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, Secure Facilities Director, 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.

**Department of Children and Family Services (DCFS)** – A state agency responsible for programs and services, etc. for children and their families.

**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 staff person designated by the Unit Head with the responsibility for collecting and retaining documents pertaining to employee personnel records.

**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.

**Public Safety Services Human Resources (PSS/HR)** – A unit within Public Safety Services that oversees the Human Resources actions of the agency

**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 or the drug screen and TB skin test can be conducted by the Occupational Health Clinic (OHC) with approval of the Undersecretary/designee and the Director of Health Services if the CHP is unavailable. 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 considered for the position.
If the TB skin test produces a “positive” result the prospective employee will be sent to the OHC for a chest x-ray to confirm whether the prospective employee can be cleared for work duty.

Any applicant who refuses drug screening and/or 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. For the LCAR check, DPS HR will send a list of newly hired OJJ employees to DCFS on the first and the fifteenth of each month. Should the designated date fall on a non-working day, the list will be sent on the closest regularly scheduled work day immediately preceding the designated send date. In the event a violation OJJ will be immediately notified, otherwise a quarterly review of submissions will be sent to the Undersecretary, Deputy Undersecretary or designee(s) of the results for record keeping and auditing purposes. Notification of hire must be received in HR no later than 12pm on the last working day prior to the list being sent to DCFS for screening. Should notification be received in HR of a pending new hire after this deadline, or the number of allowable submissions to DCFS have been exceeded, that applicant will be added to a future submission. Both checks will be conducted pursuant to the guidelines established in YS Policy No. A.2.18.

4. The Essential Function Form (Job Specific) must be completed by the applicant. All required signatures must be obtained and dated.

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 or the drug screen and/or TB skin test can be conduct by the OHC with approval of the Undersecretary/designee and the Director of Health Services if the CHP is unavailable. 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 drug screening and/or 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 and Section VI.C.3 above. The LCAR check will be conducted by DCFS through a request submitted from PSS/HR. PSS/HR will notify the Undersecretary/designee of the record check findings.

4. The “Essential Functions Form (Job Specific)” must be completed by the applicant. All required signatures must be obtained and dated.

D. 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: 05/10/2021
Attachments/References: A.2.61 (b) Employee Health Referral Form May 2021.doc
A.2.61 (c) Health Screening Form May 2021.docx
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):

☐ Pre-Employment Physical Examination   ☐ Urine Drug Screen
☐ Non-Dot Physical Examination          ☐ Confirmatory Drug Test
☐ Other______________________________  ☐ Breath Alcohol Test
                                          ☐ TB Skin Test
                                          ☐ Chest X-Ray
                                          ☐ Hepatitis B Vaccine

SPECIAL INSTRUCTIONS:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Authorized by: ___________________________ Date: _______________________
Health Screening
To be completed by Nurse/Provider

Name:_________________________________  DOB:________________________

PPD                                      Date:___________  Result: Negative_______  Positive ________mm
Chest X-ray (if PPD ever Positive)        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:________________________