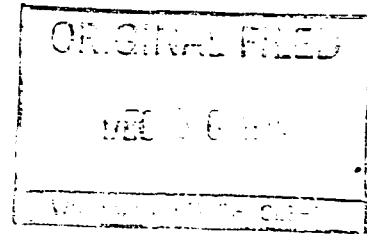


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U.S. v. Essex County



JI-NJ-0002-0004

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UNITED STATES DISTRICT COURT FOR THE  
 DISTRICT OF NEW JERSEY

UNITED STATES OF AMERICA,	)	
	)	
Plaintiff,	)	
	)	
v.	)	Civil Action No. 874829
	)	
COUNTY OF ESSEX, et al.,	)	Hon. Dickinson R. Debevoise
	)	
Defendants.	)	
	)	

IMPLEMENTING ORDER 4 (BY CONSENT)

As further consequence of the defendants' failure to comply with this Court's Orders of December 22, 1987 and April 14, 1988, the Court orders the following remedial relief in addition to that ordered in Implementing Order 1, entered on April 19, 1994,

Implementing Order 2, entered on May 6, 1994, and Implementing Order 3 (by consent), entered on June 13, 1994.

A. MEDICAL SERVICES

Within 60 days of entry of this Order, Defendants shall implement, or shall continue to implement if already extant, the following requirements relating to medical care for detainees residing in the Essex County Youth House ("Youth House").

1. All persons providing medical, dental or psychological services to detainees (health care staff) at the Youth House shall have written job descriptions and shall meet applicable state licensure and/or certification requirements. A licensed physician shall supervise the health care staff at the Youth House. The supervising physician shall approve standard written operating procedures for medical and health services including consent, screening, physical examinations, medical history, immunizations, pharmaceutical, detoxification, first aid, and preventative, emergency, routine, chronic, convalescent, and special care.

2. In consultation with a qualified health professional and in accordance with accepted correctional standards, Defendants shall draft and implement a health screening form to evaluate all detainees on their admission to the Youth House. The health screening form shall record, at a minimum, the following information upon intake: (1) medical, surgical, mental health, and dental history; (2) current injuries, illnesses, evidence of trauma, and vital signs; (3) current medications; (4) allergy

information; (5) personal physician(s), dentist(s), and mental health provider(s); (6) immunization history; (7) mental health screening to include suicide attempt history as well as questions designed to uncover significant depression and/or hallucinations; (8) history of substance abuse; (9) history or signs of tuberculosis, including the date and result of the last TB test; and (10) history or signs of other communicable diseases.

3. Defendants shall provide for an initial health screening, using the screening form detailed in the preceding paragraph, for detainees promptly upon arrival. Defendants shall develop written procedures for treating detainees when the initial health screening indicates that they have a contagious illness or are intoxicated or experiencing withdrawal from alcohol or other drugs. All medical screening forms shall become part of a detainee's medical record or chart.

4. Defendants shall provide in-service training to all appropriate staff in how to complete the health screening form. Such training shall be conducted by a qualified health professional. Health screening shall only be performed by trained personnel.

5. In consultation with a licensed physician, Defendants shall develop policies and procedures to ensure that each newly admitted detainee is deloused using currently accepted medical treatment before his or her entry into the general population.

6. Defendants shall provide for a health appraisal by a qualified health care professional for detainees not later than

seven days after arrival including an initial medical history and a physical examination consisting of blood pressure, pulse, temperature, and respiration. The health appraisal shall include a review of the results of the health screening. The health appraisal shall also include laboratory and diagnostic tests and examinations as governed by the written health policies and procedures developed at the direction of the supervising physician. All medical appraisal forms shall become part of a detainee's medical record or chart.

7. Defendants shall require a licensed physician or pharmacist to review all medications detainees bring with or have brought to them to the Youth House to insure that the prescription is currently valid and corresponds to the prescription label. Only qualified health care personnel shall deliver medications to detainees. Defendants shall develop a system to store individual medications that includes a master log of all detainees with physician orders for prescriptions or over the counter medications. Defendants shall develop a written procedure for their medication delivery system that includes a medication administration record system that allows appropriate staff to document the dispersal and receipt of each dose of medication, and which provides for a written record of a detainee's refusal to accept medication.

8. All staff must be trained in the side effects of frequently prescribed drugs and what actions to take if such side effects are noticed.

9. Defendants shall establish and implement written procedures for a detoxification program including adequate initial assessment of intoxication levels of detainees upon booking, and access to drug and alcohol counseling and treatment. Staff shall be adequately trained in such a detoxification program.

10. Defendants shall provide sick call seven days a week by the nursing staff. Defendants shall ensure that a licensed physician is on call 24 hours a day, seven day a week, for immediate access by the nursing staff. Defendants shall enter into written agreements with nearby hospitals and clinics to provide medical services which cannot be provided at the Youth House, including 24 hour emergency medical care. Sick call policy, procedure, and practice shall include, at a minimum, the following: (1) written sick call request slips; (2) a confidential collection method where the request slips go directly to the nursing staff; (3) a logging procedure to record each request for sick call services; (4) procedures and practices which ensure that any detainee who requests medical care is seen by a nurse within a reasonable time; (5) procedures and practices which ensure that illiterate detainees can orally access the sick call system by requesting access through staff, who must, as soon as reasonably possible after the oral request, fill out a request slip for the detainee; (6) procedures and practices which ensure that results of the sick call clinic are recorded in the detainee's medical record in a generally accepted professional

format; (7) procedures and practices which ensure that if the nurse recommends further medical treatment or review, that recommendation is timely implemented.

11. No detainee shall be disciplined for or otherwise be discouraged from accessing the health care delivery system.

12. Defendants shall provide for a dental examination within one month of a detainee's admission.

13. Defendants shall take all reasonable steps to ensure the provision of necessary treatment for diseases or medical conditions discovered or identified during health screenings, health assessments, or sick call. Defendants shall take all reasonable steps to ensure the provision of dental treatment, not limited to extractions, when the health of the detainee would otherwise be adversely affected, as determined by the dentist.

14. With the assistance of a licensed physician, Defendants shall develop written protocols for the treatment of common illnesses, including colds, rashes, sprains, allergies, minor trauma, dry skin (for which alternative soaps must be available), and chronic illnesses (such as epilepsy, asthma, HIV infections, tuberculosis, diabetes, and sickle cell disease).

15. Defendants shall continue to employ or contract with psychologists and/or psychiatrists to treat and assist in treating detainees with psychological and/or psychiatric disorders or problems, including recommending transfers to mental health facilities.

16. Upon admission to the Youth House, each detainee shall be administered a PPD test for TB with results forwarded to the facility's physician. If the test is positive, the detainee shall be immediately scheduled for a chest x-ray, with appropriate medical care and attention including isolation to provided thereafter as indicated.

17. Defendants shall provide special diets to detainees with medical conditions that require them.

18. Defendants shall contract with major sub-specialty medical providers to evaluate and provide care for detainees referred to them by Youth House medical staff in the areas of ophthalmology, orthopedics, obstetrics and gynecology, allergy, pulmonary medicine, optometry, neurology, oral surgery, infectious diseases (AIDS, tuberculosis, STD's), and other specialties as needed. Defendants shall develop a procedure for tracking the progress, timing and implementation of all specialty referrals, and that information shall be maintained in the detainee's medical file. Emergency consults must be completed as needed, urgent consults must be completed within five days, and routine consults must be completed within two weeks.

19. Defendants shall contract with providers of laboratory services and radiology services to perform required laboratory testing and x-rays as deemed necessary by Youth House medical staff or consultants. Defendants shall develop a procedure for tracking the progress, timing and implementation of all

laboratory and radiology services, and that information shall be maintained in the detainee's medical file.

18. Defendants shall implement a regular program for educating detainees on health related issues, including HIV education and counseling, other infectious diseases, and birth control education and counseling.

B. TRAINING OF NEW AND CURRENT JUVENILE DETENTION OFFICERS.

Defendants have represented to the Special Master and United States that they intend to implement the recommendations of Lawrence Myers, the juvenile projects director of the American Correctional Association, regarding training of new and current juvenile detention officers ("JDO's"). Accordingly, within 60 days of entry of this Order, Defendants shall implement, or shall continue to implement if already extant, the following requirements relating to staff training.

1. All new JDO's shall receive at least 40 hours of pre-service training prior to assumption of regular JDO duties.

2. All JDO's shall receive a minimum of 40 hours of in-service training per year.

3. All JDO's shall have received Correctional Officers Training Academy ("COTA") training by March 31, 1996. Priority for COTA training shall be given to supervisors.

4. All JDO's must be certified in cardiopulmonary resuscitation.

5. The curriculum for pre-service JDO training shall include at least the following elements:



- a) behavioral management (4 hours);
- b) communication (4 hours);
- c) crisis intervention: suicide prevention (4 hours), conflict resolution and peer mediation (4 hours);
- d) leadership management: leadership (4 hours), interpersonal sensitivity (4 hours);
- e) safety: basic health issues (4 hours), risk management and fire safety (2 hours), juvenile rights (2 hours);
- f) security (4 hours);
- g) technical competence (4 hours).

6. All supervisors shall undergo the revised pre-service training prior to its implementation for new JDO's.

7. The curriculum for annual in-service JDO training shall include at least the following elements:

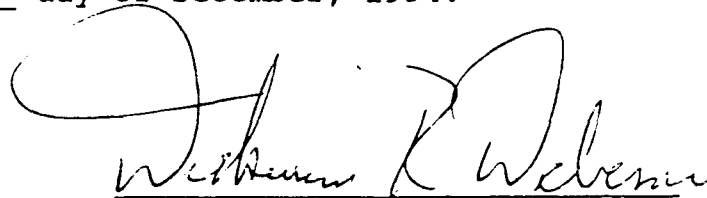
- a) environmental context (legal and social issues involving juvenile delinquency and detention);
- b) Youth House organization (institutional philosophy, goals and values, policies and procedures, organizational structure, job responsibilities, job coordination with other employees, workplace ethics and professionalism, work habits, time and stress management);
- c) safety and security (emergency response, fire safety, building evacuation, anger control, crisis intervention, safe restraints, supplies and equipment, identification and response to child abuse, searches, admissions and control procedures);

d) health and well being (first aid, CPR, emergency care, infectious diseases, personal hygiene, chemical dependency, adolescent sexuality, emotional health);

e) resident development (child and adolescent development and behavior, developing relationships, managing behavior, individual and group counseling skills, problem solving, decision making, observation, evaluation, reporting and intervention, program development, implementation, and management, minority issues of race, handicap, learning disability, sexual orientation);

f) management and supervision (nature of management, decision making, problem solving, leadership, motivation, planning, counseling, discipline, grievances, staff training, professionalism and ethics, conflict resolution, disturbance management, program development, implementation, and management.

So Ordered this 30<sup>th</sup> day of December, 1994.



Hon. Dickinson R. Debevoise  
UNITED STATES DISTRICT JUDGE