AMERICAN ACADEMY OF PEDIATRICS
COMMITTEE ON YOUTH

HEALTH STANDARDS FOR JUVENILE COURT RESIDENTIAL FACILITIES*†

Young people who find themselves in juvenile court facilities constitute a group who traditionally have displayed a high incidence of health problems. Many have had inadequate care in the past, and enter with preexisting medical and dental conditions. Whether or not they are in good physical health, they often are handicapped in the area of mental health. The conditions which necessitate removing them from their homes and placing them in institutions may aggravate, or even cause, physical and mental health problems.

When society undertakes to remove children and youth from their homes and place them in institutions away from the care of their parents, it assumes certain obligations. Among these obligations is care of their physical and mental health.

Health programs in juvenile court facilities must be broad and comprehensive and must go beyond the mere provision of medical care. The extent of the health care which should be offered to an individual will depend on the length of time he is in the institution. But, every institution which confines juveniles should have a health program designed to protect and promote the physical and mental well-being of residents, to discover those in need of short-term or long-term medical and dental treatment, and to contribute to their rehabilitation by appropriate diagnosis and treatment and provision of continuity of care following release.

The standards given here are designed to attain these goals.

ADMINISTRATIVE STRUCTURE OF THE HEALTH PROGRAM

Health Council

1. Each institution should have a multidisciplinary health council to set the policies of the health program.

2. The council may be organized within the institution or by the authority which operates the institution.

3. The following persons should be members of the council of every institution: (a) the superintendent of the institution, (b) a physician who cares for the residents of the institution, and (c) one or more mental health workers (a psychiatrist, psychiatric social worker, or child psychologist) with experience with children and adolescents in a residential psychiatric treatment facility.

4. The following persons, if available, may be members of the council: (a) a nurse working within the institution, (b) a dentist who treats residents of the institution, (c) an educator who teaches residents of the institution, (d) a dietitian working within the institution, and (e) a vocational counselor.

5. Other persons may also be members of the council, depending on circumstances. For example, if feasible, one or two young people who are residents of the institution should be members.

6. The council should meet regularly to consider all matters concerning the physical and mental health of children in the institution. It should establish policies and operating procedures, direct the activities of health programs in the institution, oversee the maintenance of high standards of health care, and recommend necessary changes to appropriate authorities.

Technical Advice

When appropriate, the health council should seek advice either from technical

* This statement has been approved and endorsed by the Academy's Council on Child Health and has been endorsed in principle by the National Council of Juvenile Court Judges.

† Detention centers, training schools, and similar residential facilities.

advisory committees consisting of suitable professionals and other experts in the community, or from a list of experts (e.g., in communicable disease or drug abuse) who could be called on to consult with the health council as needed.

Operation of the Health Program

1. One full-time or part-time person should direct the health program and carry out policies set by the health council. This person should have administrative responsibility for medical, dental, nursing, and mental health personnel. The health program administrator and his staff should not be required to implement the custodial or security functions of the institution.

2. The director of the health program should designate a physician to: (a) approve all standing instructions for medical care and instructions stating when a physician or nurse should be consulted, and (b) approve all supplies of medications kept within the institution and regulations for their use.

Responsibilities Toward Patients

1. In most instances the court will have legal authority to approve medical care for residents. In addition, the principles of rendering medical care with due regard for the dignity of the patient require appropri ate permission to be obtained for the performance of medical and dental procedures. Preferably, an attempt should be made to obtain this permission from the child's parents. However, permission for dental procedures and permission for rectal and pelvic examinations, when indicated, should also be sought from the child.

2. Medical and dental records should be kept for each child remaining overnight or longer in the institution. A written record should be kept of the administrative inspection of the condition of each child at entry (see discussion of Admission Inspection).

3. Access to medical and dental records should be restricted to persons caring for the health needs of the patient.

4. Medical and dental records should be reviewed prior to each child's discharge. Procedures should be established for ensuring the continuation and completion of treatment begun in the institution and for correcting health problems discovered in the institution, whether the child returns home or is transferred to another institution.

5. Health conditions which might affect behavior, such as epilepsy or diabetes, should be reported to appropriate authorities in a manner compatible with medical ethics and the rights of the patient.

6. All medical and dental care should be rendered with consideration of the patient's dignity and feelings. Medical procedures should be performed in privacy—with a chaperone present when indicated—and in a manner designed to encourage the patient's subsequent utilization of appropriate medical, dental, and other health services.

Review Procedures

1. All complaints against the institution, from any source, should be routinely screened by the health council or a designated member of the council to determine if they imply a deficiency in the physical or mental health program of the institution.

2. The health council should investigate and take appropriate action for all claims of deficiencies in the physical or mental health program of the institution, and should inspect and review all aspects of the program as required to maintain quality standards.

3. Written policies should require a formal case review by qualified professionals of any death within the institution and other events and conditions which may be specified by the health council.

HEALTH SERVICES

Admission Inspection

1. An initial inspection by the admitting staff officer should be part of the admitting procedure. It should include: (a) state of consciousness (drowsiness, disorientation, and so forth); (b) state of gross motor function (severe depression, severe hyper-

activity, difficulty in coordination, and so forth); (c) fever or other signs of illness; and (d) apparent injuries.

2. Written standing orders should define conditions appearing at the initial inspection which require prompt medical or nursing attention.

Health Assessment

All children should undergo a health assessment at the first possible opportunity after initial admission to the institution. Exceptions should only be made for children admitted with a written record of an adequate assessment done elsewhere if this assessment was recent enough that no substantial change would be expected.

Content of Health Assessment

Medical History

1. Sufficient time should be allowed to obtain an adequate history of the child's past illnesses and treatment, and of any health problems that are known or suspected. The history should include appropriate behavioral, family, and social information, including such items as source and type of routine medical and dental care, school performance, exposure to venereal disease, and need for contraceptive information.

2. If possible, the medical history should be obtained from a parent or other adult with whom the juvenile customarily lives, in addition to a history from the juvenile himself.

3. Information about the child should be requested from his source of routine medical care, if one exists.

4. The medical history may be obtained by a physician, a nurse, a physician's assistant, or a suitably trained health aide who has no duties in the implementation of custodial or security functions of the institution.

Physical Examination

1. A physical examination should be performed as part of the health assessment of all residents within 24 hours of initial admission to the institution.

2. The examination should include a search for signs of communicable disease, including venereal disease in all exposed juveniles; for any correctable health defects; and for any signs of medical conditions (such as neurological disease or drug abuse) which might influence behavior. A dental inspection to identify children in need of emergency dental care should be included.

3. The physical examination should be performed by a physician or a physician's assistant.

Screening Procedures

1. All children should be screened at admission for vision and hearing defects, immunization status, tuberculosis, and such other conditions as the health council or its advisory committee may recommend.

2. All sexually active juveniles should be screened for venereal disease.

Dental Assessment

1. In addition to the dental inspection performed as part of the physical examination, assessments should be performed by a dentist on all resident children, and a plan should be made for correction of dental defects.

2. The dental assessment should include examination of each tooth, bite-wing x-rays on all children, and periapical x-rays where indicated. If available, a panographic x-ray may be substituted for the bite-wing and periapical films.

3. The dental assessment should classify children according to the priority of their treatment needs. The following priorities are suggested: (a) Individuals requiring emergency dental treatment for such conditions as injuries, acute oral infections (e.g., periodontal and periapical abscesses, Vincent's infection, acute gingivitis, acute stomatitis, and painful conditions. (b) Individuals requiring early treatment including extensive or advanced caries, extensive or advanced periodontal disease, chronic pulpal or apical periodontal disease, heavy calculus, chronic oral infection, surgical procedures required for removal of one or more teeth, and other surgical procedures

not included in priority a, insufficient number of teeth for mastication, restorations for cosmetic reasons as part of rehabilitative treatment. (c) Individuals requiring treatment, but not of an urgent nature, for such conditions as moderate calculus, prosthetic cases not included in priority b, caries (not extensive or advanced), periodontal diseases (not extensive or advanced), other oral conditions requiring corrective or preventive measures. (d) Individuals apparently requiring no dental treatment related to the type of examination or inspection performed.

Correction of Health Defects

1. All institutions should undertake correction of health problems identified at entry to the institution.

2. Health defects should be corrected wherever possible without cost to the child or his family, either within the institution or at suitable facilities in the community.

3. Arrangements should be made in the community for ready access to all types of health care not available within the institution, including outpatient and inpatient care, diagnostic facilities, specialist consultation, and pharmacy.

4. Referral should be made to health care facilities in other institutions or to a source of regular health care whenever a child is discharged from the institution in the course of treatment for any health problem. Following release, appropriate health records, including x-rays, should be transferred as confidential documents to the new source of health care.

Care of Illness and Emergencies

1. All institutions should provide for routine care of illnesses. They should make provision within or outside of the institution for care of emergencies, including dental emergencies, arising within the institution at any hour of the day or night. Written procedures should specify these emergency provisions.

2. Illness and emergency care may be provided within or outside the institution; but, if outside, the source must be readily accessible.

3. Care of illnesses and emergencies must include all applicable types of health care either at the point of primary care or by referral. These should include outpatient and inpatient care, diagnostic facilities, specialist consultation, and pharmacy.

4. Care of illness should be provided daily, at a time and place known and accessible to all the residents of the institution.

5. Routine provisions should be made for serious or common problems, including drug toxicity and withdrawal, pregnancy, venereal disease, suicide threats and other emotional problems, and learning disabilities.

Dental Care

1. All institutions should make provision for care of dental emergencies arising at any time of the day or night.

2. Preventive dentistry should include at least plaque control, fluoride treatment, and counseling.

3. All institutions should undertake dental treatment and restoration using the priorities given in point 3 of Dental Assessment. When children do not remain in the institution long enough for proper treatment to be accomplished, the institution should make appropriate referrals for the treatment to be done elsewhere and arrange for transfer of appropriate records, including x-rays.

4. The extent of restorative dentistry provided by an institution should be determined by the health council; however, it should include, as a minimum, the restoration of adequate masticatory function. When feasible, quadrant dentistry is the optimal method.

HEALTH PROTECTION

The health council and the director of the health program should make themselves responsible to ensure the following minimal standards of a healthy institutional environment.

Health Service Facilities

1. Facilities for health services within the institution should meet standards for equivalent types of care given in the community. If direct care of illness is provided within the institution, the following standards should be met: (a) A primary physician should be present at each session. (b) A registered nurse should be present at each session. Licensed vocational nurses may be used for general nursing duties under the supervision of a registered nurse. (c) The following laboratory studies must be obtainable on the premises or by immediate referral: hemoglobin and/or hematocrit; WBC or differential; urinalysis, chemical and microscopic; serology drawing; microscopic studies of exudates and scrapings (e.g., gonococcus and trichomonas); culture (by transfer media where necessary) of gonococcus and other common pathogens; urinalysis for narcotics. (d) The following procedures, although desirable on the premises, may be obtained by referral: x-ray, blood chemistry, hematology.

2. Preventive medical services such as immunization and contraceptive service should be available on the premises or by referral.

3. All health service facilities should have the following: (a) sufficient light, heating, cooling, water, and toilet facilities; (b) privacy for patient interviews with nurse, physician, or other personnel; (c) privacy of examination should be ensured; (d) if there is one physician, there should be at least two examining rooms, with hand-washing facilities; if there are two physicians, there should be at least three examining rooms.

Dental Facilities

1. A dentist should be available for emergencies.

2. A hygienist is optional for dental hygiene and dental health education.

3. If dental care is provided on the premises, facilities must include operatory with equipment designed for four-handed, sit-down dentistry.

Physical Environment of Institution

1. Adequate space should be provided for each resident.[1, 2]

2. Adequate ventilation should be provided for the number of people within a building.[1, 2]

3. Residents should be separated appropriately by sex, age, and the type of problem they present.

4. There should be sufficient facilities to maintain cleanliness of residents, their clothing, and their bedding.

5. Precautions should be taken to protect children against sexual assault, against violence by other residents or by themselves, and against physical or emotional injury.

6. Food should be nutritious and attractively served.

7. A dietitian should be on the staff of each institution, or available and used for regular consultation. An outside consultation should include the dietitian's presence during at least one complete meal cycle.

Mental Health Aspects of Environment

1. Recreation: (a) An adequate recreation program should be available for each child. (b) The program should include both gross motor and sedentary activities of various kinds each day.

2. Education: (a) There should be an educational program in each institution making appropriate use of community facilities. It should include the following, where appropriate: general education, compensatory and remedial education, vocational education, and vocational referral and placement services. (b) Children in institutions should receive the same education as those who live in the community. For those unable to profit from standard educational programs—whose mental and emotional problems necessitate modification of the educational program—education programs should operate a minimum of two hours a day, three times a week.

3. All institutions should have consultants in mental health (psychiatrists, psychiatric social workers, or psychologists) with experience with children and adoles-

cents in a residential psychiatric treatment facility. In addition to serving on the health council, the consultants should be used for (a) emergency consultation, and (b) in-service training.

4. All institutions should have on the premises, or by referral, facilities for diagnosis and individual and group treatment of children with mental health problems in accordance with recent court rulings recognizing the right of children to appropriate treatment.

5. Behavior control measures used within the institution should be reviewed at regular intervals by mental health consultants.

Health Education

All institutions with education programs should provide health education. The subjects to be covered should include nutrition, alcohol and drug abuse, communicable disease (including venereal disease), dental health, and sex education (including contraception).

Employees

1. All personnel employed within institutions should meet health standards similar to those required for school personnel.[3]

2. All food handlers should meet appropriate state and local requirements.

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(See also the commentary on page 434, this issue.)

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