I. POLICY:

Department of Juvenile Justice secure facilities shall provide health care staffing patterns sufficient to meet the health care needs of youth assigned to the facilities. The size and mission of the facility shall be primary considerations in determining the staffing pattern.

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.

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

Mid-Level Provider: Nurse Practitioner (NP) or Physician's Assistant (PA).

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

Regional Health Services Administrator (RHSA): Licensed health service staff that provides support to facility health staff and oversight to ensure the quality and accessibility of all health services provided in the facility.
III. PROCEDURES:

A. The Director of the Office of Health Services or designee will determine the level and type of staffing, the job responsibilities of the health care staff, and positions assigned to each facility.

B. The duties and responsibilities of qualified health care professionals and health care practitioners are governed by written job descriptions, contracts, or written agreement approved by the Director of Health Services. Verification of current job descriptions is on file in the facility.

C. Each facility’s Designated Health Authority will prepare schedules that reflect appropriate staffing levels for health care and dental staff.

D. The Office of Health Services Regional Health Services Administrator (RHSA) will be notified of the date, time, and location of all interview panels for medical health positions prior to the panels being scheduled. Whenever possible, the RHSA will serve as a member of the interview panel; however, his/her participation should not delay the hiring process. The interview panel utilizing the DJJ hiring process will select the most qualified applicant to fill the position. The Hiring Manager will make the final selection in accordance with DJJ 3.51, Recruitment and Selection.

E. Each facility will provide for on-site staffing coverage to provide for the health needs of the youth, to include evening and weekend coverage. The health services unit hours of operation for each facility will be twelve (12) minimum unit hours per day, 7 days per week not closing before 6 pm each day, and will be posted in the facility program plan. Each facility will post health services unit hours of operation in areas accessible to youth and staff.

1. The Designated Health Authority (DHA) must notify the facility Director and the RHSA as soon as possible of any anticipated vacancies, training, or extended absences that may alter the 12 hour minimum per day requirement.

2. The DHA will notify the facility Director and Regional Health Services Administrator (RA) prior to completing via SharePoint the OHS Staffing Contingency Plan located in the GA DJJ Intranet-SharePoint Health Services folder. The Office of Budget Services will notify the RHSA, DHA, and facility of the approval or denial of the request. Hours of operation may not be reduced until approval is received.

F. Adjustment in Clinic Hours:
1. The DHA will complete the Request for Adjusted Clinic Hours located in the GA DJJ Intranet SharePoint Health Services folder and submit the request to the RHSA for review/approval.

2. The Office of Health Services (OHS) will notify the RHSA, DHA, and facility Director of the approval or denial of the request.

3. An adjustment in clinic hours will be approved for no more than 30 days at a time.

4. The approved Request Form will be filed electronically via SharePoint.

G. The following staffing will be maintained unless authorized by the Director of Office of Health Services or designee via Staffing Contingency Plan located in the GA DJJ Intranet-SharePoint Health Services folder:

<table>
<thead>
<tr>
<th>Number of Beds</th>
<th>Primary Care Physician</th>
<th>Physician Assistant (PA) or Nurse Practitioner (NP)</th>
<th>Licensed Medical Nurse - Day Shift</th>
<th>Licensed Medical Nurse - Night Shift (after 7 pm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 beds</td>
<td>Not to exceed 2 hours per week</td>
<td>Not to exceed 10 hours per week</td>
<td>At least one (1) RN 10 hours per day, 7 days per week</td>
<td>N/A</td>
</tr>
<tr>
<td>31 - 60 beds</td>
<td>Not to exceed 6 hours per week</td>
<td>At least one full time (40 hours per week)</td>
<td>At least one (1) RN 10 hours per day, 7 days per week</td>
<td>N/A</td>
</tr>
<tr>
<td>61 + beds</td>
<td>Not to exceed 10 hours per week</td>
<td>At least one full time (40 hours per week) per 100 youth</td>
<td>At least two (2) RN or LPN with one being a RN 12 hours per day, 7 days per week</td>
<td>At least one (1) RN or LPN, 7 days per week</td>
</tr>
</tbody>
</table>

1. The responsible primary care physician, nurse practitioner (NP) or physician assistant (PA) will be on-site not to exceed hours listed above each week and/or based on the population and clinical needs of the facility to conduct initial physical examinations and diagnose and treat acute and chronically ill youth.
2. Registered Nurses (RN) and/or Licensed Practical Nurses (LPN) will be on duty a minimum of the hours listed above per day, 7 days per week.

3. All facilities will have a dentist to provide on-site dental care or have access to community dental services. Dental hours will be based on the population and clinical needs of the facility.

4. On-call medical coverage will be provided 24 hours per day.

5. When vacancies exist, a provider of a higher level may substitute for a lower level provider. For example, a physician may substitute for a mid-level provider.

6. Clinic hours may be adjusted based on staffing patterns and facility population using the Request for Adjusted Clinic Hours Form located in the GA DJJ Intranet-Share-Point Health Services folder.

7. On State holidays and weekends, medical coverage may be adjusted using the Request for Adjusted Clinic Hours located in the GA DJJ Intranet SharePoint Health Services folder. Arrangements will be made for medication administration, special incident evaluations, confinement rounds, and help request triage.

H. Request for Overtime Process:

1. Every attempt will be made to maintain the budgeted clinic hours and limit the use of overtime. The use of unscheduled overtime is appropriate when:

   a) An incident or medical emergency has occurred and a youth needs a medical evaluation on site as medically necessary; and

   b) Any unscheduled or urgent medical staffing coverage needs.

2. It is essential that youth be evaluated by health care staff as soon as possible following an incident. In a facility with a health care staff on duty less than 10 hours a day, the medical evaluations following an incident must be completed as soon as the health care staff arrives for his/her shift or within 16 hours of the incident occurring, whichever comes first.

3. Unscheduled or urgent use of overtime, such as to complete an incident/emergency evaluation, should be adjusted within the pay period if possible.

4. In all cases, medical care shall not be compromised and there shall be strict adherence to DJJ 11.40, Medical Autonomy.
5. Any scheduled, unscheduled, or urgent use of health care staff overtime must be submitted to the RHSA and the OHS for review and approval using the Request for Medical Staff Overtime located in the GA DJJ Intranet SharePoint Health Services folder.

6. The Office of Budget Services will notify the RHSA, DHA, and facility of the approval or denial of the request.

I. Medical On-Call Process:

On a monthly basis, the DHA or designee will prepare a medical on-call roster. The DHA will prepare and distribute the on-call roster schedule for all health care staff. These schedules must not be changed without the approval of the DHA.

1. The roster will identify, at a minimum:
   a) Name of the on-call health care staff;
   b) Name of the on-call physician;
   c) Name of the on-call dentist;
   d) Specific time periods of on-call responsibility for each person; and
   e) Telephone number where the on-duty person can be contacted.

2. Any change to this roster requires the approval of the Designated Health Authority. Changes will be reflected on the roster and necessary staff, including the facility Director and facility Administrative Duty Officer, must be immediately informed.

3. The roster will be submitted to, at a minimum:
   a) Facility control center; and
   b) Facility Director.

J. The on-call health care staff must have contact information (phone numbers) for the facility Director, Administrative Duty Officer, psychiatrist, psychologist, and on-call mental health care staff member. The on-call health care staff will ensure that he/she can be contacted by the facility and that a current contact phone number is available on record.

1. All on-call health care staff must have ready access to a telephone. The facility will provide a Department-issued cell phone.
2. The on-call health care staff will contact the facility as soon as possible, but no later than 10 minutes of being called.

3. Facility staff will take precautionary measures to ensure the safety of the youth and others while awaiting contact and further instructions from the health care staff.

K. When contacted about a medical emergency, the on-call health care staff member will talk to the on-site facility staff and return to the facility as clinically indicated.

1. The on-call health care staff will advise the facility Administrative Duty Officer of all serious medical emergencies (including hospitalizations) and how each emergency is being managed.

2. The on-call health care staff will consult with the facility physician and/or mid-level provider as clinically indicated.

3. The on-call health care staff will log all phone calls and time spent handling emergencies. (Attachment A).
   a) The on-call log will be kept on file by the DHA.
   b) The on-call health care staff will document all calls and actions on the log sheet and return the completed log sheet to the DHA at the end of the on call rotation.

4. The on-call health care staff will log:
   a) The start time of each call;
   b) The end time of each call;
   c) The person calling the health care staff or the person that the health care staff is calling;
   d) The name of the youth(s) discussed in the call;
   e) The nature of the incident generating the call; and
   f) Any decisions made or instructions given in the course of the call.

5. Clinical information will be documented accordingly in the JTS progress notes within 72 hours.
L. The Designated Health Authority will review the staffing pattern for appropriateness in meeting the needs of the particular facility on an annual basis. The Designated Health Authority’s findings (DJJ 11.42 Attachment E) will be provided to the Office of Health Services within 30 days of the end of the calendar year.

IV. **LOCAL OPERATING PROCEDURES: NO**