

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 17-15	Policy # 11.43
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: NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015: Y-C-07; Y-E-08 ACA Standards: 3-JDF-4C-10, 3-JDF-4C-12, 3-JDF-4C-17, 3-JDF-4C-29, 4-JCF-4C-06, 4-JCF-4C-35, 4-JCF-4C-51, 52, 57 DJJ 3.55, 11.40, 11.42	
Chapter 11: HEALTH AND MEDICAL SERVICES	Effective Date: 12/20/17 Scheduled Review Date: 12/20/18	
Subject: HEALTH CARE STAFFING	Replaces: 6/10/16 Division of Support Services, Office of Health Services	
Attachments: A – Medical On-Call Log	APPROVED:  <hr/> Avery D. Niles, Commissioner	

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:

Advanced Practice Provider: Nurse Practitioner (NP) or Physician's Assistant (PA).

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, Health Services Office Assistant, Pharmacist, Physician's Assistant, or Physician.

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

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 for youth at that assigned facility.

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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 DJJ Medical Director and the Augusta University's Department of Correctional Health-Juvenile Healthcare (GCHC-JH) Senior Director 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 DJJ Medical Director. GCHC-JH will ensure that professional credentials comply with applicable state, federal and DJJ requirements and restrictions. (See DJJ 3.55, Professional Credentials.) Verification of current job descriptions is available from GCHC-JH. All Medical Services Staff will maintain current licensure, registrations, and required certifications.
- C. Each facility's Designated Health Authority will prepare schedules that reflect appropriate staffing levels for health care and dental staff.
- D. Juveniles are prohibited from performing health care duties in the facility.
- 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 7 days per week to meet the medical needs of the facility youth 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 posted unit hours.
 2. The DHA will complete the OHS Staffing Contingency Plan located in the DJJ shared drive, Health Services folder. Hours of operation may not be reduced until approval is received. Once approval is received from the RHSA and GCHC-JH Senior Director or designee, DJJ shared drive will electronically notify the facility Director.
- F. Adjustment in Clinic Hours:
 1. The DHA will complete the Request for Adjusted Clinic Hours located in the DJJ shared drive Health Services folder. Clinic hours may not be

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adjusted until approval is received. Once approval is received from the RHSA and GCHC-JH Senior Director or designee, DJJ shared drive will electronically notify the facility Director.

2. An adjustment in clinic hours will be approved for no more than 30 days at a time.
- G. The following staffing patterns to meet the medical needs of the youth will be maintained unless authorized by the GCHC-JH Senior Director or designee via Staffing Contingency Plan located in the DJJ shared drive, Health Services folder.

Basic Minimum Staffing Patterns

	30 beds
Primary Care Physician	2 hours per week
Advanced Practice Provider	10 hours per week
Licensed Medical Nurse - Day Shift	one (1) RN 10 hours per day, 7 days per week
Licensed Medical Nurse - Night Shift (after 7 pm)	N/A
	31 - 60 beds
Primary Care Physician	6 hours per week
Advanced Practice Provider	one (1) full time (40 hours per week)
Licensed Medical Nurse - Day Shift	one (1) RN 10 hours per day, 7 days per week
Licensed Medical Nurse - Night Shift (after 7 pm)	N/A
	61 + beds
Primary Care Physician	10 hours per week
Advanced Practice Provider	one (1) full time (40 hours per week)
Licensed Medical Nurse - Day Shift	one (1) RN 10 hours per day, 7 days per week
Licensed Medical Nurse - Night Shift (after 7 pm)	one (1) RN or LPN, 7 days per week

1. The responsible primary care physician, nurse practitioner (NP) or physician's 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.

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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 an advanced practice 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 DJJ shared drive Health Services folder. (See III. F, above.)
7. On State holidays and weekends, medical coverage may be adjusted using the Request for Adjusted Clinic Hours located in the DJJ shared drive, 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; or
 - 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 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. The DHA will complete the Request for Medical Staff Overtime Form in the DJJ shared drive, Health Services folder, for any scheduled, unscheduled, or urgent use of health care staff overtime.

I. Medical On-Call Process:

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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 medical 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 medical 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 (i.e., DJJ provided On-Call cell phone).

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 medical 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 medical 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 medical care staff must have ready access to a telephone. The facility will provide a Department-issued cell phone.
 2. The on-call medical 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 medical care staff.

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- K. When contacted about a medical emergency, the on-call medical care staff member will talk to the on-site facility staff and return to the facility as clinically indicated.
1. The on-call medical 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 medical care staff will consult with the facility physician and/or advanced practice provider as clinically indicated.
 3. The on-call medical care staff will log all phone calls and time spent handling emergencies using the Medical On-Call Log (Attachment A).
 - a) The on-call log will be kept on file by the DHA.
 - b) The on-call medical 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 medical care staff will log:
 - a) The start time of each call;
 - b) The end time of each call;
 - c) The person calling the medical care staff or the person that the medical 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. On an annual basis the DHA will review the staffing pattern for appropriateness in meeting the needs of the particular facility. The DHA's findings (DJJ 11.42, Attachment E) will be provided to the DJJ Medical Director and GCHC-JH Senior Director within 30 days of the end of the calendar year.

IV. LOCAL OPERATING PROCEDURES: NO