

YOUTH SERVICES POLICY

Title: Health Screening for Direct Care Positions	Type: A. Administrative Sub Type: 2. Personnel Number: A.2.61
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References: YS Policies A.2.7 "Drug-Free Workplace", A.2.12 "Personnel Records", A.2.18 "Criminal Record Check", and C.6.1 "Food Services"; ACA Standards 2-CO-1C-19 (Administration of Correctional Agencies), 4-JCF-4A-10, 4-JCF-6C-06, and 4-JCF-6D-03 (Performance-Based Standards for Juvenile Correctional Facilities)	
STATUS: Approved	
Approved By: <i>James Bueche, Ph.D., Deputy Secretary</i>	Date of Approval: 03/20/2018

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36.405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish procedures for pre-employment health screening for applicants for direct care positions.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Executive Management Advisor, Regional Directors, Public Safety Services Human Resources (PSS/HR), Secure Care Human Resources (HR) Liaisons, contracted health care provider (CHP), and all applicants for direct care positions.

IV. DEFINITION:

Conditional Offer of Employment - An offer of employment made to an applicant dependent on meeting certain conditions and/or results.

Contracted Health Care Provider (CHP) - Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental, and mental health services,

nursing, pharmacy, personal hygiene, dietary services, health education, and environmental conditions.

Diana Screen – A child safety screen which assists in identifying adults who fail to recognize adult-child sexual boundaries or who are at high risk for having sexually abused a child in the past. (Refer to YS Policy No. A.2.68)

Direct Care Workers Positions - Any staff in a position which routinely has direct contact with the youth population. This includes, but is not limited to, Juvenile Justice Specialists, teachers/vocational educators, food service workers, social workers, CHP staff, Counselors/Case Managers, and others as determined by the Facility Director.

Essential Functions - Basic job duties that an applicant/employee must be able to perform, with or without reasonable accommodation.

Human Resources (HR) Liaison - The Unit Head designated staff person responsible for collecting and retaining documents pertaining to employee's personnel records. (Refer to YS Policy No. A.2.12)

Occupational Health Clinic (OHC) - Any general hospital, or any other medical facility which operates a corporate medicine program or an employee wellness program which includes any of the following: (1) Routine commercial activities, such as pre-employment examinations; (2) mandated examinations, such as Federal Occupational Safety and Health Administration examinations; (3) routine workers' compensation cases; (4) routine medical evaluations involving establishment of product liability; (5) evaluations consigned to independent medical Examiners; (6) employee physical programs; (7) employee wellness programs; or (8) employee drug testing programs.

Urine Drug Screen (UDS) - A screen designed to detect illegal or prescription drug use based on a sample provided by an employee or potential employee, as administered by an OHC.

V. POLICY:

It is the Deputy Secretary's policy that applicants for direct care positions shall undergo a health screening following a conditional offer of employment.

Following a conditional offer of employment, applicants shall undergo a criminal record check, Louisiana Child Abuse Registry (LCAR) check, health screening which consist of a urine drug screen and a tuberculosis (TB) test. (Refer to YS

Policy Nos. A.2.7, A.2.18, and A.2.67) Results must certify that the applicant is suitable for duty and is capable of performing the essential functions of a direct care staff.

VI. PROCEDURES:

- A. Following an applicant's interview, the Diana Screen shall be administered immediately, pursuant to the guidelines established in YS Policy No. A.2.68.
- B. Applicants with a passing score on the Diana Screen are eligible to continue to the next step of the application process. Those applicants whose results indicate a failing score shall not be considered for employment. Pass/fail results of the Diana Screen are confidential and are not disclosed to applicants.
- C. Following a conditional offer of employment the following must be accomplished:

- 1. A health screen which includes a urine drug screen (UDS) and a TB skin test shall be conducted by the Contracted Health Care Provider (CHP), located at the facility. The screening shall occur as soon as possible, but no later than five (5) working days from the date the examination is requested.
- 2. Receipt of the urine drug screen and TB test results shall be delivered to the facility's HR Liaison.

If the urine drug screen produces a "positive" result the prospective employee will not be considered for the position.

If the TB skin test produces a "positive" result the prospective employee will be sent to the Occupational Health Clinic (OHC) for a chest x-ray to confirm whether the prospective employee can be cleared for work duty.

Any applicant who refuses TB testing shall not be employed, pursuant to YS Policy A.2.67.

- 3. The applicant must pass a criminal record check and the LCAR check pursuant to the guidelines established in YS Policy No. A.2.18.

Food Service Workers:

Following a conditional offer of employment the following must be accomplished:

1. A health screen which includes a urine drug screen (UDS) and a TB skin test shall be conducted by the Contracted Health Care Provider (CHP), located at the facility. The screening shall occur as soon as possible, but no later than five (5) working days from the date the examination is requested.
2. Receipt of the urine drug screen and TB test results shall be delivered to the facility's HR Liaison on form A.2.61 (c) Health Screening Form.

If the urine drug screen produces a "positive" result the prospective employee will not be considered for the position.

If the TB skin test produces a "positive" result the prospective employee will be sent to the Occupational Health Clinic (OHC) for a chest x-ray to confirm whether the prospective employee has active tuberculosis.

Any applicant who refuses TB testing shall not be employed, pursuant to YS Policy A.2.67.

3. The applicant must pass a criminal record check and the LCAR check pursuant to the guidelines established in YS Policy No. A.2.18.
4. Once the criminal record and LCAR checks have been cleared, the applicant shall obtain a physical examination conducted by the Occupational Health Clinic (OHC). Any applicant who refuses a physical examination shall not be employed.
5. The "Physical Examination" form [see Attachment A.2.61 (a)], "Essential Functions Form (Job Specific)", and "Medical Certification Form" [see Attachment A.2.61 (d)], must be completed by the applicant. All required signatures must be obtained and dated.

6. The OHC shall review the “Physical Examination” form, “Essential Functions Form (Job Specific)” and “Medical Certification Form” prior to conducting the physical/medical examination. The physician must complete the forms following the exam.
7. Results of the medical exam shall be delivered to the HR Liaison by the applicant in a sealed envelope.

Any applicant who does not have a medical clearance shall not be employed.

D. Medical Clearance

Secure care applicants for direct care positions must receive medical clearance by a licensed health care provider prior to employment.

E. Records

All health and examination records shall be forwarded to PSS/HR, via the dedicated OJJ HR email box, OJJ-HRdocuments@LA.GOV, where they shall be maintained in a confidential file separate from the employee’s personnel file pursuant to YS Policy No. A.2.12.

Previous Regulation/Policy Number: A.2.61

Previous Effective Date: 09/07/2017

Attachments/References:

- A.2.61 (a) Physical Examination Form August 2017.docx
- A.2.61 (b) Employee Health Referral Form August 2017.doc
- A.2.61 (c) Health Screening Form March 2018.docx
- A.2.61 (d) Medical Certification Form March 2018.docx

JOHN BEL EDWARDS, Governor

Office of Juvenile Justice



JAMES BUECHE, PH.D, Deputy Secretary

Employee Health Referral Form

Agency Info:

State of Louisiana/Office of Juvenile Justice
Referring Facility / Regional Office / Central Office:

Address: _____
Contact: _____ Phone: _____ Fax: _____

Employee Info:

Employee Name: _____
Employee #: _____

Name and Location of Occupational Health Center Requested

Services to be performed today (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Pre-Employment Physical Examination | <input type="checkbox"/> Urine Drug Screen |
| <input type="checkbox"/> Non-Dot Physical Examination | <input type="checkbox"/> Confirmatory Drug Test |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Breath Alcohol Test |
| | <input type="checkbox"/> TB Skin Test |
| | <input type="checkbox"/> Chest X-Ray |
| | <input type="checkbox"/> Hepatitis B Vaccine |

SPECIAL INSTRUCTIONS:

Authorized by: _____

Date: _____

Office of Juvenile Justice



Health Screening *To be completed by Nurse/Provider*

Name: _____

DOB: _____

PPD
Chest X-ray
(if PPD ever Positive)

Date: _____ Result: Negative _____ Positive _____ mm
Date: _____ Result _____

LAB WORK:

Urine Drug Screen: Negative _____ Positive _____

If positive, what drug(s) were detected? _____

Is the person taking medications that yields a positive screen for the drug which was detected? Yes _____ No _____

If yes, what medication(s)? (List below)

Assessment/Plan

- _____ Health screening approved
- _____ Health screening denied
- _____ Pending further evaluation (Explain)

Nurse/Provider Signature: _____ **Date:** _____

MEDICAL CERTIFICATION FORM

Employee Name: _____ Unit/Job Title: _____

Health Care Provider Name: _____ Title: _____

Health Care Provider Address and Phone Number: _____

RETURN TO WORK FULL DUTY WITH NO RESTRICTIONS? YES NO DATE:

Is this Condition: _____ Temporary _____ Permanent

Date the Condition Began: _____ Date Return to Work: _____

Does this condition allow the employee to perform the Essential Functions of this job? _____ YES _____ NO

If not, please describe what **temporary restrictions** are needed for which essential function. Use an additional page if needed.**(Complete this section only if requesting accommodations under the Americans with Disabilities Act.)**

Describe nature of disability, major life functions affected, functional limitations and prognosis.

**The following details the employee's current capabilities for evaluation of MODIFIED WORK ONLY:
(please check as appropriate)**

	1 to 2 lbs	3 to 5 lbs	6 to 10 lbs	11 to 20 lbs	21 to 30 lbs	31 to 40 lbs	41 + lbs
Lifting							
Carrying							
Push/Pull							

	Minimal	Under 1 Hr	1-2 Hrs	2-3 Hrs	3-4 Hrs	4-5 Hrs	5-6 Hrs	8 Hrs
Sitting								
Standing								
Walking								

	YES	NO
Squatting		
Bend/Twist at Waist		
Reaching		
Work above Shoulder		

Restrictions effective until (date): _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Health Care Provider's Signature: _____ Date: _____