



DEPARTMENT OF JUVENILE JUSTICE

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TRANSMITTAL #11-12

TO: DJJ Staff

FROM: L. Gale Buckner
Commissioner

RE: DJJ 3.49, POST Applications
DJJ 8.3, Logbooks
DJJ 8.4, Inspections
DJJ 11.30, Infection Control
DJJ 11.42, Health Services Quality Assurance
DJJ 11.44, Automated External Defibrillators
DJJ 12.11, Mental Health Assessments

DJJ 3.49, POST Applications states that the Department of Juvenile Justice shall comply with all Georgia Peace Officer Standards and Training (POST) Council rules and regulations for the certification of Juvenile Correctional Officers. This is a new policy. This policy does not require local operating procedures.

DJJ 8.3, Logbooks states that each security post shall have access to a designated logbook. This policy replaces the existing DJJ 8.3, Logbooks. This policy does not require local operating procedures. The following changes were made:

- The facility Director will retain the logbook in accordance with the Records Retention Schedule (See DJJ 5.1, Records Management). (See Section III.D.)

DJJ 8.4, Inspections states that Department of Juvenile Justice secure facilities shall comply with applicable federal, state, and local sanitation and health codes and regulations. This policy replaces the existing DJJ 8.4, Inspections. This policy requires local operating procedures. The following changes were made:

- The applicable section of the Housekeeping Plan will be posted in the referenced area. (See Section III.A.2.)
- All staff who observe an issue that can be immediately corrected will take appropriate corrective action (i.e. pick paper off the floor/ground, clean up spills, notify supervisor, etc.). (See Section III.B.)
- Cleaning materials and equipment will be secured in accordance with DJJ 7.30, Tool Control, and DJJ 7.31, Chemical Control. (See Section III.D.)
- Each Inspection Team will consist of at least 2 staff members who will perform the function for a minimum of one quarter. (See Section IV.A.2.)

- The Designated Health Authority will become a part of the existing Inspection Team during inspections of the entire facility at least quarterly. (See Section IV.A.3.)
- Area supervisors' inspection of their assigned areas of responsibility at least weekly. (See Section IV.B.1.)
- Documented deficiencies will be followed up by the Inspection Team at the next weekly inspection for correction. (See Section IV.B.2.)
- Inspection Reports completed by the Inspection Team that identifies a deficiency that impacts medical and/or behavioral health services (i.e. suicide prevention, sharp edges, mold, etc.) will be reported to the Designated Health Authority and/or the Designated Mental Health Authority. The DHA and/or DMHA will provide input to the facility Director for corrective action. (See Section IV.B.3.)
- The facility Director and the Assistant Director will informally tour the facility's living and activity areas on a daily basis to encourage informal contact with staff and youth and to informally observe living and working conditions. (See Section IV.C.)
- All work orders will be attached to the summary sheet (Attachment D) of the Inspection Report. (See Section V.C.)
- Facility Directors or designees will track all work orders that have not been completed within 5 business days. (See Section V.D.)

DJJ 11.30, Infection Control states Department of Juvenile Justice staff shall utilize standard precautions when engaging in activities involving the potential for exposure to blood or body fluids. This policy replaces the existing DJJ 11.30, Infection Control. This policy requires local operating procedures. The following changes were made:

- In all DJJ secured facilities, the Designated Health Authority, in coordination with the facility Director, will determine which common areas will have available soap and water or hand sanitizer. (See Section III.I.)
- Medical Services Staff will request the source(s) (youth) of the exposure to submit to HIV and Hepatitis B and C testing. (See Section III.K.)
- All staff in secure facilities will be required to submit to tuberculin skin testing during on-the-job training and annually thereafter. The Designated Health Authority, in coordination with the facility Director, will determine the annual testing procedures in the local operating procedures. (See Section III.M.)
- Staff who have a positive tuberculosis skin test will be referred to a Workers Compensation physician for a chest x-ray in accordance with DJJ 3.27, Workers Compensation. Staff with a positive tuberculin skin test or positive chest x-ray result will be referred to the local health department for follow-up and treatment. (See Section III.M.5.)
- Youth urine drug screening will be done in accordance with DJJ 8.24-, Facility Drug Screening and DJJ 20.39, Community Drug Screening. The case manager will document the results of the drug screen in the services module of JTS. (See Section IV.A.)
- Youth with fever, contagious rashes or open, contagious wounds will be placed on a medical hold and will not be transferred or transported to another facility. (See Section IV.E.)
- Youth with latent tuberculosis or positive tuberculosis skin test may be transferred prior to receiving a chest x-ray if asymptomatic. (See Section IV.G.)
- In secure facilities, when a youth is exposed to blood or other potentially infectious materials he or she will receive immediate first aid by the on-site facility staff to minimize bleeding and exposure. The youth will be referred to the on-site medical services staff for further assessment if needed. The area will be thoroughly washed with soap and water. (In the absence of on-site medical services staff, a facility staff member trained in first aid will perform first aid.) If medical services

staff are not on-site, the on call nurse will be notified for further instructions. After exposure to blood, when clinically indicated, medical services staff will request the source(s) (youth) of the exposure to submit to HIV and Hepatitis B testing. If a youth refuses testing, the Director of Legal Services will be contacted regarding a court order. When the source of the youth's exposure is a staff member, the employee will be referred for follow-up HIV and Hepatitis B and C testing through Workers Compensation. Treatment and testing of youth will be documented in a JTS progress note. (See Section IV.H.)

- If the youth is symptomatic for tuberculosis, he/she will be isolated until tuberculosis is ruled out. The youth will be evaluated by the facility physician for preventive therapy in accordance with the Centers for Disease Control tuberculosis treatment guidelines. (See Section IV.R.5.)
- Youth with suspected or confirmed tuberculosis will be immediately referred to the DJJ Medical Director for transfer to a provider with an isolation room. Youth must be isolated in a negative pressure room with increased air exchange while awaiting transfer. (See Section IV.R.6.)
- HIV counseling and testing will be offered to all youth with tuberculosis disease or latent tuberculosis infection, high risk behaviors, clinical indicators and pregnant females. (See Section IV.R.8.)
- Youth that are known to have been diagnosed with HIV will have a community referral for care and treatment. (See Section IV.R.9.)
- The DJJ Medical Director must be notified of all youth diagnosed with HIV. (See Section IV.R.10.)
- Non-toxic over-the-counter preparations approved by the DJJ Medical Director will be used to treat [ectoparasite] infestations. (See Section IV.T.3.)
- Youth will receive testing for sexually transmitted infections (STIs) within 7 days of arrival at a secure facility from the community, regardless of the time between release and re-admission, or from another facility if testing was not previously done. Gonorrhea and Chlamydia testing will be required. HIV and syphilis testing should be performed for all pregnant youth, and youth with high risk behaviors as determined by the medical services staff. (See Section IV.V.)
- HIV testing can be performed by on-site trained medical services staff, the health department, or Designated Health Authority approved community-based organizations. (See Section IV.V.4.)
- Immunizations will be offered and provided to youth as recommended by the Advisory Committee on Immunization Practices (ACIP). (See Section IV.AA.)
- The Influenza Vaccine Administration Directive and the Pandemic Emergency Preparedness Directive has been incorporated into the policy.

DJJ 11.42, Health Services Quality Assurance states that the Office of Health Services shall recognize and promote adherence to professional standards pertaining to the delivery of health services in all DJJ facilities. This policy replaces the existing DJJ 11.5, Health Services Quality Assurance. This policy requires local operating procedures. The following changes were made:

- The Juvenile Tracking System (JTS) will be used to generate a monthly Health Services Statistical Report for each facility to review to analyze trends and program needs. (See Section III.A.)
- The Regional Health Services Administrator will conduct a comprehensive review of each facility's health service delivery system at least every 12 months. (See Section III.B.)
- Following the comprehensive review, the Regional Health Services Administrator will submit a report of findings and corrective action plans (Attachment A) to the Office of Health Services Assistant Director, the DHA, facility Director, and the Deputy Commissioners of Youth Services and of Programs and Education Services by the 15th business day of the month following the review. (See Section III.B.2).
- The Regional Health Services Administrator will also conduct at least a quarterly site visit (unless otherwise authorized by the Medical Director) with additional site visits as determined by the

immediate needs of the individual facilities to ensure the delivery of quality health services at each site. The Regional Health Services Administrator will submit a report of findings (Attachment B) to the Office of Health Services Assistant Director, the DHA, facility Director, and the Deputy Commissioners of Youth Services and of Programs and Education Services by the 15th business day of the month following the reporting quarter. (See Section IV.C.)

- Each facility's Designated Health Authority or designee will run a task agent report in JTS each work day to check for accuracy in each of the following areas: (See Section IV.D.)
 - Help Requests for Services;
 - Nurse Health Appraisals;
 - Medical Intakes;
 - Physical Examinations; and
 - Dental 60 day and 6 month examinations.
- Each facility's Designated Health Authority will submit a Monthly Designated Health Authority Facility Report (Attachment C) and the JTS monthly infection control report to the Office of Health Services, Regional Health Services Administrator and facility Director by the 10th business day of the following month. (See Section IV.E.)

DJJ 11.44, Automated External Defibrillators states that the Department of Juvenile Justice shall provide emergency response to the sudden cardiac arrest of youth in secure facilities. This policy replaces the existing DJJ 8.43, Automated External Defibrillators. This policy does not require local operating procedures. The following changes were made:

- The facility Director and facility's Designated Health Authority will jointly determine the location of the AEDs, taking into account the staffing and design of the facility. (See Section III.B.)
- The facility Designated Health Authority or designee will check the AED monthly to ensure that it is operable and ready for use. These checks will be documented on the tag/sticker attached to the AED. If the AED is not operable, the staff member making the check will notify the facility Director and the Regional Health Services Administrator immediately. (See Section III.B.4.)
- The Director of Medical Services or designee will ensure that the Central Office AED is checked monthly to ensure that it is operable and ready for use. These checks will be documented on the tag/sticker attached to the AED. (See Section III.B.5.)
- The Director of the DJJ Academy will ensure that the DJJ Academy AED is checked monthly to ensure that it is operable and ready for use. These checks will be documented on the tag/sticker attached to the AED. (See Section III.B.6.)
- A copy of the Special Incident Report, witness statements, and any recorded data from the AED will be forwarded to the DJJ Medical Director or designee for review. (See Section III.D.3.)

DJJ 12.11, Mental Health Assessments states that in Department of Juvenile Justice secure facilities, a qualified mental health professional shall conduct a clinical assessment for behavioral health services when a youth is referred for an assessment, an incident occurs that suggests the need for further assessment or it is clinically determined that an assessment is indicated. This policy replaces the existing DJJ 12.11, Mental Health Assessments. This policy does not require local operating procedures. The following changes were made:

- A QMHP will complete a "Response to Help Request" progress note in JTS for every help request received and will refer for assessment as indicated. (See Section III.B.)
- If the on-call mental health staff is not a licensed mental health professional, they will establish the appropriate level of precautions in accordance with DJJ 12.21, Suicide Prevention. (See Section III.C.4.)

- If a youth enters confinement after daily rounds have been conducted, the youth may be evaluated during the next rounds, but no later than 24 hours after the start of confinement. (See Section III.G.)

INSTRUCTIONS:

DJJ Policy Manual

Remove the following policies from the policy manual

- DJJ 8.3, Logbooks
- DJJ 8.4, Inspections
- DJJ 8.43, Automated External Defibrillators
- DJJ 11.30, Infection Control
- DJJ 11.5, Health Services Quality Assurance
- DJJ 12.11, Mental Health Assessments

Place the following policies in the policy manual

- DJJ 3.49, POST Applications
- DJJ 8.3, Logbooks
- DJJ 8.4, Inspections
- DJJ 11.30, Infection Control
- DJJ 11.42, Health Services Quality Assurance
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Make the proper notations