

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal # 16-08</p>	<p align="center">Policy # 11.2</p>
<p>Applicability: <input type="checkbox"/> All DJJ Staff <input type="checkbox"/> Administration <input type="checkbox"/> Community Services <input checked="" type="checkbox"/> Secure Facilities</p>	<p>Related Standards & References: O.C.G.A 49-4A-7, 49-4A-8 ACA Standards: 4-JCF-4C-01, 4-JCF-4C-02, 4-JCF-4C-03, 4-JCF-4C-04, 4-JCF-4C-16, 17, 19, 4-JCF-4E-01, 3-JDF-4C-13, 3-JDF-4C-21, 22, 3-JDF-4C-21-1, 3-JDF-4C-23, 24, 25 3-JDF-4C-31, 32, 3-JDF-4C-36, 3-JDF-5B-07 NCCHC Juvenile Health Care Standards, 2011: Y-A-09, Y-E-04 DJJ 5.5, 9.4, 11.1, 11.30</p>	
<p>Chapter 11: HEALTH AND MEDICAL SERVICES</p>	<p>Effective Date: 6/10/16 Scheduled Review Date: 6/10/17</p>	
<p>Subject: Nurse Health Assessment and Physical Examination</p>	<p>Replaces: 10/1/12 Division of Support Services, Office of Health Services</p>	
<p>Attachments:</p> <p>A-Nurse Health Assessment B-Physical Examination C-Female Growth Chart D-Male Growth Chart E-Letter to Parent/Guardian Regarding Contact Lenses F-Medical Screening Form for Education</p>	<p>APPROVED:</p>  <hr/> <p>Avery D. Niles, Commissioner</p>	

I. POLICY:

All youth admitted to a Department of Juvenile Justice secure facility shall receive a comprehensive physical assessment performed by a physician, osteopathic physician, or mid-level provider. The comprehensive physical assessment shall be used to establish an individual clinical database for each youth to:

- Identify and treat acute, chronic and functional medical and dental conditions;
- Promote growth and development;
- Prevent communicable diseases; and
- Provide health education.

II. DEFINITIONS:

Chronic Care: Providing or concerned with long-term medical care lasting more than 90 days, especially for individuals with diseases of slow progression and/or long continuance of physical or mental impairment, (e.g. asthma, diabetes).

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

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

Individualized Education Program (IEP): A written document that outlines the special education and related services specifically designed to meet the unique educational needs of a student with a disability in accordance with the Individuals with Disabilities Education Act.

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).

Physical Assessment: The process whereby the health status of a youth is evaluated through an initial health appraisal, physical examination, and laboratory testing.

Tanner Stages of Development: Scale of physical development in children, adolescents and adults defined by physical measurements of development based on external primary and secondary sex characteristics.

III. PROCEDURES:

- A. Youth will be provided a Nurse Health Appraisal (Attachment A) upon admission, within the following guidelines:
1. All Nurse Health Appraisals will be documented in the Juvenile Tracking System (JTS) within 24 hours of the arrival of the youth or close of next clinic day. The Nurse Health Appraisals will be printed and filed in the health record in accordance with DJJ 5.5, Health Records.
 2. If a Nurse Health Appraisal has been documented within the 30 days prior to admission, the appraisal in JTS will be reviewed and documented in the JTS Health Appraisal by the Medical Services Staff at the next available shift, within 24 hours of the arrival of the youth or close of next clinic day. (The Medical Services Staff will have a face-to-face meeting with the youth when reviewing the Nurse Health Appraisal.)
 3. If the youth has not had a Nurse Health Appraisal within the past 30 days, one will be conducted by a Medical Services Staff at the next available shift, within 24 hours of the arrival of the youth or close of the next clinic day.
 4. The Nurse Health Appraisal may be conducted by a mid-level provider or physician in lieu of a Registered Nurse.

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5. Any significant findings during the health appraisal will be addressed by a medical services staff member.
- B. A comprehensive physical examination (Attachment B), with thorough documentation, will be conducted by a physician or mid-level provider according to the time frames outlined in sections G. and H. of this policy.
1. An investigation and assessment of current complaints will be made.
 2. A medical chaperone will be routinely provided during a physical examination of genitalia, buttocks, and breasts conducted by medical services staff of the opposite sex. The medical chaperone will be instructed on the importance of maintaining confidentiality.
 3. The physical examination will include an assessment of growth and development, including the Tanner Stage of Development.
 4. The height and weight of the youth will be measured and charted on the gender-specific growth chart (Attachment C and D). The youth's Body Mass Index will be calculated and documented on the Physical Examination Form. If the youth already has a growth chart in the health record, the height and weight will be charted on the existing growth chart.
 5. Gonorrhea and Chlamydia screening will be conducted for all youth admitted from the community regardless of the time between release and re-admission. An STI screening will be conducted for all youth transferred from other secure facilities if there is no documentation that the screening has been previously performed or the clinician determines the need for STI screening.
 6. Additional STI screening shall be required for all pregnant females and youth with high-risk behaviors, as determined by the medical services staff.
 7. Pelvic examinations will be performed as clinically indicated.
 8. A pregnancy test will be performed as part of the admission screenings for each admission to the facility from the community. (Pregnancy tests will not be performed for internal transfers.)
 9. All pregnant youth will receive obstetrical care consistent with the community standard of care as directed by the physician or mid-level provider, including routine medical examinations, High Risk pre-natal care, management of chemically addicted pregnant youth, post-partum follow up, health and nutrition education and guidance, and recommended diagnostic testing and medications.

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10. Counseling and assistance will be provided consistent with their expressed desires for planning for their unborn child:
 - a) Pregnant youth shall receive education regarding possible adverse effects on the fetus associated with tobacco, alcohol and other drug use.
 - b) Pregnant youth shall receive parenting education, unless the youth has opted for adoption.
 11. A medical treatment plan will be completed on all pregnant females.
 12. Medical services staff will complete a vision and hearing screening as a part of the physical examination.
 13. A history of immunizations is obtained when the health appraisal data is collected. Immunizations are updated as required within legal constraints.
 14. The examining clinician will determine if there is a need for further evaluations (e.g., diagnostic tests, laboratory tests, etc.) and make the needed referral(s) to advanced level providers.
- C. During the Nurse Health Appraisal and physical examination, each youth will be asked if he/she wears contact lenses or glasses. The following guidelines will be used regarding contact lenses:
1. Youth will not be allowed to use contact lenses for cosmetic purposes.
 2. The medical services staff will assess the youth's visual acuity with and without the contact lenses.
 3. For non-disposable contacts, the medical services staff will instruct the youth to remove his/her contact lenses and place them in a lens case with the appropriate solution. The lens case will be clearly marked with the youth's name and stored in a secure location identified by the Designated Health Authority.
 4. The youth must use his/her glasses, if available.
 5. If the youth does not have glasses, the medical services staff will contact the parent/guardian or optometrist for the current prescription and/or replacement glasses. The parent/guardian will be mailed a letter asking for the youth's current prescription or glasses (Attachment E), with a copy maintained in the youth's health record.
 6. If the youth does not have replacement glasses, medical services staff will order the glasses for the youth utilizing GCI vendor.

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7. Once glasses are obtained, disposable contacts will be disposed and non-disposable will be returned to parent/guardian.
 8. Youth who have extremely poor vision may be allowed to keep the contact lenses until the glasses arrive. In these cases, the contact lens management will be determined by the Designated Health Authority. The Designated Health Authority may determine whether youth will be allowed to continue contact lens use at the facility. If so, medical services staff will be responsible for the management of the contact lenses and solutions. The process by which contact lenses and solutions will be maintained will be included in the local operating procedures.
- D. Youth in need of other medical adaptive devices will always be accommodated, within security considerations. Medical staff will notify education staff when the youth has special medical needs that may be a part of his/her Individual Education Program (IEP).
- E. The medical services staff will complete the Medical Screening Form for Education (Attachment F) in coordination with the DJJ Wellness Program (DJJ 9.4) for all youth, including youth who transfer between secure facilities, to inform the education staff of the overall physical and nutritional status of the youth.
1. The Medical Screening Form for Education will be completed at the time of the physical examination for new DJJ admissions and annually thereafter. (See Sections F. and G. of this policy) The Registered Nurse may complete the form if the information is already available in the health record.
 2. For transferred youth, the medical services staff reviewing the Nurse Health Appraisal and/or Physical Examination will review the Medical Screening Form for Education.
 - a) If there are no changes to the youth's physical or nutritional status, the reviewing Medical Services Staff will review the Medical Screening Form for Education. (No copy will be forwarded to the Education Department.)
 - b) If there are any changes to the youth's physical or nutritional status since the form was last completed, a new Medical Screening Form for Education will be completed, and a copy forwarded to the Education Department.
 3. A copy of the form will be forwarded to the education department. The original form will be filed in the health record in accordance with DJJ 5.5, Health Records.

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4. When there is any change in the youth's physical or nutritional status, a new Medical Screening Form for Education will be completed, and a copy forwarded to the education department.
- F. Laboratory tests will be completed when clinically indicated as determined by the physician or mid-level provider performing the physical examination and when necessary, to diagnose, prescribe, treat, or monitor a youth's condition, in accordance with commonly accepted medical standards.
1. Factors to be considered by the examining physician or mid-level provider when ordering laboratory or other diagnostic tests include the following:
 - a) Risk factors for specific conditions;
 - b) Baseline measurements that may already be part of the youth's health record;
 - c) Recommended baseline test(s); and
 - d) Presenting symptoms or complaints.
 2. The following laboratory and screening tests will be completed as a part of each physical examination within the time frames outlined in sections G. and H. of this policy:
 - a) Baseline finger stick hemoglobin;
 - b) Finger stick glucose, if clinically indicated;
 - c) Cholesterol screening, if clinically indicated;
 - d) Complete Blood Count (CBC), if clinically indicated;
 - e) Therapeutic blood levels as required for certain prescribed medications (e.g., certain anti-seizure medications, lithium, etc.);
 - f) Testing for sexually transmitted infections, including at a minimum, Gonorrhea and Chlamydia for each admission from the community, regardless of the time between release and re-admission, and for transfers between secure facilities when there is no documentation that it has been previously performed or the clinician determines the need;
 - g) HIV testing, as requested by the youth or as clinically indicated;
 - h) Urine testing by dipstick to screen for glucose, protein, leukocytes, nitrites, ketones, etc.

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- i) Urine pregnancy test for all female youth for each admission from the community; and
 - j) Tuberculosis testing (Quanterferon) in accordance with DJJ 11.30, Infection Control.

- G. Time frames within which the initial physical examination must be completed will vary according to the youth's known health status upon admission and anticipated health-related needs.
 - 1. All physical examinations must be entered into JTS.
 - 2. The physical examination must be completed within 3 days of admission or reviewed within 3 days of a transfer for youth who are:
 - a) Known to have one or more chronic conditions; and/or
 - b) Prescribed medications, but who have no acute problems requiring a medical encounter upon admission.
 - 3. If the physician or mid-level provider is unavailable to conduct the physical examination within 3 days, the Registered Nurse/Licensed Practical Nurse may conduct an initial physical examination with follow up by phone with the physician or mid-level provider within 24 hours of examination or close of next clinic day and within the 3-day time frame. These youth will be seen by the physician or mid-level provider at the next available shift.
 - 4. The physical examination must be completed within 7 days of admission or reviewed within 7 days of a transfer for youth who are:
 - a) Not known to have any chronic or acute problems/conditions; and
 - b) Not prescribed medications.

- H. All youth remaining at a secure facility over one year will receive an annual physical examination. If, at the time of admission, a physical examination has been documented within the previous 12 months, it is not necessary to repeat the physical examination. The physician or mid-level provider will review the current physical examination in JTS or in the health record

- I. The comprehensive physical examination, and reviews of a prior physical examination, will be documented in such a manner that it conforms to professional standards and can be used to develop a problem list and facilitate treatment planning, if indicated.

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1. Documentation will reflect a thorough baseline assessment of all body systems.
2. All health care professionals who, by employment, contract or other agreement, conduct a health appraisal or physical examination at DJJ facilities must use the forms attached to this policy.
3. Documentation will be entered into JTS within the same shift as the service is performed.

J. Chronic Care

1. Youth with chronic illnesses or conditions, such as asthma, diabetes and other diseases receive periodic care and treatment to include:
 - a) Medication monitoring
 - b) Laboratory testing;
 - c) Specialist consultation as needed, and
 - d) Health care practitioner review and examination, as indicated.
2. All chronic care treatment plans and visits will be documented in JTS by the end of the shift in which they were completed.
3. Documentation of all chronic care assessments must conform to professional standards and be suitable for the development of a problem list and treatment plan.
4. Youth with chronic conditions will be scheduled to be seen by the appropriate provider. (It is not necessary to repeat the physical examination if one has been documented in the previous 12 months.)
5. If the youth is being re-admitted, the chronic care visit must occur within 7 days of admission. If the youth has been transferred from another facility, the chronic care visit must occur within 30 days of the previous documented chronic care visit. (The chronic care visit must be conducted by a midlevel provider or physician.)
6. Assessments supplemental to the prior assessment may be conducted at the discretion of the Designated Health Authority, responsible physician, or mid-level provider.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO