



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

Superintendent _____ Signature Designated Health Authority _____ Signature	Effective Date: November 1, 2016	Revised Date:		Procedure Number: 8013 Medical Services
Subject: ROUTINE NOTIFICATION OF DESIGNATED HEALTH AUTHORITY (DHA)			Reference: 63M-2.0043 F.A.C. Quality Improvement Standard 4.12	
Purpose:	The purpose of this policy is to ensure the Designated Health Authority is notified of all youth admitted to the facility with chronic health conditions or youth in need of emergency care.			

PROCEDURE:

A. Procedures and Time Frames

- a. In situations where a youth does not require immediate emergency transfer, the Designated Health Authority or designee must be notified of all youth admitted with identified chronic health conditions, or below listed conditions. This notification may be by telephone, secure email, facsimile, or verbally, if the Designated Health Authority or designee is on the premises but must be documented in the Chronological Progress Notes of the Individual Health Care Record. Provider texting communication outside secure DJJ communication would be in violation of HIPPA requirements.
- b. If contact is not initially made, the notification must be verified (for example, the office of the Designated Health Authority must call back acknowledging the admission). If the youth is admitted after 8:00 PM, and the youth has no immediate medications or health-related needs, notification of the Designated Health Authority will take place no longer than **twenty-four hours** after admission. In no case will notification exceed 12:00 PM (noon) of the following day. The purpose of the notification is to keep the DHA updated about the types of medical conditions existing within the facility.
- c. All notifications shall be documented on the intake progress note of the Individual Health Care Record (IHCR) by the licensed medical staff. If notification made by non-healthcare after hours, the report of Health Care by Non-Health Care staff form shall be used and placed in the youth's IHCR.
- d. Priority referrals to the facility's DHA, PA, or ARNP will be made for youth who are admitted with known or suspected chronic condition not requiring emergency treatment on admission.

B. The following conditions, at a minimum, requiring routine notification:

- a. Asthma
- b. Allergies with Anaphylaxis (severe allergies which require immediate medical attention)
- c. Adrenal Insufficiency
- d. Cancer (including a history of cancer)
- e. Cardiac (Heart) Arrhythmias, Disorders or Murmurs
- f. Congenital Heart Disease
- g. Cystic Fibrosis
- h. Developmental Disabilities/Mental Retardation
- i. Diabetes (Insulin and Non-Insulin Dependent)
- j. EpiPen (History of Use)
- k. Current Eating Disorders (Anorexia Nervosa and Bulimia)
- l. Head Injuries Which Have Occurred During/Within the Previous Two Weeks
- m. Hearing, Speech or Visual Deficits
- n. Hemophilia (Bleeding Disorder)
- o. Hepatitis
- p. HIV/AIDS
- q. Hypo or Hyperthyroidism
- r. Hypertension
- s. Kidney Failure (with or without Dialysis)
- t. Neuromuscular conditions (i.e. Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis)
- u. Pregnancy (or with two weeks of post birth)
- v. Seizure Disorders
- w. Sickle Cell Anemia
- x. Spina Bifida
- y. Systemic Lupus Erythematosus
- z. Tuberculosis (active)