

Youth detention centre

OPERATIONAL POLICY

Title: YD-1-5 Youth detention – Provision of medical and other health services

Policy statement

In partnership with the Queensland public health system and the Hospital and Health Service (HHS), the department will ensure young people in youth detention have access to health care, services and programs that improve and maintain their physical and mental health and wellbeing, including access to treatments for special health needs.

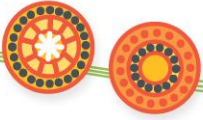
Principles

1. General principles

- 1.1 The safety, wellbeing and best interests of a young person are paramount.
- 1.2 A young person's ethnic, religious, gender and cultural identity, abilities/disabilities, cognitive functioning and values will be recognised and respected.
- 1.3 A young person's rights as they relate to access to medical care and otherwise will be respected, protected and promoted
- 1.4 A young person's right to be consulted about their health care will be recognised and respected.
- 1.5 A young person's right to confidentiality relating to medical information about themselves will be recognised and respected.
- 1.6 In partnership with HHS, youth detention centres (YDCs) will ensure young people are provided access to:
 - 1.6.1 a comprehensive range of health care and health promotion services and programs
 - 1.6.2 mental health services, including systematic early assessment, diagnosis and treatment of mental health issues
 - 1.6.3 alcohol and other drugs service, including assessment, education and intervention
 - 1.6.4 sexual and reproductive health services
 - 1.6.5 immediate medical assessment and treatment following use of physical interventions on a young person
 - 1.6.6 services that cater to the needs of young men, young women and infants should they be accommodated in a YDC
 - 1.6.7 as available, a same sex visiting medical officer if requested by the young person
 - 1.6.8 therapeutic diets, nutritional and diet supplementation as required.
- 1.7 When released from detention, young people will be referred to appropriately qualified health professionals within their community for continuing advice and treatment on release.

2. Medical examination on admission

- 2.1 All young people must be assessed by HHS staff upon admission and before being moved to an accommodation section.



2.2 YDCs must not admit a young person who is injured, ill or intoxicated unless they have been examined and received appropriate treatment from a medical practitioner and a medical certificate is provided stating the young person is fit to be admitted to a YDC. Refer to policy YD-2-1: Admission of a young person for more information.

3. Informed consent for medical attention and treatment

3.1 Consent from a young person will be requested prior to:

- medical assessment
- the provision of medical treatment
- providing information about the young person's condition to their guardian.

3.2 Only HHS staff can get consent from a young person and determine whether they are Gillick competent.

3.3 If the young person is not Gillick competent, consent will be obtained from the young person's guardian.

3.4 In the event of an emergency situation, the executive director (ED) and/or deputy director (DD) or assistant director (AD) are authorised, under section 271 of the *Youth Justice Act 1992*, to consent to any medical treatment when a delay to this consent would be detrimental to the young person's health. This means situations where medical treatment is urgently required to:

- address an imminent risk to the young person's life or health
- prevent significant pain or distress.

3.5 If the ED and/or DD or AD are required to consent to medical treatment in an emergency situation:

- consent may be provided either verbally or in writing, including via e-mail or text message
- all possible efforts must be made to contact the young person's guardian as soon as possible to inform them of the situation
- records must be created in the relevant logs and incident report on DCOIS relating to:
 - who requested the consent
 - who provided the consent
 - whether the consent was provided verbally or in writing
 - when it was obtained
 - the details of why a delay would have been detrimental to the young person's health
- as soon as possible, report the event as a critical incident to the Senior Executive Director, Youth Justice (SED).

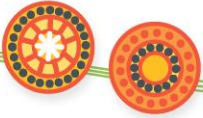
3.6 In the event a young person refuses attention and/or treatment and is assessed as Gillick competent by HHS staff, the young person's intention to not receive treatment should be respected. In these circumstances, HHS staff may enact processes to override a young person's decision in accordance with the relevant health legislation.

3.7 The assessment of Gillick competency and the young person's decision must be clearly documented by HHS staff.

3.8 If a young person is assessed as Gillick competent and refuses treatment and their decision is not overridden, YDCs must ensure records are made about the refusal and the duty of care precautions taken.

4. Urgent medical treatment

4.1 If a young person requires emergency medical treatment, YDC staff must take immediate action to ensure that medical attention is provided as soon as possible. This must include enacting the code blue in appendix 3-4: Emergency management procedures.



4.2 If transport to a hospital is required, the shift supervisor must arrange for an emergency leave of absence. In these cases, the ED must be informed about the incident and the risk mitigations for safety and security concerns.

4.3 In the event that a young person is transported to a hospital, the shift supervisor (or delegate) will ensure that the young person's parents or care providers are notified as soon as possible of the matter and their involvement encouraged as appropriate. Relevant records must be created on DCOIS of the notification.

5. Non-urgent medical treatment

5.1 YDC staff must inform the section or shift supervisor of any young person who appears to be, or claims to be, physically ill or injured or have mental health issues. The section or shift supervisor will refer the matter to the HHS nurse unit manager or on duty clinical nurse as appropriate.

5.2 As appropriate, the caseworker will inform and consult with the young person's parent or care provider of the physical or mental condition.

6. Management of medications

6.1 HHS staff are responsible for administering all medication to young people.

6.2 In conjunction with HHS staff, YDCs must ensure medications are dispensed in a controlled manner, providing staff to supervise and confirm young people's identity during the process.

7. Medical certificates and clearances

7.1 HHS staff are responsible for issuing medical certificates when a young person is restricted by illness or injury from participating in any structured program or attendance at court. In the event a young person is unable to attend or travel to a court appearance, YDC staff must seek an alternative court date.

7.2 HHS staff will review medical restrictions and clear (cancel) the restriction on DCOIS once issue is resolved.

7.3 YDCs will ensure that young people do not participate in any program or activity (including Department of Education programs) that are listed as a restriction on a medical certificate or the young person's program restriction form.

8. Sexual and reproductive health

8.1 YDCs will ensure that young people are provided with advice about sexual and reproductive health by appropriately qualified medical professionals, if young people seek such advice.

8.2 YDCs will refer young people seeking intervention or advice on sexual and/or reproductive health matters to HHS staff within YDCs.

9. Considerations for transgender and intersex young people

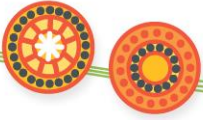
9.1 YDC staff will work with HHS staff to ensure transgender and intersex young people are provided appropriate support and that any health needs are considered in the young person's case plan, accommodation support plan and any other operational plan as relevant.

9.2 Continuity of all medical and mental health services should be facilitated as part of transition arrangements/plans, in collaboration with HHS staff.

Objectives

This policy describes the role and responsibilities of YDC staff in relation to the provision of health services. It aims to ensure that YDC staff work effectively and collaboratively with HHS staff to ensure that health services:

- meet the needs of young people in YDCs
- comply with the relevant youth justice, human rights and health legislation.



Scope

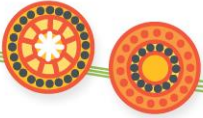
This policy applies to all young people who have been remanded or sentenced to a YDC and is to be read in conjunction with:

- Policy YD-1-1: Casework
- Policy YD-1-6: Suicide and self harm risk management
- Policy YD-2-1: Admission of a young person
- Chapter 1 – Care and management of young people and Chapter 3 – Incident management, Youth Detention Centre Operations Manual.
- Memorandum of understanding between Department of Youth Justice and Queensland Health regarding confidential information disclosure
- Service level agreements between the YDCs and West Moreton HHS, Townsville HHS and Children’s Health Queensland HHS.

In relation to dietary requirements, this policy provides for therapeutic diets on the advice of a medical practitioner. Variations to diets due to individual preferences or for cultural and religious reasons are provided for under policy YD-1-7: Food provision and nutrition services.

Roles and responsibilities

- All YDC staff:
 - take immediate action in an emergency to ensure young person’s safety and wellbeing
 - refer medical and health matters to the appropriate staff for attention
 - ensure young people who seek any health and general wellbeing advice are referred to HHS staff.
- ED:
 - give consent to medical treatment in accordance with section 271 of the *Youth Justice Act 1992*
 - ensure staff understand obligations under this policy
 - ensure practice, training and learning resources comply with this policy
 - contribute to policy reviews.
- DD or AD:
 - consent to medical treatment in accordance with section 271 of the *Youth Justice Act 1992*.
- Director, Statewide Intel and Secure Services Support:
 - review and update policy as required
 - provide practice advice to support compliance with this policy.
 - maintain and review MOU.
- Training team:
 - ensure training content complies with relevant policies and procedures
 - contribute to policy and procedure reviews as required.
- HHS staff:
 - ensure services as outlined in this policy and the SLA are provided
 - make relevant records on DCOIS as required.
- Programs coordinator, program provider:
 - ensure young people are not scheduled for programs or activities which contravene medical restrictions detailed on DCOIS.



- Section supervisors, detention youth workers:
 - ensure young people do not participate in programs or activities which contravene the medical restrictions detailed on DCOIS
 - supervise the administering of medication.
- Shift supervisor:
 - check medical and program restrictions on DCOIS
 - provide staff to supervise the administering of medication
 - inform parents or care providers of emergency off-site medical treatment and ensure a record is made of the notification on DCOIS.

Authority

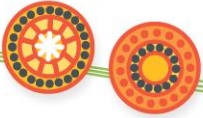
Public Health Act 2005

Youth Justice Act 1992

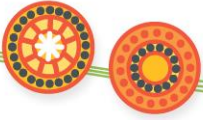
Youth Justice Regulation 2016

Delegations

Position	Delegation
Deputy Director-General Assistant Chief Operating Officer Senior Executive Director Executive Director, Youth Detention Centre Director, Youth Justice Regional Operations Director, Statewide Intel and Secure Services Support	<i>Youth Justice Act 1992</i> Section 263 (2) – Issue directions, codes, standards and guidelines for the security and management of detention centres and the safe custody and wellbeing of children in detention. Comply with youth justice principles.
Deputy Director-General Assistant Chief Operating Officer Senior Executive Director Executive Director, Youth Detention Centre Deputy Director, Youth Detention Centre Assistant Director, Youth Detention Centre Director, Learning and Development Principal Inspector	<i>Youth Justice Act 1992</i> Section 263 (4) – Monitor operation of detention centres.
Deputy Director-General Assistant Chief Operating Officer Senior Executive Director Executive Director, Youth Detention Centre Deputy Director, Youth Detention Centre Assistant Director, Youth Detention Centre Director, Youth Justice Regional Operations Director, Statewide Intel and Secure Services Support	<i>Youth Justice Act 1992</i> Section 263 (5) – Comply with youth justice principles.
Deputy Director-General Assistant Chief Operating Officer Senior Executive Director Executive Director, Youth Detention Centre Deputy Director, Youth Detention Centre Assistant Director, Youth Detention Centre	<i>Youth Justice Act 1992</i> Section 271 - Authorise medical treatment.
Deputy Director-General Assistant Chief Operating Officer Senior Executive Director Executive Director, Youth Detention Centre	<i>Youth Justice Act 1992</i> Section 280 – Child of detainee may be accommodated in detention centre.
Deputy Director-General Assistant Chief Operating Officer Senior Executive Director Executive Director, Youth Detention Centre Deputy Director, Youth Detention Centre Assistant Director, Youth Detention Centre Director, Youth Justice Regional Operations	<i>Youth Justice Act 1992</i> Section 292 (1) – Given written authority to a person to disclosure confidential information if the disclosure is necessary to ensure a person's safety.



<p>Manager, Youth Justice Court and Regional Operations Practice Support Director, Statewide Intel and Secure Services Support Manager, Specialist Operations and Intel Support</p>	
<p>Deputy Director-General Assistant Chief Operating Officer Senior Executive Director Executive Director, Youth Detention Centre Deputy Director, Youth Detention Centre Assistant Director, Youth Detention Centre Unit Manager, Youth Detention Centre Shift Supervisor, Youth Detention Centre</p>	<p><i>Youth Justice Regulation 2016 Section 11 (2) – must not admit the child to the detention centre unless child has been examined by a medical practitioner and received medical certificate.</i></p>
<p>Deputy Director-General Assistant Chief Operating Officer Senior Executive Director Executive Director, Youth Detention Centre Deputy Director, Youth Detention Centre Assistant Director, Youth Detention Centre Manager, Client Services, Youth Detention Centre Unit Manager, Youth Detention Centre Shift Supervisor, Youth Detention Centre Section Supervisor, Youth Detention Centre</p>	<p><i>Youth Justice Regulation 2016 Section 35 (2), (3) - must ensure child is asked if they want a medical practitioner of the same sex and must take reasonable steps to comply with child's request for a medical practitioner of the same sex.</i></p>
<p>Deputy Director-General Assistant Chief Operating Officer Senior Executive Director Executive Director, Youth Detention Centre Deputy Director, Youth Detention Centre Assistant Director, Youth Detention Centre Manager, Client Services, Youth Detention Centre Unit Manager, Youth Detention Centre Team Leader, Youth Detention Centre</p>	<p><i>Youth Justice Regulation 2003 Section 36 (1) - may request a report of medical examination of a child and ensure a record is kept of medical examinations and treatment.</i></p>
<p>Deputy Director-General Assistant Chief Operating Officer Senior Executive Director Executive Director, Youth Detention Centre Deputy Director, Youth Detention Centre Assistant Director, Youth Detention Centre Manager, Client Services, Youth Detention Centre</p>	<p><i>Youth Justice Regulation 2003 Section 36 (2)(b) – ensures records are kept confidential and separate.</i></p>
<p>Deputy Director-General Assistant Chief Operating Officer Regional Executive Director Regional Director, Youth Justice Senior Executive Director Executive Director, Youth Detention Centre Deputy Director, Youth Detention Centre Assistant Director, Youth Detention Centre Manager, Youth Justice Court and Regional Operations Practice Support Director, Statewide Intel and Secure Services Support Manager, Specialist Operations and Intel Support</p>	<p><i>Youth Justice Regulation 2016 Section 44 (1) - is satisfied that disclosure of information is essential to the wellbeing of the child.</i></p>



Definitions

For the purpose of this policy, the following definitions shall apply:

Term	Definition
Code blue	The emergency management procedure code that outlines the key incident response guidelines to a situation requiring immediate assistance by a medical professional.
Executive director	The director of the YDC.
Gillick competency	A legal term referring to a young person's capacity to provide valid consent. HHS staff are responsible for determining whether the young person is able to provide consent.
Medical practitioner	In relation to the assessment of Gillick competency - a person who diagnoses physical and mental illnesses, disorders and injuries and prescribes medications and treatments that promote or restore good health. It generally refers to a doctor or psychiatrist. It does not refer to a psychologist.
Therapeutic diet	A type of diet that: <ul style="list-style-type: none"> • restricts and/or manages allergies and intolerances • increases, decreases or quantifies nutrient levels • is a modified texture diet.
Visiting medical officer	A medical practitioner appointed by HHS to provide medical services to a YDC.

Human rights compatibility statement

Youth Justice is committed to respecting, protecting and promoting human rights. Under the [Human Rights Act 2019](#), Youth Justice has an obligation to act and make decisions in a way that is compatible with and properly considers human rights. When making a decision about the care and management of young people, decision-makers must comply with that obligation.

Multicultural Queensland Charter

Youth Justice supports the [Multicultural Queensland Charter](#), established under the *Multicultural Recognition Act 2016* (Qld). The Charter seeks to promote Queensland as a unified, harmonious and inclusive community.

Child safe standards

The Royal Commission into Institutionalised Responses to Child Sexual Abuse developed several national [child safe standards](#) for institutions and organisations working with children. Youth Justice is cognisant of these standards when considering operational practice guidelines and service delivery in community and youth detention centres.

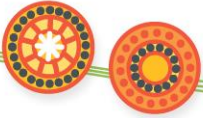
State disability plan

Youth Justice will work with our partners to build a fairer, more inclusive Queensland where people with a disability, their families and carers are able to access the same opportunities, on the same basis as everyone else. We will take actions to progress the priorities of the [All Abilities Queensland: opportunities for all](#) state disability plan and support improved access to services for Queenslanders with disability.

Records file number: nil

Version number: 1.4

Date of approval: 8 February 2022



Approved by: 1.0 Director-General DJAG (23 September 2013)
1.1 Director, Practice, Program and Design (16 November 2017)
1.2 YDC Executive Directors (3 October 2018)
1.3 Director, Secure Services Operations and Practice (December 16 2019)
1.4 Director, Statewide Intel and Secure Services Support (8 February 2022)

Date of operation: 3 October 2018

Date to be reviewed: 3 years from the date of approval

Office: Statewide Intel and Secure Services Support

Help contact: Secure Services Support
YDCPracticeEnquiries@cyjma.qld.gov.au

Communication strategy:

- publish on intranet
- publish on internet
- advise staff to read
- supervisors discuss with direct reports

Links:

[Hospital and Health Services Policies](#)

[Australasian Youth Justice Administrators \(AYJA\) service standards for juvenile custodial facilities](#)

[United Nations Rules for the Protection of Young People Deprived of Their Liberty 1990](#)

[Human Rights Act 2019](#)

[Queensland Human Rights Commission](#)

Youth Detention Centre Operations Manual

Youth Justice delegations

Youth Justice policies

Bob Gee
Director-General