials shall be handled as if contaminated by a blood borne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(b) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. The following engineering controls will be utilized:

(c) Sharps containers, double red bags, containers to store bagged hazardous waste materials until picked up by contracted agency.

(d) The above controls will be maintained or replaced on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

(e) The contracted waste management service provider in cooperation with the facility nurse or medical personnel will review the controls on a quarterly basis.

(f) Hand Washing and Other General Hygiene Measures: Hand washing is a primary infection control measure, which is protective of both the employee and the patient/resident. Appropriate hand washing must be diligently practiced. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water, and the mucous membranes shall be flushed with water, as soon as possible.

- (1) Wash basins supplied with soap, water, and paper towels are accessible to staff in all facilities. Antiseptic towelettes are available in vehicle glove boxes for use if needed when transporting residents. If exposure occurs and antiseptic towelettes are used, the employee shall wash with soap and running water as soon as they reach a hand washing facility.
- (2) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.
- (3) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
- (4) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

- (5) Employees shall use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials.
- (6) Water removal from backed up toilets or drains shall be vacuumed up. All contaminated surfaces shall be washed two times with a disinfectant solution. The vacuum shall be emptied and cleaned with the same solution. Disposable gloves shall be worn during the cleaning and disposed of in a red bag container. Any contaminated clothing or linen shall be placed in properly coded bags and taken to the laundry room and laundered as soon as possible using a disinfectant. Contaminated linen shall be handled with gloves.

(g) Sharps Management:

- (1) All used needles are considered contaminated and are handled with universal precautions. Contaminated needles and other contaminated sharps (such as razors and scalpels) shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
- (2) The nurse and the physician are exempt from this policy. The one handed technique will be used for recapping. Hemostats will be used for removal of needles for placement in sharps boxes.
- (3) Sharps containers must be closable, puncture resistant, labeled or color-coded, and leak proof on sides and bottom, and maintained upright throughout use. Containers are to be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or found. All used sharps and needles are considered contaminated disposable sharps and shall be discarded as soon as possible after use in the disposable sharps containers. Contaminated broken glass is also to be placed in disposable sharps containers. Reusable sharps will not be used.
- (4) A sharps container is located in the Detention Medical Suite.
- (5) Overfilling of sharps containers creates a hazard when needles protrude from openings. Nearly full containers must be promptly disposed of and replaced.
- (6) The nursing staff is responsible for maintaining sharps containers.

(h) Precautions In Handling Specimens :

- (1) Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be closed before being stored, transported, or shipped and labeled with red-orange biohazard labels with the logo.
- (2) Phlebotomy procedures are not currently practiced in detention. Urine, fecal, and other purulent material will be placed in either sealed durable plastic containers or culture tubes kept in the Medical Suite.
- (3) Containers must be in leak proof containers and labeled/color-coded, if they go out of the facility. Labeling must also be used in house if all specimens are not handled using universal precautions.
- (4) Self adhesive labels marked with type of specimen and destination will be attached to all containers. All specimens are collected using universal precautions.
- (5) Refrigerators used for storing specimens shall be labeled with bio-hazard labels. Food shall not be stored in refrigerators so labeled.
- (6) If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container, which prevents leakage, and/or, resists puncture during handling, processing, storage, transport, or shipping.
- (7) A hard plastic insulated container with a bio-hazard label will be used as a double container for transport. All items are stored in the Medical Suite.

(i) Management of Contaminated Equipment:

- (1) Access equipment for contamination, and decontaminate if possible, before servicing or shipping. Equipment, which has not been fully decontaminated, must have label attached with information about which parts remain contaminated.
- (2) The nursing staff is responsible for the use and decontaminating of equipment used in the Medical Suite. A 10% daily made bleach solution will be used followed by a soap and disinfectant cleaning.
- (3) Disposable equipment shall be placed in marked biological safety containers by staff. Equipment placed in bio-hazard labeled containers on the living units will be placed in the clinic's central container daily by the staff assigned to medication duties on the 8 P.M. to 4 A.M. shift. This staff person will place a new bag in the container labeled as a bio-hazard container on the unit.

(j) General Guidelines: All personal protective equipment will be provided, repaired, cleaned, and disposed of by the employer at no cost to employees. Employees shall wear personal protective equipment when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. Gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks are available. A variety of sizes are in stock. Employees who have allergies to regular gloves may obtain hypo-allergenic gloves.

- (1) Routine procedures requiring protective equipment:

<u>Procedure</u>	<u>Equipment</u>	<u>Location</u>
Searches	gloves	intake pod, pods
Laundry	glove s	laundry rooms
Cleaning	gloves	Pods
Showers	gloves	Pods, medical suite
Specimen Collection	gloves	intake pod, medical suite
Medical Exam	gloves	medical suite
Medical Treatment	gloves	medical suite, pods
First Aid, Minor	gloves	medical suite, pods

- (2) Emergency procedures requiring protective equipment:

<u>Procedure</u>	<u>Equipment</u>	<u>Location</u>
CPR, First Aid	Face Mask, Gloves	Medical Suite, Pods, Vehicles

- (3) Blood spills may require not only gloves but also coats and face masks depending upon the seriousness of the situation.
- (4) Adequate supplies of gowns, face masks, pocket masks and gloves will be maintained in the medical suite.
- (5) If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. All personal protective equipment shall be removed before leaving the work area; it shall be placed in assigned containers for storage, washing, decontamination and disposal.
- (6) Garments or linen for laundry will be placed in coded plastic bags for removal to the laundry room. These bags are maintained in each pod and in the medical suite. All disposable items will be placed in red bag containers located in the

medical suite and in Less Secure. Bio-hazard labeled containers on each pod in the secure facility will be used to collect disposable items. Items from these containers will be placed in the red bag containers in the medical suite daily by each shift. The red bag containers will be held for disposal service pickup.

- (7) All red bags must be double bagged, individually sealed, and labeled with a 3 x 5 card or label with the generator's name, address, phone number, the bio-hazard red label logo and the words "Infectious Waste, Virginia Department of Waste Management."

(k) Protection for Hands:

- (1) Gloves shall be worn in the following situations :

- (i) When it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin.
- (ii) When performing vascular access procedures (only exception is for phlebotomists in volunteer blood donation centers).
- (iii) When handling or touching contaminated items or surfaces.

- (2) Routine procedures for which gloves are required include but are not limited to body search of residents and their clothing and property, all decontamination and cleaning procedures, clean up of body fluids, laundry procedures, applying creams or ointments on skin surfaces, collecting urine specimens, changing wound dressings.

(l) Disposable Gloves: Replace as soon as feasible when gloves are contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Do not wash or decontaminate single use gloves for re-use.

(m) Utility Gloves:

- (1) Decontaminate for re-use if the gloves are in good condition.

- (2) Discard when gloves are cracked, peeling, torn, punctured or show other signs of deterioration (whenever their ability to act as a barrier is compromised).

(n) Protection for Eyes/Nose/Mouth :

- (1) Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields) or chin-length face shields whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Situations that would require such protection are as follows:
 - (2) Intentional contamination by an individual, cleanup or extensive blood contamination or other highly infectious material, invasive procedures performed by doctor or nurse.

(o) Protection for the Body.

- (1) A variety of garments including gowns, aprons, lab coats, clinic jackets, etc., are to be worn in occupational exposure situations. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery). The following situations require the use of protective clothing:
 - (2) Invasive procedures performed by the doctor or nurse, severe injuries, intentional gross contamination by an individual.
 - (3) Normal procedures utilized in this facility do not anticipate gross contamination.

(a) General Statement of Policy:

- (1) All employees who have been identified as having exposure to blood borne pathogens (see II. Exposure Determination) will be offered the hepatitis B vaccination series at no cost to them. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job.
- (2) All medical evaluations and procedures including the hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the employee at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician, physician's assistant, or nurse practitioner. Medical care and vaccination series will be according to the most current recommendations of the U.S. Public Health Service. A copy of the blood borne pathogens standard will be provided to the healthcare professional responsible for the employee's hepatitis B vaccination.
- (3) All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.
- (4) Agencies conducting these tests include:
 - (i) I & O Medical Clinic, 530 Aberdeen Road, Hampton, Virginia 23661
 - (ii) Mary Immaculate OccuMed, 14703 Warwick Blvd., Newport News, Virginia 23608.

(b) Hepatitis B Vaccination:

- (1) The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final injection is given six months from the initial injection. At this time a routine booster dose is not recommended, but if the U.S. Public Health Service, at some future date recommends a booster, it will also be made available to exposed employees at no cost.
- (2) The vaccination will be made available to employees after they have attended training on blood borne pathogens and within 10 working days of initial assignment to a job category with exposure. This training will be provided as a part of the initial on the job training. The vaccination series will not be made available to employees who have previously received the complete hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contraindicated.

- (3) Any exposed employee who chooses not to take the Hepatitis B vaccination will be required to sign a declination statement.

6.28 PROCEDURES FOR EVALUATION AND FOLLOW-UP OF EXPOSURE

INCIDENTS

(a) An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

(b) Employees who experience an exposure incident must immediately report their exposure to the Supervisor or Program Administrator on duty. When an employee reports an exposure incident, he/she will immediately be offered a confidential medical evaluation and follow-up including the following elements:

- (1) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- (2) Identification and documentation of the source individual unless identification is infeasible.

(c) The Worker Compensation 1st Report of Accident and Incident Report will be used and filed for this purpose.

(d) If the infectivity status of the source individual is unknown, the individual's blood will be tested as soon as feasible after consent is obtained. If the source individual's blood is available, and the individual's consent is not required by law, the blood shall be tested and the results documented. Should court intervention be necessary to obtain consent, this shall be pursued. The exposed employee and the source will be informed of the results of the source individual's testing.

(e) The exposed employee's blood shall be collected as soon as feasible after consent is obtained (See *Inserts; Medical Consent Form – Page 125*), and tested for Hepatitis B Vaccination (HBV) and HIV serological status. If the employee consents to baseline blood

collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(f) The exposed employee will be offered post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. The exposed employee will be offered counseling and medical evaluation of any reported illnesses.

(g) The following information will be provided to the healthcare professional evaluating an employee after an exposure:

- (1) A copy of 1910.1030 blood borne pathogens standard.
- (2) A description of the exposed employee's duties as they relate to the exposure incident.
- (3) The documentation of the route(s) of exposure and circumstances under which exposure occurred.
- (4) Results of the source individual's blood testing, if available.
- (5) All medical records relevant to the appropriate treatment of the employee including vaccination status.

(h) The Department of Juvenile Services shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The written opinion will be limited to the following information:

- (1) The employee has been informed of the results of the evaluation.
- (2) The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.
- (3) Whether Hepatitis B Vaccine has been indicated and given.

NOTE: All other findings shall remain confidential and shall not be included in the written report.

6.29 EMPLOYEE TRAINING ON BLOOD BORNE PATHOGENS

(a) Employees will be trained regarding blood borne pathogens at the time of initial assignment to tasks where exposure may occur and annually, during work hours. Additional training will be provided whenever there are changes in tasks or procedures, which affect employees' occupational exposure; this training will be limited to the new exposure situation.

(b) The training approach will be tailored to the educational level, literacy, and language of the employees. The training plan will include an opportunity for employees to have their questions answered by the trainer.

(c) The Department Training Coordinator is responsible for arranging and/or conducting training. The methods used for the training may vary depending on the availability of videotapes or medical experts.

(d) The following content will be included:

- (1) Explanation of the blood borne pathogens standards.
- (2) General explanation of the epidemiology, modes of transmission and symptoms of blood borne diseases.
- (3) Explanation of this exposure control plan and how it will be implemented.
- (4) Procedures, which may expose employees to blood or other potentially infectious materials.
- (5) Control methods that will be used at this facility to prevent/reduce the risk of exposure to blood or other potentially infectious materials.
- (6) Explanation of the basis for selection of personal protective equipment.
- (7) Information on the hepatitis B vaccination program including the benefits and safety of vaccination.
- (8) Information on procedures to use in an emergency involving blood or other potentially infectious materials.
- (9) What procedure to follow if an exposure incident occurs.
- (10) Explanation of post-exposure evaluation and follow-up procedures.

- (11) An explanation of warning labels and/or color-coding.

6.30 TOOL CONTROL AND EQUIPMENT ACCOUNTABILITY

Security of all drugs and medical supplies is maintained in a locked area at all times. The medical staff has accountability for all drugs on the premises. Loss or destruction of controlled medications will be immediately reported and an incident report completed.

6.31 SEVERE INJURY EMERGENCY FOR RESIDENTS

(a) The medical staff will ensure the Control Room and Supervisor have an updated copy of participating medical facilities at all times.

(b) Procedures:

- (1) Discovering staff immediately notifies the Main Control Room.
- (2) Control Room notifies Supervisor, medical staff and Medication Agent. (During off hours the medical staff will be contacted via telephone.)
- (3) If the injured resident needs to be transported to a medical facility, the Supervisor will ensure copies of the resident's medical records and insurance information is taken.
- (4) If injuries are life threatening, the Supervisor will direct the Control Room to contact the City Central Dispatch at 9-911 for emergency medical transportation.
- (5) Control Room Staff will open the Vehicle Salley Port and await the ambulance arrival once 9-911 has been called.
- (6) The Supervisor or designee will escort the rescue crew to the injured youth.

- (7) A Counselor from intake will take copies of the resident's medical file insurance information and Newport News Juvenile Services Summary Face Sheet located in the HYPE Tracking System. An assigned staff member shall take a cellular phone with them and accompany the resident in the ambulance to the emergency room.
- (8) Mechanical restraints shall be applied. Depending on the severity of the resident's medical condition, leg irons may be used without handcuffs. At no time is the resident restrained to a fixed object. This includes but not limited to a hospital bed and/or ambulance gurney.
- (9) A staff member will remain with the resident at all times until arrangements are made for either alternative supervision or release from custody.
- (10) The Supervisor will notify the guardian of the resident's condition and request their presence at the medical facility to admit the juvenile if deemed necessary and assume responsibility for medical treatment and payment.
- (11) If surgery is required in a life-threatening situation and the guardians are unavailable, the committing judge must be contacted for consent. In addition, the Supervisor on Duty shall also notify the committing court of the resident's condition and the resident's transport to a medical facility.

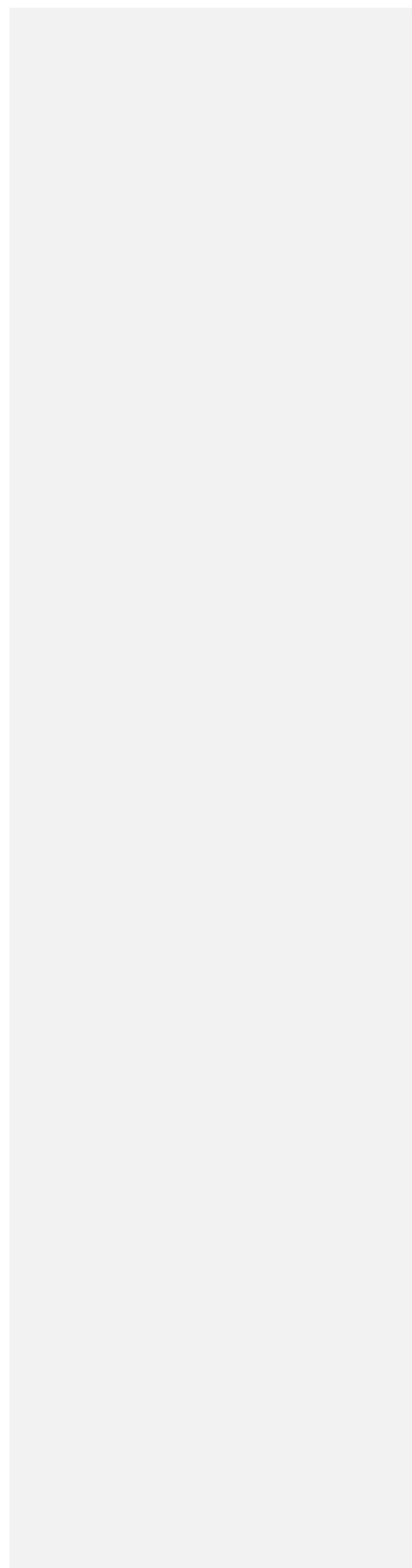
(c) Emergency dental services may be obtained through the hospital's emergency room.

(d) If a child is hospitalized, staff must stay on site to monitor the safety and security of the juvenile. Juveniles are not permitted to use the telephone at any time during their hospital stay. Only parent(s) and legal guardian(s) will be allowed to visit, and the times of visit will be limited to the same visitation rules as the detention center. Juveniles are not permitted to receive outside food. Restraints must remain on juveniles at all times. In case of any problems, the Counselor on duty will contact the Superintendent or Supervisor on duty. Hospital security can also be called for assistance.

6.32 HUNGER STRIKE

(a) If a resident refuses to eat, it shall be documented and the nurse and the Supervisor on duty will be notified. If they continue to refuse meals, the nurse will monitor the juvenile and refer for treatment as necessary. Staff will closely monitor and attempt to counsel the juvenile.

(b) If a group of residents engages in a "hunger strike," they will be isolated, counseled, and monitored by the nurse and staff in an attempt to end the behavior.



SECTION 7.0 – EDUCATION

7.1 EDUCATION

- (a) All residents must attend school, even if they are not currently attending school or have graduated.
- (b) The Newport News Juvenile Detention Facility shall provide school in accordance with the Newport News Public School Calendar, Monday through Friday from 8:15 a.m. to 2:45 p.m.
- (c) The Newport News Public School System will provide qualified ~~instructors-teachers~~ that will administer the school program. Although Juvenile Services Counselors are responsible for control and security in the classrooms and shall make decisions regarding residents' removal from the classroom, have no instructional responsibilities, they may assist in the classroom in a variety of capacities.
- (d) During school, residents shall be subject to all classroom regulations as stated in the Behavior Management Program.

7.2 SCHOOL CLASSROOMS [6 VAC 35-140-100]

- (a) The classroom locations at this facility were designed in consultation with the appropriate education authorities to comply with applicable state or local requirements.
- (b) Student Entrance:

- (1) Obtain student summary sheet from the HYPE system.
- (2) Gross placement of student into Juvenile Detention class per HYPE data.
- (3) If the student is a Newport News student: Obtain actual school placement (name of current school or last school student was enrolled), grade level, and course schedule through ESIS (NNPS student data management system).
- (4) If student is not a Newport News student: Obtain actual school placement, grade level, and course schedule via call to the school.
- (5) FAX Official Notice to feeder school regarding student detention school placement and request specific information on students per state requirements, including IEP information on special education students. This Official Notice will also result in the school withdrawing the student from the feeder school so they will not be charged with student absences. NOTE: Official forms that are required to be used per State Operated Programs are incorporated into HYPE and are updated annually.
- (6) Call school guidance department or administrators regarding student if necessary to complete student detention school placement.
- (7) Officially enter the student in Virginia Department of Education Data Management System after three days of enrollment in detention school.
- (8) Conduct orientation and assessment activities. See section below. Make precise placement of student into classes based on information obtained above:
 - (i) High school students that are determined on track for diploma are placed in specific course curricula.
 - (ii) High school students that are determined not on track for diploma are placed in skills classes in major content areas of social studies, math, English, and science that will prepare them for the GED. Emphasis is on reading comprehension, math, and science.
 - (iii) Middle or high school special education students are placed in self-contained classes per their Individualized Educational Plans (IEP).
 - (iv) Middle or high school special education students are mainstreamed into classes per their IEP.
- (9) Student Individualized Instructional Plans (IIP) are written by each teacher to guide instruction and to determine the instructional materials to be used.

(c) Student Assessment and Reporting:

- (1) Primary methods of assessment include: (a) interest inventory; (b) QRI Reading Assessment (state requirement); (c) TABE (Tests of Adult Basic education); (d) KTEA (Kaufman Test of Educational Achievement) for special education students; and the official GED practice test.
- (2) Report cards are mailed to student's parent(s)/legal guardian(s) at the end of each regular school marking period, depending on when students entered detention and the length of time enrolled.
- (3) SOL tests are administered in the fall, winter, and spring to detention school students if they meet specific testing criteria. SOL tests are provided by the Virginia Department of Education.

- (4) Final examinations are obtained to on track high school students if they qualify and these exams are obtained through the specific high school guidance departments and the central school administrative centers (testing departments).

(d) School Rules:

- (1) Everyone is required to attend school and cooperate with the teacher by remaining quiet, remaining on task, and following all verbal and posted requests.
- (2) Respect property. No concealing or destroying school property, to include but not limited to, taking markers from class, writing on desks or in schoolbooks and/or tearing out pages from school books.
- (3) Residents are not to leave their seat without permission.
- (4) Residents are not to talk desk-to-desk. This will keep noise levels to a minimum.
- (5) Residents are not to rest their heads on desks.
- (6) Residents are to keep their hands on their desks and in their personal space at all times.
- (7) Follow all other rules outlined by the Education Department.

(e) Student Exit from Juvenile Detention School:

- (1) Letter to parent(s)/legal guardian(s) regarding assessment results, test scores, reenrollment in school and/or recommendations for further study.
- (2) Student grade report to parents; Department of Correctional Education; or to feeder school.
- (3) Copy of IEP (special education students) to Department of Correctional Education or to feeder school

(f) Discipline During School: It is imperative that teachers and Counselors communicate daily. It is important that the teacher and Counselor establish a relationship that will set a positive tone for the students/residents. Teachers are to share with Counselors their plan and expectations for the class period. Counselors are to share with the teachers any concerns ~~they may have observed or know~~ pertaining to a detainees' behavior or disposition. If a resident is removed from the classroom, he/she shall serve loss of free time the remainder of the day.

7.3 CHURCH SERVICES

- (a) Community Groups are allowed to provide religious services on scheduled days.

(b) Those residents who are on disciplinary room time shall have the opportunity to attend religious services based on their behavior for safety and security reasons.

(c) Staff shall inform all juveniles who plan to attend religious services that any misbehavior will result in disciplinary actions according to the Behavior Management Program.

(d) Please note: Participation in religious services is voluntary.

7.4 JUVENILES RIGHTS [6 VAC 35-140-70]

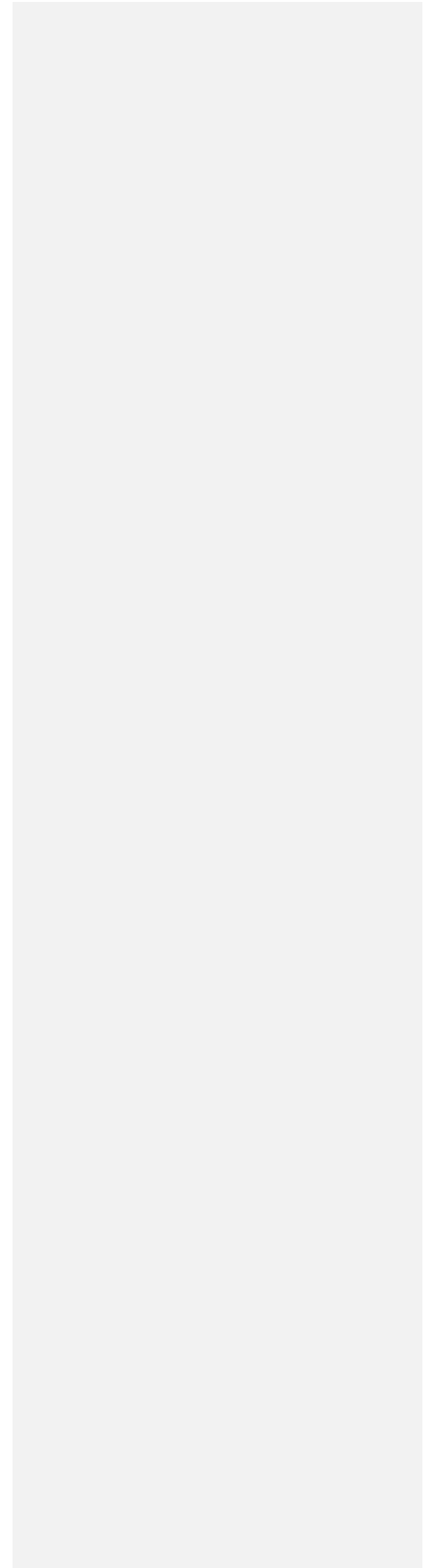
(a) All residents shall be assured equal opportunities to participate in all programs. There shall not be discrimination towards staff or residents based on race, national origin, color, creed, sex, or physical handicap.

(b) Grievance Policy: All residents have a right to file a grievance and it shall be assured that no adverse action shall be taken against them as a result of filing a grievance.

(c) Juvenile Participation in Testing: Voluntary participation by residents in non-medical, non-pharmaceutical testing shall be permitted only after a thorough review indicates the probability that no negative effects will occur to the juveniles in the program. Participation by juveniles shall be documented by a signed agreement.

7.5 TOOL AND EQUIPMENT ACCOUNTABILITY

The control and accountability of all educational equipment and supplies used in the school program is the responsibility of the educational staff. No educational equipment will be distributed to residents or used by Counselors without permission of the educational staff.



SECTION 8.0 – FOOD SERVICES

8.1 FOOD SERVICE

- (a) Kitchen Access: The Kitchen is a closely controlled health environment requiring limited access to those on official business. Access to food preparation and serving areas are normally restricted to Food Services staff. Juveniles are not allowed in the kitchen at any time, for any reason. Evening and night shift staff shall have access to the kitchen at the discretion of their Supervisor for the purpose of obtaining resident snacks and meals. The on-duty cook(s) are charged with enforcing hygiene standards and are to report repeat violators to their supervisor.
- (b) Kitchen Cleaning: The Food Services staff will be responsible for cleaning all kitchen equipment, and the kitchen food storage areas. The Food Services staff will report all needed repairs and unsanitary conditions to their supervisor.
- (c) Kitchen floors will be swept and mopped daily, rubber floor mats cleaned at least weekly. The grease screens over the cooking equipment will be cleaned monthly.
- (d) Dining Hall Cleaning: The Food Services staff is responsible for cleaning the dining hall area after every meal. This includes table tops and floors.

8.2 AREA AND EQUIPMENT RESTRICTIONS [6 VAC 35-140-490]

- (a) The facility does not allow the juveniles into any area where food or utensils are stored. The serving window is the only access to the kitchen area. This window is secured by reinforced aluminum mesh to help prevent residents from gaining entry.

(b) All security maintenance, educational, recreational and medical equipment are inventoried regularly, and the culinary equipment (sharp knives, serving forks, etc.) are kept in a locked drawer and accounted for daily. All equipment is locked away when not in use. This maintains control and accountability for this equipment.

(c) The residents are not used in either the preparation of the food or the serving of food from the kitchen.

8.3 FOOD PREPARATION AND SERVICE

(a) The Newport New Juvenile Detention Food Services staff will comply with all applicable health department and USDA laws and regulations.

(b) No residents will be used in the preparation of meals.

(c) Meals or food items will never be used as discipline or for rewarding residents. All residents should receive the same food except where special diets are required. There shall be no withholding or varying a meal in any manner.

(d) Every juvenile will be served a maximum of two cartons of milk, or whatever beverage is being served with the meal. Milk will be served at breakfast and lunch. Iced tea, Kool-aid, or punch will be served at dinner.

- (1) Special Diets: Residents with special diet needs must have their diet approved by the Medical Director and the Food Services Supervisor. Special diets include medical diets, special diets related to religious beliefs, etc. The Medical Services staff will keep a record of all special diets and meals served.
- (2) Meal Records: The Food Services Supervisor will collect data and maintain records of all meals served, including such information as number of meals, kinds of meals, and any other data deemed necessary by the Superintendent.
- (3) Kitchen Inspections: The Food Services Supervisor will inspect the kitchen weekly for cleanliness and maintenance problems. Refrigerator and storeroom temperatures shall be recorded daily in the log to ensure against spoilage. The

City of Newport News Health Department will inspect the kitchen periodically to ensure compliance with all food service requirements and regulations.

- (4) Room Time: Residents serving disciplinary room time will receive their meals on the Pod. The Food Services staff will deliver any necessary meal trays to the Pods for those residents on room time. Counselors of the same sex shall deliver the tray to the resident. All residents confined to their rooms will receive disposable utensils for their meals, which must be accounted for by staff before and after the meal. Staff shall collect all debris and trays within 20 minutes. This includes milk cartons, Styrofoam containers and snack wrappers.

8.4 TOOL CONTROL AND EQUIPMENT ACCOUNTABILITY

The control and accountability of all culinary equipment is the immediate responsibility of the kitchen staff. No culinary equipment, which could pose a safety hazard to residents or staff, shall leave the locked confines of the kitchen. An annual inventory of the kitchen equipment is conducted according to Newport News Juvenile Services policies.

SECTION 9.0 – FACILITY MAINTENANCE

9.1 FACILITY MAINTENANCE

- (a) It shall be the responsibility of the Support Services Supervisor to ensure that the facility is in compliance with all zoning and building codes applicable through State and Federal Law or Regulations, and/or building laws or ordinances.
- (b) This facility shall comply with all federal, state, and local sanitation, safety and health codes. Also, the facility shall submit to all inspections generated by the appropriate regulatory agencies.

9.2 INSPECTIONS [6 VAC 35-140-310]

- (a) Newport News Juvenile Detention Center undergoes annual inspections by the City of Newport News Health Inspector's Office and the City of Newport News Fire Department.
- (b) The automatic fire extinguishing system is located above the grill, deep fat fryer, and ovens in the kitchen. This system is checked and serviced twice a year by an outside contractor. Additional inspections are made during annual fire and safety inspections.
- (c) All fire protection equipment is inspected monthly and is recorded by the inspector initialing and dating the card attached to each piece of equipment. Fire extinguishers are also professionally maintained once a year and a label to that effect is attached indicating the date and company performing the service.

(d) A licensed pest control company will spray the kitchen, dining area, and all areas where food is kept on a regular basis. The remainder of the building is treated once every month, or when necessary, for all vermin.

(e) Routine daily inspections of all security devices (locks, doors, control switches, communication systems) are made and maintenance provided when necessary. The custodian and morning shift staff members perform these checks and record findings on a daily maintenance check form.

(f) Daily security checklist and sanitation inspections are performed each day, by the staff, and results are recorded on the inspection form and maintained by the Program Administrator.

(g) On a daily basis, the staff on the morning and/or evening shifts shall inspect each room for damage. Staff shall check all rooms including doors, windows, beds, lights, speakers, sinks/toilet, walls and bedding for marks or damage of any kind. Any damages found should be noted under Room Inspection Option in the HYPE System.

(h) Morning and evening counselors shall fill out a sheet. The sheets from the previous day shall be filed away after they have been compared with the current day's sheets. Any differences shall be followed up and appropriate action taken. Report any maintenance problems to the Supervisor and place a note in the daily logbook.

(i) The rooms and security area should be searched for contraband. Random (inspections) are conducted at the request of the Administration.

(j) Pest and Vermin Control: A pest extermination contractor visits on a monthly basis to inspect and treat the kitchen, dining room, and specific areas of attention. Problem areas should be reported to the Support Services Supervisor. Detailed descriptions of the problem should include description of the insects, where they are coming from, where they are found and how many. Specimens are very helpful to the exterminator to identify solutions.

(k) Solid Waste: A waste management contractor disposes of solid waste at least twice a week. Kitchen staff shall empty all kitchen waste cans into the dumpster on a daily basis. Marked medical waste from the clinic and fecal matter containing blood will not be placed in the dumpster. In addition gasoline, paint thinner and other combustible products will not be placed in dumpster. Boxes will be broken down and the doors securely closed at all times. The Support Services Supervisor shall be notified to arrange legal disposal of combustibles and other toxic chemicals.

(l) Medical Waste: A licensed medical waste disposal contractor removes distinctly marked and sealed biohazard containers from the clinic on an as-needed basis.

(m) The medical staff shall control deposits to these containers to ensure only legitimate biohazard waste is placed in these containers. The medical staff shall monitor waste container's capacity and notify the Support Services Supervisor when disposal services are needed.

9.3 BUILDING AND EQUIPMENT MAINTENANCE

(a) The Support Service Supervisor follows a preventive maintenance schedule for the mechanical systems. The City's Building Maintenance Division performs repairs to the mechanical, plumbing, electrical systems and equipment as are appropriate. Private vendors will make other necessary repairs. Whenever equipment is found to be defective, immediate steps shall be taken to rectify the situation and to repair or replace the defective equipment.

(b) Maintenance of fire prevention equipment, including fire extinguishers and range hood is provided through a private contract.

9.4 REPAIR OR REPLACEMENT OF DEFECTIVE EQUIPMENT [6 VAC 35-140-320]

The City of Newport News General Maintenance Department is responsible for all necessary repairs to equipment. Defective equipment is removed from service when needed and replaced in a timely fashion.

9.5 USE OF POWER EQUIPMENT BY STAFF

(a) Staff is allowed to use only the following power equipment, for which they must be trained prior to operation:

- (1) Dishwasher is used by Food Services only.
- (2) The washers and dryers are used by Support Services and designated staff. Laminated signs shall be posted near washers and dryers to ensure proper operation by staff.
- (3) Main Control Room Touch Screen: Used to control access through the doors in the detention center. Staff assigned to operate Touch Screen will receive a minimum of 40 hours or up to 80 hours of training prior to being allowed to operate the system without supervision.
- (4) Pod Controller: Used by Secure staff to communicate, relay information, gain access to areas of intercom system fails, and call for assistance in the event of a crisis.
- (5) Radios: Used by Secure staff to communicate, relay information, gain access to areas if intercom system fails, and call for assistance in the event of a crisis.

NOTE: Supervisors are responsible for documented training of designated staff on all equipment.

9.6 CHEMICAL AGENTS [6 VAC 35-140-660]

(a) Tear gas, mace, pepper spray, and related chemical agents for security are neither used nor permitted in the hands of Juvenile Services Counselors or Administrators. If used, it will be approved by the Board of Juvenile Services and under the guidelines and procedures of the Newport News Police (if called to control a disturbance or hostage situation).

(b) Disinfectant cleaners referred to in these guidelines refer to a pine disinfectant in which the active ingredients are pine oil, alkyl, dimethylbenzyl, and ammonia chloride, a ten percent freshly made bleach solution, and Lysol brand disinfectant. The pine oil disinfectant and bleach are not mixed.

(c) Disposable gloves are located in each POD. Red bags for the disposal of gloves and red coded bags for the collection of contaminated laundry are located in each living unit.

(d) Routine cleaning of the building will be done with a disinfectant cleaner. Toilets will be cleaned with a bleach solution followed by a toilet cleaner or detergent solution. The person doing the cleaning will wear disposable rubber gloves.

(e) Water removal from backed up toilets or drains will be vacuumed up. All contaminated surfaces will be mopped with a disinfectant solution then rinsed with a bleach solution. The vacuum shall be emptied and disinfected with the same solution. Disposable gloves shall be worn and disposed of in the containers provided for such disposal. Any clothing or linens, which have become contaminated, will be placed in red coded plastic bags and taken to the laundry room where they shall be washed using soap, bleach, and Lysol disinfectant as soon as possible.

(f) Body fluids such as blood, sputum, urine, feces, shall be cleaned by the source if possible. The person cleaning shall use a solution of disinfectant, soap, and bleach. Disposable gloves shall be worn and disposed of after use. Any contaminated clothing or linens shall be placed in a red coded plastic bag and taken to the laundry room where they shall be washed as soon as possible in a disinfectant and bleach solution.

(g) Counters in the clinic shall be cleaned after each use in which contamination is possible with a bleach solution.

9.7 CUSTODIAL HOUSEKEEPING GUIDELINES

(a) Housekeeping and Residents: Juveniles held in detention are required to make their own bed, clean their own rooms and help keep living and activity areas of the detention center clean and orderly. Housekeeping assignments are never to conflict with the educational program, meals or sleep.

(b) Residents may not clean the administrative hallways, clinic, or administrative offices. Under no circumstances are residents required to replace janitor or maintenance personnel.

(c) The laundry rooms shall be mopped and the machines and counters wiped daily with a disinfectant or bleach solution by the laundry aid or a custodian.

(d) Rooms vacated by residents shall be cleaned before another resident is assigned to the room. Cleaning shall consist of wiping the mattress, pillow, bed, and room surfaces with a disinfectant solution.

(e) Resident rest rooms shall be cleaned at a minimum of twice a day and the school hall bathrooms daily with a solution of disinfectant and the toilets cleaned with bleach.

(f) Staff and public rest rooms shall be cleaned by the custodian daily using a solution of disinfectant on the floors, bleach in the toilets and a disinfectant cleaner on the sinks and other surfaces.

9.8 HAZARDOUS MATERIALS

(a) In Compliance with Occupational Safety and health Agency Hazard Communication Standard (29 CFR 1910.1200), all hazardous materials in Newport News Juvenile Services shall have Material Safety Data Sheets (MSDS) clearly posted where these products are stored or used. The MSDS identifies the product, its ingredients, physical data, fire and explosive data, reactivity data, storage and handling instructions, health and first aid instructions, special protection data and spills and leak protection.

(b) Support Services Supervisor shall ensure the appropriate MSDS Certificates are posted in all custodial and storage rooms. He shall also ensure paints, gasoline, and other flammables are stored in accordance with Newport News Juvenile Services Fire.

(c) Prevention/Reaction Plan and directions of the City Fire Marshall.

(d) All containers in Newport News Juvenile Services shall be clearly marked with the container ingredients. Staff will immediately remove unmarked containers/bottles and report to the Support Services Supervisor.

(e) The Support Services Supervisor will conduct periodic spot inspections to ensure compliance.

9.9 LINEN WASH DAYS

The scheduled days for the facility to wash linens are Tuesdays and Fridays, or as needed. These days are subject to change.

9.10 HOUSEKEEPING

(a) General Policy:

- (1) The workplace will be maintained in a clean and sanitary condition. A written housekeeping procedure guide, which gives the appropriate methods and frequency of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed, must be followed.
- (2) Guides shall be maintained in each living pod and in the medical suite. Primarily a 10% bleach solution will be used. This solution will be prepared on a daily basis and used to clean surfaces contaminated by all invasive procedures conducted by medical personnel and all body fluid spillage in any and all areas of the facility including the restrooms.

(b) Equipment and Environmental and Working Surfaces:

- (8) Clean contaminated work surfaces with appropriate disinfectant:

- (i) After completing procedures .
 - (ii) Immediately or as soon as feasible when overtly contaminated or after any spill of blood or OPIM.
 - (iii) At the end of the work shift if the surface may have become contaminated since the last cleaning.
- (2) Remove and replace protective coverings (e.g., plastic wrap, aluminum foil, etc.) over equipment and environmental surfaces as soon as feasible when overtly contaminated or at the end of the work shift if they may have become contaminated.
 - (3) Regularly inspect/decontaminate all reusable bins, pails, cans, and similar receptacles which may become contaminated with blood or other potentially infectious material. If these articles become visibly contaminated, they should be decontaminated immediately or as soon as feasible.
 - (4) The nursing staff inspects the Detention Medical Suite daily as well as performing inspections immediately after decontamination of medical suite equipment. The Juvenile Detention Supervisor assigned to daily inspection of the facility includes inspection of all reusable items.

(c) Special Sharps Precautions:

- (1) Clean up broken glass that may be contaminated using mechanical means such as a brush and dustpan, tongs, or forceps. **DO NOT** pick up directly with the hands.
- (2) Sharps containers shall not be reused.

(d) Regulated Waste: Includes the following:

- (1) Liquid or semi-liquid blood or other potentially infectious materials.
- (2) Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed.
- (3) Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.
- (4) Contaminated sharps .
- (5) Pathological and microbiological wastes containing blood or other potentially infectious materials.

(e) Waste Containers:

- (1) Any of the substances listed above must be placed in containers that are: closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
- (2) In this facility, containers will be identified by an orange-red label. Regulated waste that has been decontaminated need not be labeled or color-coded.
- (3) Containers must be closed prior to moving/removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping. If the outside of the container becomes contaminated, it is to be placed in a second container, which must have the same characteristics as the initial container as discussed above.
- (4) A contracted waste disposal service will manage all waste disposals.

(f) Laundry:

- (1) Employees who handle contaminated laundry are to wear protective gloves and other appropriate personal protective equipment.
- (2) Contaminated laundry shall be handled as little as possible with a minimum of agitation. Do not sort/rinse laundry in location of use. Place in container/bag where it was used. Wet contaminated laundry, which may soak through, or cause leakage from bag or container will be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.
- (3) Bags/containers will have a biohazard label affixed.
- (4) Laundry at the Secure and Less Secure facility will be cleaned on site.

(g) Communication of Hazards to Employees:

- Employees will be informed of hazards through a system of labeling as well as a training program, which is discussed in Section 6.0 of this written plan.
- Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. Contaminated equipment shall also be labeled in this manner: information about the portions of the equipment that remain contaminated shall be added to the label.

- Labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. The label is either to be an integral part of the container or affixed as close as feasible to the container by a method which prevents loss or unintentional removal of the label. The label shall have: the biohazard symbol and the text BIOHAZARD.
- Red bags or red containers may be substituted for the warning label.
- The labels/color-coding described here are not required in the following instances:
 - (i) When containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use.
 - (ii) When individual containers of blood or other potentially infectious materials are placed in labeled containers during storage, transport, shipment or disposal.
 - (iii) When regulated waste has been decontaminated.

9.11 OUTSIDE PERSONNEL WORKING IN THE FACILITY [6 VAC 35-140-290]

(a) All outside personnel performing work on the inside of the facility will be closely monitored by staff during the time when they are in the presence of youth in the facility. Staff will assure that the worker does not leave tools or materials unattended while in the facility.

(b) Adult inmates or persons assigned to perform services as the result of a conviction in an adult court shall not work in areas of the facility where youth are present.

9.12 TOOL AND EQUIPMENT ACCOUNTABILITY

The control and accountability of all maintenance equipment and supplies are the immediate responsibility of the Support Service Supervisor.

SECTION 10.0 – EMERGENCY PREPAREDNESS AND EVACUATION PROCEDURES

10.1 SECURITY AND EMERGENCY SITUATIONS

(a) In the event of an emergency situation when staff must move quickly to an area or they are in the process of physically moving a juvenile to his/her room, the necessary doors will be released in such a manner as to allow staff free and speedy movement to their destination.

(b) In the event of an emergency such as a fire or building evacuation, all sleeping room doors may be opened simultaneously, by using the “Emergency Release” function of the Electronic Security System, to facilitate speedy evacuation. All doors will remain closed and locked except to allow legitimate traffic.

(c) Power Outage: Newport News Juvenile Services has an emergency generator capable of automatically providing power for the entire facility should domestic power fail. Should power fail first check to see if the outage is contained within the facility. If the problem is within the facility, check power cord breakers and fuse panels, and reset as necessary. If no problems are found, the Main Control Room Staff shall notify the Support Services Supervisor for a possible maintenance staff recall. Under no circumstances shall the Counseling or Control Room Staff tamper with Electrical Room power boxes, switches or emergency generator controls.

(d) Loss of Fresh Water: Public Utilities will deliver water buffalo with fresh water to Newport News Juvenile Services in preparation for inclement weather or other catastrophic events.

(e) Facility Flooding Emergency: Newport News Juvenile Services has numerous water shutoff points to prevent flooding of the facility. In addition, the Supervisors have access to emergency files. These diagrams show exactly where valves are located to selectively shutoff problem leaks.

(f) In the absence of support maintenance personnel, the Supervisor on Duty may need to shut down various utilities to minimize damage to the facility, Staff, and residents.

- (1) Pipe Chases Valves: Clogged toilets and faulty parts are the most common water problems. Pod staff should open the pipe chase adjacent to problem fixtures to turn the water off. Maintenance staff will make repairs the following workday.
- (2) Pod Restroom and Shower Valves: These valves are located throughout the pods. Report malfunctioning restroom, shower, and leaking fixtures to the Support Service Supervisor for possible Maintenance staff recall. The Supervisor should attempt repairs only during extensive leaks, where property damage is threatened, and the Support Services Supervisor and Maintenance Technician cannot be reached.
- (3) Domestic Water and Sprinkler System Control Valves: Valves are located in the Mechanical Room. These valves should be turned off during major water pipe and/or sprinkler head damage/failures or during fire recovery, where extensive property damage is anticipated.

(g) Weather Emergency: Newport News Juvenile Services has assimilated the City's Emergency Weather Operations Plan. In conjunction with the City Emergency Services, alternative staffing, increased supply inventories, emergency equipment readiness and recovery procedures will be closely coordinated. Administration will apply all available resources to insure casualties and property damage is minimized and that essential resources are restored as soon as possible after an emergency or disaster situation.

10.2 EMERGENCY COMMUNICATIONS

(a) Newport News Juvenile Services has redundant emergency communication capabilities. Hand-held radios serve as the primary means of emergency communication. The telephone system, Intercom Communication System and cell phones serve as the immediate backup system. Hand-and-arm signals to nearby staff, through windows and at cameras, serve as second backup if all other means fail. Cell phones are available in the Control Room for transports and to augment staff in emergency services.

(b) The on-duty Control Room staff shall serve as the primary focal point for all emergency notifications outside Newport News Juvenile Services. Should the Control Room become disabled, the on-duty Supervisor shall ensure notification to the City Central Dispatch 9-911 Center by the most expeditious means. To ensure continuous emergency communication between the on-duty Supervisor and the Control Room, the Supervisor shall have a hand held radio on his/her person at all times.

(c) To ensure staff proficiency with all Newport News Juvenile Services primary and backup emergency communication systems, Supervisors shall ensure regular and recurring on-the-job training is conducted during monthly fire drills. Specific attention shall be given to cellular phone use, hand held radio use and the employment of hand-and-aim signaling techniques to relocate and evacuate residents in a timely and efficient manner.

10.3 BOMB THREATS

(a) Telephone Bomb Threats: When a bomb threat is called in to the facility, be calm and courteous, listen attentively, and do not interrupt the caller. Try to notify the Supervisor while the caller is still on the line. The person receiving the call must make every effort to obtain as much information as possible in a short period of time.

(b) Written Bomb Threats: If the threat is received in the mail, handle the item as little as possible to preserve its original condition and/or fingerprints. The item will be turned over to the police.

(c) Bomb Threat Investigation:

- (1) Immediately after disconnecting from the caller, the receiver must dial 9-911 and give the dispatcher the necessary information gathered during the call. The Supervisor will conduct a search of the facility.
- (2) If the Supervisor or any other staff member discovers a suspicious package, DO NOT TOUCH IT. **Never** try to move, deactivate, or tamper with a suspected bomb. Bomb disposal units will arrive on the scene and be escorted to the area containing the device.

(3) The Control Room Staff will instruct all persons not to use any cellular phones, pagers, hand held radios, or any equipment using a radio signal that might set off an electrically activated device.

(d) Bomb Threat Evacuation: The on-scene Fire Chief will determine if an evacuation is necessary. If evacuation is deemed necessary, the Control Room Staff will announce that there is an emergency in the building. The specific evacuation route and assembly area will be dependent upon the location of the suspicious device and decided by the Supervisor. If evacuation is deemed necessary, follow the evacuation procedures as set forth by the Evacuation Plan/Procedures.

(e) Threat Written Reports: Any staff member who receives a bomb threat by telephone, mail or discovered a suspicious package shall remain on duty until they have documented in the Grievance and Incident Log located in the HYPE Tracking System and have been questioned by the proper investigative agency and/or Newport News Juvenile Services Administration. The report will include who received the call, and on which phone line the call was received.

10.4 FIRE PREVENTION/REACTION PLAN [6 VAC 35-140-340]

(a) This section outlines fire prevention and safety policies required by the Virginia Statewide Fire Prevention Code, Standards Manual for Interdepartmental Regulation for Residential Facilities for Children, and Standards for Juvenile Residential Facilities.

(b) The City of Newport News Fire Marshall has primary regulatory oversight over Newport News Juvenile Services Fire Prevention/Reaction Plan describes the advanced systems, inspection and maintenance procedures, outlines procedures for Newport News Juvenile Services employees, and is used as a training reference for all employees. The plan is reviewed and approved on an annual basis by the Fire Marshall's Office. Deputy Fire Marshals conduct walk-through inspections to ensure compliance with the plan, and to survey for potential hazards.

(c) The Support Services Supervisor assures all mechanical inspections, test drills and compliance certifications are conducted and documented. The Support Service Supervisor also serves as the focal point for coordination with all services provided by the Fire Department.

(d) Equipment:

- (1) The facility is equipped with a fire alarm and control system, which is monitored in the Control Room. The system includes smoke sensors, air duct smoke sensors, heat sensors, manual key operated pull stations, and audio and visual enunciators. This system is supported by an uninterrupted power supply. Designated Staff who are issued keys maintain a pull box key for all fire pull boxes on their assigned key ring.
- (2) Fire extinguishers are located throughout the building. They shall be maintained in accordance with the statewide Fire Prevention Code. Each extinguisher will have a tag attached that indicates the month and year maintenance check was last performed and the company/person performing the annual check. The Fire Marshall's office conducts inspections for fire hazards and safety.
- (3) All fire alarm systems, fire fighting, and fire containment equipment are maintained and serviced by qualified vendors. The Support Services Supervisor will ensure these systems are in operable condition at all times and that appropriate inspections have been conducted. Maintenance and inspection records shall be maintained for a period of not less than two years.

(e) Fire Alarm Enunciator: The Fire Alarm Enunciator informs the Control Room Staff the source of alarms in the facility, identifying the location and type of problem. Designated Newport News Juvenile Services staff, upon authorization from the fire department, reset the panel after a fire alarm response. Maintenance staff or a Supervisor shall investigate alarms. The Control Room Specialist or a service technician, if needed, may reset the panel. Control Room Staff may silence the audible alarm after all building occupants have been accounted for.

(1) Sounding of Fire Alarms:

- (i) Discovering staff will: Pull the nearest designated fire "pull station" sounding the alarm.
- (ii) If not able to activate a pull station, notify the Control Room staff immediately using the radio, nearest phone, intercom, or manual hand and arm signals.

(2) Control Room staff will:

- (i) Notify the on-duty Supervisor of the source of the alarm as indicated on the Fire Alarm Enunciator. The Supervisor will go to the point of alarm and assess the situation. Upon verification of an emergency, on the on-duty Supervisor will direct the Control Room staff to call 9-911 and pass all required information.
- (ii) Maintain continuous communication with the on-duty Supervisor, and relay instructions to the staff to reposition residents/visitors, or evacuate Newport News Juvenile Services. The Control Room staff should maximize the capabilities of the Intercom Communication system in broadcasting instructions to the staff. The Control Room Staff will maintain a chronological log of events.

(f) Fire Drills:

- (1) Fire Drills are conducted to allow staff to become familiar with their responsibilities in the event of a fire and an opportunity to rehearse the facility evacuation procedures.
- (2) There will be at least one fire drill conducted each month. During any three consecutive months, at least one drill shall be conducted during each shift. Each drill shall include sounding of fire alarm, evacuation procedures including assembly areas, head counts, primary and secondary means of egress, evacuation/handling of youth with special needs, and verifying complete evacuation of the building, simulated alerting emergency authorities, simulated use of equipment and containment procedures (if applicable).
- (3) During a fire drill, the alarms will be sounded. Control Room Staff should call 9-911 and simulate the use of fire equipment (extinguishers, detectors, and sprinklers). Control Room personnel and staff should act out what they would do in the event of a fire, which would include locating proper keys, testing locks and communication systems, routes for evacuation to designated areas, etc. When a fire drill is conducted between 10:30 P.M. and 6:30 A.M., all procedures are simulated and residents will not be released from their sleeping rooms.
- (4) All Supervisors will ensure fire extinguisher inspections are a normal and routine part of the monthly fire drills. This includes properly recording the inspection on the Fire Drill Record. As a minimum, the inspection will be conducted in conjunction with the drill. This is a "quick check" to verify the extinguisher is available and will operate. It is intended to give reasonable assurance that the

extinguisher is fully charged and operable; verifying that it is in its designated place; has not been discharged, deactivated, or tampered with and there is no obvious or physical damage or condition that would prevent operation. Supervisors will perform drill scenarios requiring the simulated use of the fire fighting equipment. The frequency of the checks is to assure all staff has an opportunity to rehearse fire safety procedures.

- (5) A record of fire drills are maintained on the Emergency Evacuation Drills located in the HYPE Tracking System. These reports will be filed with the Fire Marshall twice a year. Records shall be maintained for a minimum period of two years.

10.5 EVACUATION OF BUILDING

(a) A situation may arise where all residents and staff may be directed to evacuate the facility. The facility is structurally reinforced and has many redundant emergency systems that should prevent the need to ever have to evacuate the detention center. The direct care staff's primary focus shall be to relocate residents and staff within the facility away from imminent danger to safe areas within the building.

(b) A catastrophic event, such as a hurricane, flooding, or terrorist threats, may require the facility to be evacuated in a timely manner.

(c) The on-duty Supervisor, in consultation with the on-scene Fire/Police Commander, has the authority to evacuate residents from the facility if residents and staff are in imminent danger. No other administrative approval is required and no other written document shall change this authority.

(d) If a fire occurs, staff will assemble the residents; conduct a head count, and move residents to a position to expedite relocation/evacuation, closing all doors behind them. If a resident requires special attention, a staff member will be assigned to escort that individual. Staff will conduct a head count of all residents under their supervision at the time of the alarm and report that number to the Control Room. The Control Room will verify that all residents are accounted for.

(e) At the Supervisor's direction, residents may be moved to a safe area within the building or to the nearest safe evacuation route. This will generally be the Exit door. Pod staff shall use mechanical restraints and/or flex cuffs on those residents identified as high risk. Staff shall also

take with them the Admission/Release card box containing all of the juvenile's contact information for their assigned pod. Staff should take a cell phone and/or hand held radio with them when evacuating the building. A head count shall be conducted prior to leaving the building.

(f) When evacuation of the residents and staff is complete, the Control Room Staff may exit the Control Room, verify that the building is vacated, ensure that all doors are secure and exit the building. A cellular phone is kept in the Control Room to contact Administrators in the event of unavailable phone access. Control Room Staff will take the cellular phone with them once they exit the Control Room.

(g) If the Supervisor or emergency personnel deem a full evacuation from the grounds is necessary, detention vehicles, police vehicles, and sheriff's vehicles will be directed to the Salley Port. Supervisors will secure high-risk residents in vehicles first. A head count will be conducted during the loading of the residents in the vehicles. Staff will transport residents to the Walk-up Salley Port and await further instructions.

(h) Should any doors, which are electronically controlled, become disabled, keys to all doors in the facility are maintained in the Control Room. Appropriate keys shall be issued to staff.

(i) All other support staff, personnel and visitors will assemble in the parking lot outside the staff entrance. In event of a fire that interrupts the electrical security control system, keys to all doors in the facility are maintained in the Control Room.

(j) Staff and residents may re-enter the facility only upon the fire official's direction. Staff conduct a head count once they are back in their assigned pods. They will report the count to the Control Room. If all the residents are not accounted for or in the case of an escape at any other time during the evacuation, escape procedures shall be followed.

(k) If a fire should occur in the Control Room that cannot be quickly extinguished, Control Room staff will notify the Supervisor to activate 9-911 and prepare to evacuate the Control Room. The Control Room staff will exit with the Master facility key(s), the fire response checklist, a hand held radio and/or a cellular phone.

(l) Should Newport News Juvenile Services be rendered temporarily uninhabitable, in consultation with the committing jurisdictions, juveniles shall be released to their parents, transferred to other detention facilities or placed in the juvenile section of a jail.

