



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

<b>Superintendent</b> _____ Signature <b>Designated Health Authority</b> _____ Signature		<b>Effective Date:</b> November 1, 2016	<b>Revised Date:</b> July 5, 2018	<b>Procedure Number:</b> <b>8012</b> <b>Medical Services</b>
<b>Subject:</b> YOUTH ORIENTATION AND ACCESS TO HEALTHCARE SERVICES			<b>Reference:</b> 63M-2.047, 63M-2.070 & 63M-2.070 F.A.C. Quality Improvement Standard 4.11	
<b>Purpose:</b>	The purpose of this policy is to ensure all youth are oriented and have access to all healthcare services through discharge.			

**PROCEDURE:**

- A. The healthcare orientation shall be provided by a nurse, or at a minimum, by a non-licensed staff knowledgeable with the health care delivery system.
- B. Each facility shall make provisions for orientation of youth who are hearing or visually impaired.
- C. Orientation must be provided in Spanish or other languages that youth use as a primary language.
- D. For youth with cognitive deficits, the school district personnel (or teachers employed by the facility) shall provide information as to how to present this information to youth who are impaired.
- E. Youth receive general healthcare orientation within twenty-four hours of admission to the facility. Topics to be covered must include the following:
  - a. Sick Call (use, how to access)
  - b. What constitutes an “emergency”
  - c. How medications are administered/provided
  - d. The right to refuse care
  - e. The non-disciplinary role of the healthcare providers
  - f. Availability of Health Care staff
- F. Health education programs shall pertain to health issues of adolescents. These topics shall include, at a minimum, the following:
  - a. Seat belt usage;
  - b. Alcohol and drug related problems;

- c. HIV/AIDS;
  - d. Sexually Transmitted Disease/Infections;
  - e. Tobacco products, including smoking cessation;
  - f. Dental hygiene and dental care;
  - g. Basic Personal Hygiene;
  - h. Immunizations;
  - i. Infection control;
  - j. Prevention of sexual and other physical violence;
  - k. Nutrition;
  - l. Breast and testicular self-examinations;
  - m. Parenting skills;
  - n. Prenatal, postpartum and parenting education as applicable
- G. All youth will have access to necessary medical and dental care. The timely, effective access to medical care will be accomplished through the collaborative efforts of the DJJ direct care staff, supervisors, facility management staff and the facility's licensed health care professions. The process by which a youth's respective needs for medical care and services are accessed may vary, as long as access is not denied.
- H. DJJ facility staff members and contracted health care providers will access routine and specialized medical care and services as needed for youth residing within detention centers and residential commitment programs. The facility will collaborate with professional community health care providers to obtain necessary emergency and specialized medical care and services.
- I. For youth in restricted housing of any kind (for example, confinement, seclusion, room restriction, secure observation, etc) the supervisor on each shift will question the youth about medical related issues and document such questioning on the shift report and notify medical staff of the placement of youth into restricted housing. If the youth has an issue that is non-emergent, the shift supervisor will input the Sick Call request into the JJIS or, if the situation is deemed to be emergent (episodic), may take the youth to the nursing staff if available.
- a. If a youth has a known active medical condition, then observation may need to be more frequent as determined by the Practitioner.
  - b. Nursing staff are required to make a daily visit and complete a detailed narrative entry in the chronological progress notes of the IHCR for each youth who is treated while in restricted housing.
  - c. This entry will evidence a thorough inquiry was made regarding the patient's health status and whether or not a nursing assessment was indicated and conducted.
- J. Documentation for the orientation process shall be noted on the Health Education Record (HS 013) by Licensed Health Care staff when completed. A binder shall be maintained in the medical department that includes all printed documents that are reviewed with youth.
- K. Transitional Discharge planning shall begin at the point of admission to ensure continuity of care at the time of discharge due to the expected length of stay in detention to be anticipated as less than 45 days.
- L. Final medical follow-up information shall be provided to the parent or guardian on the Medication, Receipt, Transfer & Disposition form (HS 053) when the youth is released.

- M. Medical conditions reportable as per state regulations require instructions to the youth and parent for medical follow-up with the local county health department.
- N. Efforts to make medical appointments with community providers shall be documented in the Individual Health Care Record by the facility releasing the youth.
- O. Specific instructions given to the youth about follow-up health care shall be noted in the Health Education Record (HS 013).
- P. The youth's medication shall be provided to the youth and parents or guardians at the time of release from the program. The medication must be in an individually labeled, youth-specific, prescription container generated by a pharmacy vendor.
- Q. Prescription medications shall not be released solely to the youth.
  - a. Verification of the parents or guardian's acceptance of the youth's medication shall be documented on the Medication Receipt, Transfer & Disposition form (HS 053).
- R. The provider of health services in DJJ shall ensure a 30-day prescription of all currently prescribed medication for any non-narcotic medications that a youth will continue after release. This can be from contracted DJJ providers or the youth's current prescription as long as the medication dose and strength has not changed.
- S. A summary of health-related needs shall be included in the program's exit conference for the youth.
- T. Statutorily protected health-related information shall not be provided to parents unless the youth has given permission.