



## FLORIDA DEPARTMENT OF JUVENILE JUSTICE DETENTION SERVICES FACILITY MEDICAL POLICIES

<b>Superintendent</b> <hr/> Signature <b>Designated Health Authority</b> <hr/> Signature	<b>Effective Date:</b> November 1, 2016	<b>Revised Date:</b> July 5, 2018		<b>Procedure Number:</b> <b>8009</b> <b>Medical Services</b>
<b>Subject:</b> HEALTHCARE ADMISSION SCREENING FORM			<b>Reference:</b> 63M-2.0041 F.A.C. & 63N-1 F.A.C. Quality Improvement Standard 4.08	
<b>Purpose:</b>	The purpose of this policy is to outline procedures for healthcare admission screening. If certain conditions are encountered during the screening and/or admission process, required immediate emergency professional assessment and/or transfer by Emergency Medical Services (EMS) occurs.			

**PROCEDURE:**

- A. At the time of admission to the facility, each youth will receive a facility entry screening by the intake officer. This screening is to be performed using the Medical and Mental Health Admission Screening form found in JJIS admission wizard.
- B. The purpose of this screening is also to ensure that the youth does not have any health conditions that would require emergency services. The Medical and Mental Health Admission Screening does not take the place of the Comprehensive Physical Assessment or other required evaluations.
- C. A direct care staff person may conduct the screening however, if a licensed nurse is on duty at the time of admission, he or she may conduct the screening if available. Otherwise, it is expected that the entry screening will initially be reviewed by the licensed nurse within 24 hours of admission to the facility. The purpose of the review is to ensure that, if the youth does not need access to any further health care (i.e. sick call), additional screening or treatment needs are not overlooked.
- D. Youth will have full medical clearance for any injuries prior to being accepted at the facility.
- E. Medical clearance will be obtained by law enforcement or the Juvenile Community Resource Center staff in writing from an appropriate facility such as a hospital.
- F. In the event a youth is admitted and at that time injury is discovered with the following, signs and/or symptoms, it will require immediate communication with the facility Designated Health Authority or designee, PA or ARNP and an urgent assessment of the youth if this staff is available on-site. Immediate transfer of youth to the nearest facility that provides emergency care will occur if the above-mentioned health care staff is not on-site or after their evaluation, if the condition so warrants. This list includes but is not limited to:
  - a. Acute injuries such as deep or penetrating puncture wounds or wounds that occur with and/or in contaminated materials.

- b. Lacerations that are gaping and/or bleeding profusely.
- c. Severe infections (redness, pain, draining pus, etc.)
- d. Signs of physical distress (such as shortness of breath, wheezing, extreme paleness or sweating, profuse bleeding, complaints of severe pain).
- e. Any neurological impairment (such as difficulty talking or moving, difficulty in remaining awake, disorientation, or the ability to inform the reviewer of the date).
- f. Any penetrating eye injury or non-penetrating eye injury resulting from a blow to the head or any loss of vision.
- g. Severe abdominal pain prolonged vomiting or diarrhea, vomiting blood or bloody diarrhea.
- h. Chest pain or complaints of “heart racing”, extremely slow pulse, or irregular pulse.
- i. Hemoptysis (actively coughing up blood).
- j. Suspected drug overdose or intoxication.
- k. Blood in stool (if actively bleeding evidenced).
- l. Blood in urine (if active bleeding evidenced).
- m. Witnessed seizure activity.
- n. Syncope (loss of consciousness, fainting or “passing out”)
- o. Reported, observed or confirmed recent sexual assault by another youth or adult.
- p. Lack of a prescribed medication for a chronic condition that cannot be suddenly stopped (e.g. insulin)
- q. Onset of labor, premature labor, or vaginal bleeding in a pregnant youth.
- r. Any symptoms in a pregnant youth that may indicate pre-eclampsia, such as headache, hypertension, hyperglycemia, ketosis, etc.
- s. Obvious musculoskeletal deformity, injury or fracture presumable associated with the arrest process.
- t. Dental injuries in which a tooth or teeth are avulsed and are potentially salvageable.
- u. Severe Extra Pyramidal Symptoms or Dystonic movements (involuntary clenching of jaw, cramping of hands/feet, torticollis, difficulty breathing).
- v. Rapid repetitive movements associated with possible methamphetamine withdrawal (“punding”).
- w. Communicable diseases (in accordance with local health department guidelines).
- x. Recipient of Electronic Stun gun (Taser) prior to admission.

G. A Healthcare Admission Rescreening is to be completed each time the physical custody of the youth changes and they are subsequently returned or re-admitted to the facility. A change in physical custody within secured detention requires a complete rescreening by the receiving facility whenever they are moved from one to the other with an anticipated stay of 24 hours or more, but does not require a full completion of the intake process.