

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 16-08	Policy # 11.1
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)	Related Standards & References: O.C.G.A 49-4A-7, 49-4A-8 ACA Standards: 3-JDF-3D-06-3, 3-JDF-3D-06-5, 3-JDF-4C-21, 22, 23, 3-JDF-4C-40 4-JCF-4C-01, 02, 03, 4-JCF-4C-13 NCCHC Juvenile Health Care Standards, 2011: Y-A-09, Y-E-02, Y-E-03 DJJ.11.2, 17.1, 23.1	
Chapter 11: HEALTH AND MEDICAL SERVICES	Effective Date: 6/10/16 Scheduled Review Date: 6/10/17	
Subject: MEDICAL INTAKE SCREENING	Replaces: 10/1/12 Division of Support Services, Office of Health Services APPROVED:	
Attachments: A-Medical Intake Screening B-Youth Medical Services Orientation Form	 <hr/> Avery D. Niles, Commissioner	

I. POLICY:

All youth shall be screened for the presence of health problems upon admission to a Department of Juvenile Justice secure facility. When medical services staff are not available to conduct the screening, it shall be conducted by a certified medical screener.

II. DEFINITIONS:

Detoxification: A medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances and used as a first step in overcoming physiological or psychological addiction.

Designated Health Authority: 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.

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

Medical Intake Screening: A process designed to identify those youth with illnesses, dental problems, or health conditions in need of further attention or evaluation.

Medical Isolation: Placement of a youth in a single room and observation and documentation as instructed by a Registered Nurse, Licensed Practical Nurse, mid-level provider, or physician.

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

Midlevel Provider: Nurse Practitioner (NP) or Physician Assistant (PA).

III. PROCEDURES:

- A. The facility Director (or designee) and Designated Health Authority will jointly designate certified medical screeners to conduct medical intake screenings. Certified medical screeners will receive a standardized competency-based training designed by the Office of Health Services and conducted by the Designated Health Authority. The Designated Health Authority will maintain a current roster of all certified screeners.
- B. Youth who exhibit any of the following behaviors or symptoms must receive medical clearance from a physician, hospital emergency room, or emergency medical service (EMS) (911) prior to admission: (See DJJ 17.1, Admission to a Secure Facility).
 1. Obvious pain or bleeding or other symptoms that suggest the need for emergency care;
 2. Sweating, anxious, or shaky (i.e., withdrawal symptoms);
 3. Disorderly, not making sense, or not able to walk or stand;
 4. Groggy, slurred speech or not alert; or
 5. Having difficulty breathing.
- C. Youth admitted to a secure facility experiencing severe, life-threatening drug or alcohol intoxication (overdose) or withdrawal shall be transferred immediately to a hospital or other licensed acute care facility via ambulance.
 1. Medical clearance by EMS or emergency room is required for these youth to be admitted to the facility.
 2. Youth experiencing mild or moderate, non-life threatening symptoms of alcohol or drug withdrawal shall be observed and evaluated by medical services staff.
 3. If medical services staff are not on site at intake, direct observation is required by the JCO until the medical evaluation is completed.
 4. Drug detoxification for mild or moderate symptoms occurring at a secure facility shall be supervised by the facility responsible physician or psychiatrist utilizing established clinical protocols. Severe drug

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detoxification, as determined by the responsible physician, shall not be managed in a secure facility.

- D. At the time of a youth's admission to a secure facility, including transfers between secure facilities, the admitting staff member or certified screener will initiate the Medical Intake Screening in the Juvenile Tracking System (JTS) as soon as possible, but no later than 2 hours from the time of admission. The admitting staff member or certified screener will only use the paper intake screening form (Attachment A) in the event that JTS is off-line; however, the screening must be entered into JTS as soon as the system is back on-line.
- E. The DJJ admitting staff member or certified screener will ask the transporting person/officer the questions in Section I (for the transporting person/officer) of the Medical Intake Screening.
1. The transporting person/officer's responses will be recorded on the Medical Intake Screening Form in JTS.
 2. When the transporting person/officer answers a "yes" response to any question in Section I, the admitting staff member will record a brief explanation of the person/officer's observations/statements on Attachment A, Medical Intake Screening. "Yes" responses in this section will result in a warning requiring medical clearance from a physician, hospital emergency room or EMS prior to accepting youth into the facility. The medical services staff on duty or on-call will be immediately notified and will contact the intake area within 10 minutes to make the determination whether the youth should be medically cleared prior to admission to the facility. The youth will remain under constant observation until further instructions are received from medical services staff. If there is a medical emergency, such as trauma, unresponsiveness, or difficulty breathing the admitting staff must use the 911 emergency response systems.
 3. Under no circumstances will a law enforcement officer be refused exit from the facility. If a law enforcement officer refuses to take a youth for medical clearance, the officer will be allowed to leave and emergency medical services (911) will be called to the facility to clear the youth.
- F. Part II of the Medical Intake Screening will be completed by interviewing the youth in a private setting, using the screening questions as a reference. The youth's "Yes" responses and staff observations shall be directly entered into the JTS Medical Intake Screening.
- G. The staff completing the Medical Intake Screening will complete the "Intake Screening Results" section according to the following:
1. If there is a "yes" response in any of the CAUTION areas, the medical services staff on duty or on-call will be immediately notified by the

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certified screener. If PREA responses are “yes”, intake staff will immediately follow protocol in accordance with DJJ 23.1, Prison Rape Elimination Act (PREA). The medical services staff on duty or on call will order medical isolation and/or will provide further medical instruction that is documented in a progress note, until the youth is further evaluated. The youth will remain under constant observation until further instructions are received from medical services staff. The medical services staff on duty or on call will ensure that an appropriate medical alert is set in JTS.

2. If no risk factors are indicated (i.e., no Cautions or Warnings), the youth will be placed in general population.
 3. All admitted youth will receive routine health assessments as indicated in DJJ 11.2, Nurse Health Appraisal and Physical Examination.
- H. The medical services staff will review and document in JTS the Medical Intake Screening as soon as possible, but no later than 24 hours from the time entered into JTS.
- I. The admitting staff will provide the youth with the Youth Medical Services Orientation Form during the intake process (see Attachment B) and will explain the contents to the youth. Only one signed orientation form is required per youth, regardless of the number of facility admissions or admissions to different facilities.

IV. LOCAL OPERATING PROCEDURES REQUIRED: No