

Critical Regulatory Requirements for the Residential Regulations

Juvenile Correctional Center Regulations 6VAC35- 71

6VAC35-71-70 (B). Suspected child abuse or neglect.

B. Any case of suspected child abuse or neglect occurring at the JCC, occurring on a JCC sponsored event or excursion, or involving JCC staff shall be reported within 24 hours, in accordance with written procedures, to (i) the director or his designee, (ii) the court services unit, and (iii) the resident's parent or legal guardian, as appropriate and applicable.

6VAC35-71-140 (A). Background checks.

A. Except as provided in subsection B of this section, all persons who (i) accept a position of employment or (ii) provide contractual services directly to a resident on a regular basis and will be alone with a resident in the performance of their duties in a JCC shall undergo the following background checks, in accordance with § 63.2-1726 of the Code of Virginia, to ascertain whether there are criminal acts or other circumstances that would be detrimental to the safety of residents in the JCC:

1. A reference check;
2. A criminal history record check;
3. Fingerprint checks with the Virginia State Police and Federal Bureau of Investigation (FBI);
4. A central registry check with Child Protective Services; and
5. A driving record check, if applicable to the individual's job duties.

6VAC35-71-170 (D). Retraining.

D. All direct care staff shall receive training sufficient to maintain a current certification in first aid and cardiopulmonary resuscitation.

6VAC35-71-280 (B). Buildings and inspections.

B. A current copy of the facility's annual inspection by fire prevention authorities indicating that all buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51) shall be maintained. If the fire prevention authorities have failed to timely inspect the facility's buildings and equipment, the facility shall maintain documentation of its request to schedule the annual inspection, as well as documentation of any necessary follow-up. For this subsection, the definition of annual shall be defined by the Virginia Department of Fire Programs, State Fire Marshal's Office.

6VAC35-71-380. Disposal of garbage and waste.

Provision shall be made for the collection and legal disposal of all garbage and waste materials.

6VAC35-71-390 (A). Hazardous materials and chemicals.

A. Each facility shall have a hazard communication plant that (i) governs the evaluation of the potential hazards of chemicals used at the facility and (ii) requires the communication of information to employees concerning hazards and appropriate protective measures.

6VAC35-71-390 (B). Hazardous materials and chemicals.

B. All flammable, toxic, medical, and caustic materials within the JCC shall be stored, used, and disposed of in appropriate receptacles and in accordance with federal, state, and local requirements.

6VAC35-71-420 (B). Kitchen operation and safety.

B. The facility shall follow procedures governing access to all areas where food or utensils are stored and the inventory and control of culinary equipment to which residents reasonably may be expected to have access.

6VAC35-71-460 (A). Emergency and evacuation procedures.

A. Each JCC shall have a written emergency preparedness and response plan. The plan shall address:

1. Documentation of contact with the local emergency coordinator to determine (i) local disaster risks; (ii) communitywide plans to address different disasters and emergency situations; and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency;

2. Analysis of the facility's capabilities and potential hazards, including natural disasters, severe weather, fire, flooding, workplace violence or terrorism, missing persons, severe injuries, or other emergencies that would disrupt the normal course of service delivery;

3. Written emergency management procedures outlining specific responsibilities for (i) provision of administrative direction and management of response activities; (ii) coordination of logistics during the emergency; (iii) communications; (iv) life safety of employees, contractors, interns, volunteers, visitors, and residents; (v) property protection; (vi) community outreach; and (vii) recovery and restoration;

4. Written emergency response procedures for (i) assessing the situation; (ii) protecting residents, employees, contractors, interns, volunteers, visitors, equipment, and vital records; and (iii) restoring services shall address:

a. Communicating with employees, contractors, and community responders;

b. Warning and notification of residents;

c. Providing emergency access to secure areas and opening locked doors;

d. Requiring fire and emergency keys that are instantly identifiable by sight and touch;

e. Conducting evacuations to emergency shelters or alternative sites and accounting for all residents;

f. Relocating residents, if necessary;

g. Notifying parents and legal guardians, as applicable and appropriate;

h. Alerting emergency personnel and sounding alarms;

i. Locating and shutting off utilities when necessary; and

j. Providing for a planned, personalized means of effective egress for residents who use wheelchairs, crutches, canes, or other mechanical devices for assistance in walking.

5. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape routes, and list of major resources such as local emergency shelters; and

6. Schedule for testing the implementation of the plan and conducting emergency preparedness drills.

6VAC35-71-460 (B). Emergency and evacuation procedures.

B. All employees shall be trained to ensure they are prepared to implement the emergency preparedness plan in the event of an emergency. Such training shall include the employees' responsibilities for:

1. Alerting emergency personnel and sounding alarms;
2. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);
3. Using, maintaining, and operating emergency equipment;
4. Accessing emergency information for residents including medical information; and
5. Utilizing community support services.

6VAC35-71-460 (I). Emergency and evacuation procedures.

I. At least one evacuation drill (the simulation of the facility's emergency procedures) shall be conducted each month in each building occupied by residents. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift.

6VAC35-71-550. Prohibited actions.

Residents shall not be subjected to the following actions:

1. Discrimination in violation of the Constitution of the United States, the Constitution of the Commonwealth of Virginia, and state and federal statutes and regulations.
2. Deprivation of drinking water or food necessary to meet a resident's daily nutritional needs, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record;
3. Denial of contacts and visits with the resident's attorney, a probation officer, the regulatory authority, a supervising agency representative, or representatives of other agencies or groups as required by applicable statutes or regulations;
4. Any action that is humiliating, degrading, abusive, or unreasonably impinges upon the residents' rights, including but not limited to any form of physical abuse, sexual abuse, or sexual harassment;
5. Corporal punishment, which is administered through the intentional inflicting of pain or discomfort to the body through actions such as, but not limited to (i) striking or hitting with any part of the body or with an implement; (ii) pinching, pulling, or shaking; or (iii) any similar action that normally inflicts pain or discomfort;
6. Subjection to unsanitary living conditions;
7. Deprivation of opportunities for bathing or access to toilet facilities, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record;
8. Denial of health care;
9. Denial of appropriate services, programs, activities, and treatment;
10. Application of aversive stimuli, except as provided in this chapter or permitted pursuant to other applicable state regulations. Aversive stimuli means any physical forces (e.g., sound, electricity, heat, cold, light, water, or noise) or substances (e.g., hot pepper, pepper sauce, or pepper spray) measurable in duration and intensity that when applied to a resident are noxious or painful to the individual resident;
11. Administration of laxatives, enemas, or emetics, except as ordered by a licensed physician or poison control center for a legitimate medical purpose and documented in the resident's record;

12. Deprivation of opportunities for sleep or rest, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record;

13. Use of pharmacological restraints; and

14. Other constitutionally prohibited actions.

6VAC35-71-630 (A). Nutrition.

A. Each resident, except as provided in subsection B of this section, shall be provided a daily diet that (i) consists of at least three nutritionally balanced meals, of which two are hot meals, and an evening snack; (ii) includes an adequate variety and quantity of food for the age of the resident; and (iii) meets the nutritional requirements of all applicable federal dietary requirements, such as U.S. Department of Agriculture (USDA).

6VAC35-71-630 (B). Nutrition.

B. Special diets or alternative dietary schedules, as applicable, shall be provided in the following circumstances: (i) when prescribed by a physician; (ii) when necessary to observe the established religious dietary practices of the resident; or (iii) when necessary for the special management of maladaptive behavior or to maintain facility security if approved by the superintendent or designee or a mental health professional. In such circumstances, the meals shall meet the minimum nutritional requirements of all applicable federal dietary requirements, such as USDA, and any required approval shall be documented.

6VAC35-71-805. Suicide prevention.

Written procedure shall provide that (i) there is a suicide prevention and intervention program developed in consultation with a qualified medical or mental health professional and (ii) all direct care staff are trained and retrained in the implementation of the program.

6VAC35-71-880. Local health authority.

A physician, health administrator, government authority, health care contractor, supervising registered nurse or head nurse, or health agency shall be designated the local health authority responsible for organizing, planning, and monitoring the timely provision of appropriate health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services, including medical, nursing, dental, and mental health care, consistent with applicable statutes, prevailing community standards, and medical ethics. All medical, psychiatric, dental, and nursing matters are the province of the physician, dentist, and nurse, respectively.

6VAC35-71-900. Health care procedures. (A)

A. The department shall have and implement written procedures for promptly:

1. Providing or arranging for the provision of medical and dental services for health problems identified at admission;

2. Providing or arranging for the provision of routine ongoing and follow-up medical and dental services after admission;

3. Providing emergency services for each resident as provided by statute or by the agreement with the resident's legal guardian, if under the age of 18, or the resident, if over the age of 18;

4. Providing emergency services for any resident experiencing or showing signs of suicidal or homicidal thoughts, symptoms of mood or thought disorders, or other mental health problems; and

5. Ensuring that the required information in subsection B of this section is accessible and up to date.

6VAC35-71-940. Health screening at admission.

Written procedure shall require that:

1. To prevent newly arrived residents who pose a health or safety threat to themselves or others from being admitted to the general population, all residents shall immediately upon admission undergo a preliminary health screening consisting of a structured interview and observation by health care personnel or health trained staff.
2. Residents admitted to the facility who are identified through the screening required in subdivision 1 of this section as posing a health risk to themselves or others shall be separated from the facility's general population until they are no longer a risk. During the period of separation, the residents shall receive services approximating those available to the facility's general population, as deemed appropriate to their condition.
3. Immediate health care is provided to residents who need it.

6VAC35-71-950 (A). Tuberculosis screening.

A. Within seven days of placement, each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days.

6VAC35-71-950 (B). Tuberculosis screening.

B. A screening assessment for tuberculosis shall be completed annually on each resident.

6VAC35-71-960 (B). Medical examinations.

B. For residents transferring from one JCC to another, the report of a medical examination within the preceding 13 months shall be acceptable.

6VAC35-71-960 (C). Medical examinations.

C. Each resident shall have an annual physical examination by or under the direction of a licensed physician.

6VAC35-71-970 (A). Dental examinations.

A. Within seven days of arrival at a JCC, all residents who are not directly transferred from another JCC shall undergo a dental examination by a dentist.

6VAC35-71-970 (B). Dental examinations.

B. For residents transferring from one JCC to another, the report of a dental examination within the preceding 13 months shall be acceptable.

6VAC35-71-970 (C). Dental examinations.

C. Each resident shall have an annual dental examination by a dentist and routine prophylactic treatment.

6VAC35-71-1000 (A). Infectious or communicable diseases.

A. A resident with a known communicable disease that can be transmitted person-to-person shall not be housed in the general population unless a licensed physician certifies that:

1. The facility is capable of providing care to the resident without jeopardizing residents and staff; and
2. The facility is aware of the required treatment for the resident and the procedures to protect residents and staff.

6VAC35-71-1020 (A). Residents' health records.

A. Each resident's health record shall include written documentation of (i) the initial physical examination, (ii) an annual physical examination by or under the direction of a licensed physician including any recommendation for follow-up care, and (iii) documentation of the provision of follow-up medical care recommended by the physician.

6VAC35-71-1070 (A). Medication.

A. All medication shall be properly labeled consistent with the requirements of the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia). Medication prescribed for individual use shall be so labeled.

6VAC35-71-1070 (B). Medication.

B. All medication shall be securely locked, except when otherwise ordered by a physician on an individual basis for keep-on-person or equivalent use.

6VAC35-71-1070 (C). Medication.

C. All staff responsible for medication administration who do not hold a license issued by the Virginia Department of Health Professions authorizing the administration of medications shall successfully complete a medication training program approved by the Board of Nursing and receive annual refresher training as required before they can administer medication.

6VAC35-71-1070 (E). Medication.

E. A program of medication, including procedures regarding the use of over-the-counter medication pursuant to written or verbal orders signed by personnel authorized by law to give such orders, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.

6VAC35-71-1070 (H). Medication.

H. In the event of a medication incident or an adverse drug reaction, first aid shall be administered if indicated. As addressed in the physician's standing orders, staff shall promptly contact a physician, nurse, pharmacist, or poison control center and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented. A medical incident shall mean an error made in administering a medication to a resident including the following: (i) a resident is given incorrect medication; (ii) medication is administered to the incorrect resident; (iii) an incorrect dosage is administered; (iv) medication is administered at a wrong time or not at all; and (v) the medication is administered through an improper method. A medication incident does not include a resident's refusal of appropriately offered medication.

6VAC35-71-1070 (J). Medication.

J. Medication refusals shall be documented including action taken by staff. The facility shall follow procedures for managing such refusals, which shall address:

1. Manner by which medication refusals are documented; and
2. Physician follow-up, as appropriate.

6VAC35-71-1070 (M). Medication.

M. Syringes and other medical implements used for injecting or cutting skin shall be locked and inventoried in accordance with facility procedures.

6VAC35-71-1130 (A). Physical restraint.

A. Physical restraint shall be used as a last resort only after less restrictive behavior intervention techniques have failed or to control residents whose behavior poses a risk to the safety of the resident, others, or the public.

1. Staff shall use the least force necessary to eliminate the risk or to maintain security and order and shall never use physical restraint as punishment or with intent to inflict injury.
2. Trained staff members may physically restrain a resident only after less restrictive behavior interventions have failed or when failure to restrain would result in harm to the resident or others.
3. Physical restraint may be implemented, monitored, and discontinued only by staff who have been trained in the proper and safe use of restraint.
4. For the purpose of this section, physical restraint shall mean the application of behavior intervention techniques involving a physical intervention to prevent an individual from moving all or part of that individual's body.

6VAC35-71-1130 (B). Physical restraint.

B. Each JCC shall implement written procedures governing use of physical restraint that shall include:

1. A requirement for training in crisis prevention and behavior intervention techniques that staff may use to control residents whose behaviors pose a risk;
2. The staff position who will write the report and time frame;
3. The staff position who will review the report for continued staff development for performance improvement and the time frame for this review;
4. Methods to be followed should physical restraint, less intrusive behavior interventions, or measures permitted by other applicable state regulations prove unsuccessful in calming and moderating the resident's behavior; and
5. Identification of control techniques that are appropriate for identified levels of risk.

6VAC35-71-1170. Chemical agents.

Chemical agents, such as pepper spray, shall not be used by staff for behavior management or facility security purposes.

6VAC35-71-1200. Restraints for medical and mental health purposes.

Written procedure shall govern the use of restraints for medical and mental health purposes. Written procedure should identify the authorization needed; when, where, and how restraints may be used; for how long; and what type of restraint may be used.