

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 16-08</p>	<p align="center">Policy # 11.15</p>
<p>Applicability: <input type="checkbox"/> All DJJ Staff <input type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities (RYDCs and YDCs)</p>	<p>Related Standards & References: O.C.G.A 49-4A-7, 49-4A-8 NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015: Y-D-05, Y-E-08, Y-E-10 ACA Standards: 3-JDF-4C-04, 3-JDF-4C-26, 3-JDF-4C-27, 3-JDF-4C-28, 3-JDF-4C-33, 3-JDF-4C-45, 4-JCF-4C-07, 4-JCF-4C-08, 4-JCF-4C-12, 4-JCF-4C-14, 4-JCF-4C-42, 43, 4-JCF-4C-54, 4-JCF-4C-59 Georgia Department of Human Resources, Office of Regulatory Services, Rules and Regulations for Child Caring Institutions DJJ 4.3, 8.5, 8.40, 11.13, 11.18, 11.44, 12.4</p>	
<p>Chapter 11: HEALTH AND MEDICAL SERVICES</p>	<p>Effective Date: 6/10/16</p>	
<p>Subject: EMERGENCY MEDICAL SERVICES</p>	<p>Scheduled Review Date: 6/10/17</p>	
<p>Attachments: A – Off-Site Healthcare Log B – Contents for Emergency Response Bags C – Contents for First Aid Kits</p>	<p>Replaces: 11/1/12 Division of Support Services, Office of Health Services</p> <p>APPROVED:  _____ Avery D. Niles, Commissioner</p>	

I. POLICY:

Department of Juvenile Justice secure facilities shall provide emergency medical and dental care for youth twenty-four hours per day, seven days per week.

II. DEFINITIONS:

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.

Emergency Medical and Dental Care: Care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

Health Care Staff: Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Dentist, Dental Assistant, Dental Hygienist, Medical Records Clerk, Physician's Assistant, or Physician.

Medical Services Staff: Staff licensed as a Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Physician's Assistant, or Physician.

Mid-level provider: Nurse Practitioner (NP) or Physician's Assistant (PA).

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	EMERGENCY MEDICAL SERVICES	11.15	2 of 5

III. PROCEDURES:

- A. Emergency medical drills will be conducted in accordance with DJJ 8.40, Emergency Management.
- B. Emergency medical and dental care is available on-site or through access to community providers twenty-four hours per day, seven days per week. (See DJJ 12.4, Staffing and On-Call Mental Health Services for guidelines regarding emergency mental health care)
 - 1. Hospitals or other approved facilities that are approved to provide sexual assault evaluations shall be identified for each secure facility.
 - 2. In facilities, telephone numbers of on-call medical services staff, poison control centers, and emergency medical services will be readily available to the Administrative Duty Officer and in the health services unit, control center, and facility emergency plans. (Mental health staff provides mental health on-call staffing in accordance with DJJ 12.4, Staffing and On-Call Mental Health Services.)
 - 3. A physician/mid-level provider and dentist will be available for consultation 24 hours per day.
- C. All staff responsible for the supervision of youth will respond to health-related situations immediately (or within 4 minutes). The Facility Director in coordination with the facility training officer will ensure that such staff receives training (DJJ 4.3, Field Training Officer Program) that includes:
 - 1. Recognition of the signs and symptoms of a medical emergency;
 - 2. Action(s) required in potential emergency situations;
 - 3. Administration of first aid and CPR, including the use of the AED;
 - 4. Methods of obtaining emergency assistance;
 - 5. Signs and symptoms of mental illness to include suicide intervention;
 - 6. Procedures for the transfer of youth to medical facilities or health care providers; and
 - 7. Recognition of signs and symptoms of drug and alcohol intoxication and withdrawal.
- D. All training will be documented in Training Resource Information System (TRIS).
- E. In a medical emergency:

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	EMERGENCY MEDICAL SERVICES	11.15	3 of 5

1. Any staff who discovers a youth appearing to be unconscious or in medical distress will immediately provide assistance, first aid, CPR, or take other measures appropriate to the observed emergency.
2. Medical services staff will be notified immediately of any youth who appears to be unconscious or in medical distress. When medical services staff are on-site, they will immediately respond to the scene with the medical emergency response bag and the emergency medication box.
3. Upon arrival to the scene, the medical services staff will be in charge of the coordination of all emergency care.
4. Medical services staff may have the youth transported to the health services unit as circumstances dictate. Emergency medical services are provided within the licensure capabilities of the medical services staff and facility.
5. Necessary medical care will be provided, to include immediate movement to a hospital.
6. When necessary, emergency medical services (911) may be initiated. As time permits, the on-call physician will be contacted.
7. Emergency care will never be delayed in life-threatening situations.
8. If movement of the youth is necessary, coordination with the facility director or designee will begin immediately.
9. The facility Director or Administrative Duty Officer will be advised immediately of all emergency incidents.
10. The facility will develop procedures for the prompt notification of the youth's parent/guardian and community case manager in the event of a medical emergency (serious injury, illness, surgery, death). Only the medical services staff will discuss the youth's medical condition. The facility Director or designee will be responsible for discussing any details regarding how an incident occurred.
11. In accordance with DJJ 11.13, Informed Consent, for youth who are 18 years of age, or legally emancipated minors, the parent/guardian will not be contacted except as authorized by the youth's signature on an Authorization for the Release of Health Information.
12. A chronological log will be maintained of all youth sent to the emergency room (Attachment A, Off-Site Healthcare Log). The Regional Health Services Administrator will review the logs monthly.

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	EMERGENCY MEDICAL SERVICES	11.15	4 of 5

13. A Special Incident Report (DJJ 8.5, Special Incident and Child Abuse Reporting, Attachment A) will be completed for all hospitalizations (routine, urgent, or emergent) and emergency room visits, in accordance with DJJ 8.5, Special Incident Reporting. The medical services staff will enter a progress note in the Juvenile Tracking System (JTS) regarding the off-site care provided.
 14. When youth are transferred for medical care outside of the facility, health care staff will ensure that copies of all necessary records and information are sent with the youth. Emergency room reports will be reviewed by the medical services staff and provided to the facility physician or mid-level provider for review. Youth sent to the emergency room will be seen by the facility physician or mid-level provider on the next scheduled visit. (See DJJ 11.18, Diagnostic Services and Specialized Care.)
- F. Each facility will have an emergency response bag with standardized contents. The Designated Health Authority or designee will monitor the contents of the emergency response bag monthly to ensure that all required contents are present. (See Attachment B, Contents for Emergency Response Bags.)
- G. Each facility will have an Automated External Defibrillator (AED) that will be used in accordance with DJJ 11.44, Automated External Defibrillators.
- H. First aid kits will be placed in designated areas of the facility that may include housing areas, work areas, and recreation areas. First aid kits will also be placed in all facility vehicles used to transport youth.
1. The Designated Health Authority in consultation with the facility Director or designee will determine and approve the locations of first aid kits placed within the facility. Each first aid kit will be numbered for identification and inventory purposes.
 2. Any staff member who opens a first aid kit or breaks the seal on a first aid kit will immediately notify the health care staff on duty.
 3. Contents of first aid kits will be standardized. (See Attachment C, Contents for First Aid Kits.)

The Designated Health Authority may allow small quantities of first aid items, such as Band-Aids, to be kept outside the first aid box in designated areas of the facility.

4. The Designated Health Authority will designate a staff person to monitor the first aid kits at least monthly. The monitoring activities will include, at a minimum:
 - a) Inspecting each first aid kit to ensure that the seal is not broken;

Chapter	Subject	Policy #	Page
HEALTH AND MEDICAL SERVICES	EMERGENCY MEDICAL SERVICES	11.15	5 of 5

- b) Documenting the inspection by signing and dating a card placed on the outside of the locked or sealed first aid kit. (First aid kits locked with tamper proof locks will not be opened for monthly inspections, but will be opened at least annually to replace expired items.);
- c) Replacing missing items; and
- d) Maintaining written inventories of each first aid kit on an inventory log.

IV. LOCAL OPERATING PROCEDURES REQUIRED: No