

<p align="center"><b>GEORGIA DEPARTMENT OF JUVENILE JUSTICE</b></p>	<p align="center">Transmittal # 17-13</p>	<p align="center">Policy # 11.13</p>
<p>Applicability:  <input type="checkbox"/> All DJJ Staff  <input type="checkbox"/> Administration  <input checked="" type="checkbox"/> Community Services  <input checked="" type="checkbox"/> Secure Facilities (RYDCs and YDCs)</p>	<p>Related Standards &amp; References:  O.C.G.A. §§ 31-9-2, 31-9-3, 15-11-2, 15-11-720,  49-4A-7, 49-4A-8  NCCHC Standards for Health Services in Juvenile  Detention and Confinement Facilities, 2015: Y-I-04, Y-I-  05  ACA Standards: 4-JCF-4C-44, 4-JCF-4C-45, 3-JDF-4C-42,  4-JCF-4D-01  American Academy of Pediatrics Policy Statement: “Informed  Consent, Parental Permission, and Assent in Pediatric  Practice”  DJJ 11.26</p>	
<p>Chapter 11: HEALTH AND MEDICAL SERVICES</p>	<p>Effective Date:12/5/17  Scheduled Review Date: 12/5/18</p>	
<p>Subject: CONSENT PROCESS</p>	<p>Replaces: 6/10/16  Division of Support Services, Office of Health Services</p>	
<p>Attachments:</p> <p>A - Medical Permission Form  B - Consent for Medications  C - Consent to Medical/ Dental/Surgical Invasive Diagnostic  Procedure  D - Medication Notification Letter  E - Guidelines for Psychotropic Medication Consent  F - Refusal of Treatment Against Medical Advice</p>	<p>APPROVED:</p>  <hr/> <p>Avery D. Niles, Commissioner</p>	

**I. POLICY:**

The Department of Juvenile Justice shall encourage youth involvement in medical decisions regarding their health care. Youth and parents/guardians shall be provided facts regarding the nature, consequences, risks, and alternatives of proposed treatment, procedures, or examinations. Youth shall not be denied appropriate health care, including medications, based solely on an inability to contact a parent/guardian. Youth and parents/guardians shall have the right to refuse when the proposed intervention is not essential to the youth’s welfare and/or can be deferred without substantial risk.

**II. DEFINITIONS:**

**Assent:** An informal, joint decision-making process in which the youth, to the extent of his/her capacity, is involved in discussions about his/her health care to improve long-term outcomes and to foster trust and a better clinician-patient relationship.

**Committed Youth:** A youth who has been placed in the legal care and control of the Department of Juvenile Justice for supervision, treatment, and rehabilitation, subject to the limitations of a juvenile court order and the remaining rights and responsibilities of the parent/guardian.

**Consulting Psychiatrist:** The licensed psychiatrist who is available to facility psychiatrists for consultation on matters related to clinical practice and psychotropic medication related issues.

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	CONSENT PROCESS	11.13	2 of 9

**Designated Health Authority (DHA):** The individual responsible for the facility’s health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to juveniles. The Designated Health Authority will be a Registered Nurse.

**Designated Mental Health Authority (DMHA):** The individual responsible for the facility’s behavioral health services, including ensuring the quality and accessibility of all behavioral health services provided to juveniles. The Designated Mental Health Authority must be a mental health professional with at least a master’s degree in a mental health related field and who is serving in a mental health staff position.

**Designated Responsible Clinician:** The individual responsible for the clinical quality of the facility’s behavioral health services, and who has final say in the matters of clinical judgment. The Designated Responsible Clinician must be a licensed mental health professional with at least a master’s degree in a mental health related field.

**Emancipated Minor:** A youth whose parents’ rights to the custody, control, services, and earnings of the youth have been terminated. Emancipation may occur by operation of law when the youth is validly married, reaches the age of 18, or is on active duty status with the armed forces of the United States. Emancipation may also occur by court order pursuant to a petition filed by the minor with the juvenile court.

**Health Care Staff:** Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Dentist, Dental Assistant, Dental Hygienist, Health Services Office Assistant, Pharmacist, Physician’s Assistant, or Physician.

**Informed Consent:** The agreement of a youth or the parent/guardian of a youth under the age of 18, to a treatment, examination, or medical procedure after the youth receives the material facts regarding the nature, consequences, risks, or alternatives concerning the proposed treatment, examination, or procedure.

**Invasive Procedure:** A surgical entry into tissues, cavities, or organs or the repair of any tissues. This includes the manipulation, cutting, or removal of any tissue during which bleeding occurs or the potential for bleeding exists.

**Medical Intervention:** A treatment, procedure, or activity designed to achieve an outcome of a diagnosis or condition.

**Responsible Physician:** The youth’s primary care facility physician who makes the final medical judgment regarding the care provided to the youth. This includes reviewing the recommendations for treatment made by health providers in the community and directing the overall medical treatments for youth at that assigned facility.

**III. PROCEDURES:**

A. Medical Permission Form:

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	CONSENT PROCESS	11.13	3 of 9

1. The DJJ staff member with first face-to-face contact will request that a parent/legal guardian of youth signs a general consent for treatment and use of health information. The Medical Permission form (Attachment A) will be used as the general consent form, and will only be required one time. The form will be maintained in the youth's health record.
2. The date the form was signed will be entered into the Juvenile Tracking System (JTS) within 72 hours. Any refusals to sign the consent form will be documented in the JTS case notes.
3. During each facility intake, the intake officer will verify in JTS whether the Medical Permission form (Attachment A) has been signed and uploaded in JTS. If it has not been, the intake officer will request that the parent/legal guardian of the youth sign a general consent for treatment and use of health information using the Medical Permission form (Attachment A).
4. If the youth does not have a Medical Permission form (Attachment A) signed, the parent/guardian will be contacted during the Nurse Health Appraisal for verbal Consent. Verbal consent will be documented on the Medical Permission form (Attachment A) with a witness signature.
5. The Medical Permission form (Attachment A) will be mailed to the parent/guardian for signature if the form was not previously signed by the parent/guardian. If the form is not returned, the community case manager will be notified and he/she will attempt to obtain the required signature.

**B. General Provisions:**

1. Health care providers will engage in the consent process (assent, informed consent) with youth and, as necessary, parents/guardians before undertaking any medical intervention.
2. The Designated Health Authority will oversee the consent process to ensure that informed consent is obtained when required.
3. Assent will include at least the following elements:
  - a) Helping the youth achieve a developmentally appropriate awareness of the nature of his/her condition;
  - b) Telling the youth what he/she can expect with tests and treatment(s);
  - c) Making a clinical assessment of the youth's understanding of the situation;

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	CONSENT PROCESS	11.13	4 of 9

- d) Soliciting an expression of the youth's willingness to accept the proposed care.
- 4. Informed consent given to the parent(s)/guardian(s) includes:
  - a) An explanation, in understandable language, of the nature of the condition, proposed diagnostic steps and or treatment(s) and the probability of their success.
  - b) The risk(s) involved, and the potential benefits and risks of recommended alternative treatment(s), including the choice of no treatment.
  - c) Assessing their understanding of this information.
- 5. Youth who are 18 years of age, or legally emancipated minors, must consent for themselves. The parent/guardian will not be contacted except as authorized by the youth's signature on an Authorization for the Release of Health Information.
- 6. Verbal Consents: When the signature of the parent/guardian cannot be obtained, a verbal consent will suffice. A licensed health care staff and another facility staff member must sign the Consent for Medications (Attachment B) as witnesses to the parent/guardian consent. A copy of the Consent form and medication leaflet (if applicable) will be mailed to the parent/guardian to provide more information about the medication(s).
- C. When the parent/guardian of a committed youth cannot be contacted after every reasonable effort was made, the following Department staff members may sign the Consent for Medical/Dental/Surgical Invasive Diagnostic Procedure form (Attachment C):
  - 1. Community Case Manager (JPPS);
  - 2. Juvenile Program Managers;
  - 3. Facility Director;
  - 4. Juvenile Detention Counselor;
  - 5. Designated Mental Health Authority;
  - 6. Designated Responsible Physician, if he/she is not the treating physician;
  - 7. Medical Director, if he/she is not the treating physician; or
  - 8. Mental Health Coordinator.

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	CONSENT PROCESS	11.13	5 of 9

D. When the parent/guardian of a committed youth cannot be contacted after every effort was made, the following Department staff members may sign the Medical Permission form (Attachment A) and/or Consent for Medications (Attachment B):

1. Community Case Manager (JPPS or DFACS);
2. Juvenile Program Managers (JPM);
3. Facility Director;
4. Designated Responsible Physician, if he/she is not the treating physician;  
or
5. Medical Director, if he/she is not the treating physician.

E. When the parent/guardian cannot be located, the committing court's order may be used in lieu of parental permission.

F. When the parent/guardian of a non-committed youth cannot be located, a court order authorizing the medical/dental/surgical invasive procedure, treatment, and/or medication is required, except in emergency situations. If there is not an existing court order authorizing treatment, the Juvenile Detention Counselor will contact the Office of Legal Services for assistance.

G. Invasive Procedures:

1. If surgery or another invasive medical procedure is medically indicated, youth, parents/guardians, and the community case manager will be notified in advance, and a separate consent form (see Attachment C, Consent to Medical, Dental and Surgical Invasive Diagnostic Procedure) specific to the procedure will be completed. Information regarding the procedure, possible consequences, risks, and alternatives will be provided.

H. Immunizations:

1. Immunizations will be given after the health care staff has ensured that the Medical Permission form (Attachment A) has been signed and staff have mailed the Vaccine Information Statement (Obtain from CDC Website for particular vaccine <http://www.cdc.gov/vaccines/hcp/vis>) to the parent/guardian.
2. The youth will also be provided a copy of the Vaccine Information Statement (obtain from CDC Website for particular vaccine, <http://www.cdc.gov/vaccines/hcp/vis>).

<b>Chapter</b>	<b>Subject</b>	<b>Policy #</b>	<b>Page</b>
HEALTH AND MEDICAL SERVICES	CONSENT PROCESS	11.13	6 of 9

3. For the administration of Hepatitis A & B, and HPV vaccines and sexually transmitted infection (STI), HIV, and pregnancy-related care, diagnosis, and treatment, only the youth's assent or informed consent, as necessary, will be sought. Parental permission will not be sought. No information will be released without the youth's expressed release of this specific information, as indicated by signature on an Authorization for the Release of Health Information.

I. Non-Psychotropic Prescription Medication

1. The health care staff will ensure that the Medical Permission form (Attachment A) has been signed.
2. The consent process for all non-psychotropic medications will include the assent of the youth.
3. If urgent prescription medication is ordered, health care staff will document in the JTS medical progress note the parent/guardian notification or provide written notification to the parent/guardian, using the Medication Notification Letter (Attachment D).
4. If the notification is done by mail, a copy of the Medication Notification Letter (Attachment D) will be filed in the health record in the medication consent section.
5. If the prescription medication is not urgent, before initiating the medication, the health care staff will document in the JTS medical progress note the parent/guardian notification or provide written notification by using the Medication Notification Letter (Attachment D). If the notification is done by mail, a copy of the Medication Notification Letter (Attachment D) will be filed in the health record in the medication consent section.

J. Non-Psychotropic Medications received with the youth upon admission:

1. Non-psychotropic medications received with the youth upon admission from the community will be verified in accordance with DJJ 11.26, Medication Administration.
2. Consent for these medications is not required.

K. Psychotropic Medications:

1. The consent process will include the assent of the youth, and informed consent of the parent/guardian will be sought prior to the administration of the medication.

<b>Chapter</b>	<b>Subject</b>	<b>Policy #</b>	<b>Page</b>
HEALTH AND MEDICAL SERVICES	CONSENT PROCESS	11.13	7 of 9

2. The youth's assent and informed consent of the parent/guardian will be sought prior to the initiation of psychotropic medications.
3. The Consent for Medications form (Attachment B) will be used to document the assent of the youth and the informed consent of the youth and parent/guardian. Attempts to contact the parent/guardian will be documented on the form with a dated note.
4. The signed Consent for Medications form (Attachment B) will suffice until there is a change in the medication type (not dosage) or the medication is discontinued. If a medication is discontinued, a new signed Consent for Medications form (Attachment B) will be required to restart the medication. (When there is an order to hold a medication for a period of time, no new Consent is required when the hold order is no longer in effect.)
5. Upon release to the community, the Consent for Medications form (Attachment B) will continue to be valid for 30 days. If the youth is re-admitted within 30 days, consent will not need to be sought.
6. The Consent for Medication form (Attachment B) will be uploaded to JTS Medical Consent Module.
7. When a youth transfers within DJJ, the same Consent for Medications form (Attachment B) will remain in effect. Consent will not need to be sought.
8. The youth's assent and parent(s)/guardian(s)' informed consent will be sought within 10 days of the youth's admission for the continuation of a psychotropic medication prescribed in the community (see DJJ 11.26, Medication Administration). Medications prescribed in the community will not be discontinued for lack of consent without the approval of the psychiatrist.
9. The DJJ Consulting Psychiatrist should be consulted when there is any concern regarding psychotropic medication consent issues. (See Attachment E, Guidelines for Psychotropic Medication Consent.)
10. Youth and parents/guardians will be involved in decisions regarding the discontinuation of medications. Parents/guardians and the community case manager will be notified when a psychotropic medication is discontinued. The notification may be made by phone, in person, or by letter. The CCM may be notified by JTS case note or email. The notification will be documented in a progress note in the health record.

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	CONSENT PROCESS	11.13	8 of 9

L. Refusal of Treatment:

1. Youth and parents/guardians may refuse treatment or procedures except in certain circumstances defined by law. Examples of such exceptions may include but are not limited to:
  - a) An emergency requiring immediate intervention when life, safety, or well-being is threatened;
  - b) Medical procedures required by law, performed to prevent the spread of communicable disease (e.g., tuberculosis) or performed to protect the public health;
  - c) Examinations performed after a use of physical control measures or similar incident as part of an investigation. (Treatment may be refused, but not examination to determine injury or evidence of abusive force); and
  - d) When a youth is impaired, making him/her incapable of informed consent.
2. When health care staff is on site, refusals will be made directly to health care staff. If health care staff members are not on site, the refusal will be witnessed by behavioral health staff, shift supervisor, or administrator on duty. The refusal will be reviewed by licensed health care staff within 24 hours.
3. Youth who refuse treatment or procedures will be counseled as to the possible health consequences of their refusal.
4. Documentation will be made in the health record using the Refusal of Treatment against Medical Advice form (Attachment F). The form will clearly indicate what treatment or procedure is being offered and why it is offered.
5. The youth will sign a Refusal of Treatment form (Attachment F) each time a treatment or examination is refused. Health care staff will witness and sign the form. The form will be filed in the youth's health record.
6. If the youth refuses to sign the form, health care staff will document that the youth refused to sign the form. In these cases, health care staff will witness and sign the form along with another facility staff member. The form will be filed in the youth's health record.
7. If the refusal of treatment may result in a life-threatening condition, the health care staff will notify the responsible physician, the DJJ Medical Director or Chief of Psychiatry Services, and the facility Director. If the

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	CONSENT PROCESS	11.13	9 of 9

refusal poses a clinically significant risk to the youth, then the health care staff must notify the parent/guardian and Community Case Manager.

8. The prescribing physician must be notified if the youth refuses 3 consecutive prescribed medications or medical treatments. If the refusal poses a clinically significant risk to the youth, then the health care staff must notify the parent/legal guardian and community case manager.
9. Youth will not be forced to accept any medical intervention(s), including any medications, without the approval of the DJJ Medical Director or Consulting Psychiatrist. In situations where the youth is an imminent danger to self or others, the physician will consult with the DJJ Medical Director or Consulting Psychiatrist prior to the medication being given. In an emergency situation when prior approval is not feasible, approval will be sought within 12 hours. If the DJJ Medical Director or Consulting Psychiatrist does not provide written approval, including via JTS or email, the medication will be discontinued.

**IV. LOCAL OPERATING PROCEDURES REQUIRED: NO**