



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

Superintendent _____ Signature Designated Health Authority _____ Signature		Effective Date: November 1, 2016	Revised Date: July 5, 2018	Procedure Number: 8022 Medical Services
Subject: OFF-SITE CARE/REFERRALS			Reference: 63M-2.009 & 63M-2.0052 F.A.C. Quality Improvement Standard 4.25	
Purpose:	The purpose of this policy is to outline the procedure for timely referrals and coordination of medical services to an off-site healthcare provider for emergency and non-emergency services.			

PROCEDURE:

A. Procedures and Documentation of Off-Site Care Form

- a. All detention centers must have an arrangement with a local hospital or medical center to provide emergency services on a 24-hour day per basis.
- b. The Summary of Off-Site Care shall accompany the youth to the off-site provider, to be completed and returned to the facility for filing in the youth’s Individual Health Care Record and uploaded into the EMR. The most recent copy of the Authority for Evaluation and Treatment Form should also accompany the youth along with any medical documents necessary for the evaluation and treatment of the condition. The off-site provider may retain a copy of these records, but the originals shall be returned with the youth.
- c. Any other discharge instructions or forms routinely used by the off-site provider that are given to the facility staff should also be filed in the youth’s Individual Health Care Record and uploaded into the EMR.
- d. Medical staff shall request and obtain the actual ER or dictation notes from the off-site provider as soon as possible for review at the next available on-site visit by the practitioner.
- e. Upon the youth’s return, the documents sent back to the DJJ facility **MUST** be reviewed in order to ascertain if there are orders for referrals, lab work, exercise restrictions, alerts or follow-up appointments.
- f. Referrals must be entered on the facility’s tracking log.
- g. Pertinent information about the referral (i.e. Physician to whom the youth is referred, date and time for the appointment and other information) must be documented within the progress note.
- h. The youth’s parent or guardian should be notified via the Parental Notification of Health-Related Care form that the youth has a pending appointment in the event that the youth is discharged before the date of this appointment.
- i. The Designate Health Authority or ARNP shall initial all orders/information sent back with the youth to the facility.

B. Notification of Designated Health Authority

- a. The Designated Health Authority shall be informed if a youth requires emergency transfer off-site for evaluation, treatment and/or hospitalization. During life-threatening circumstances (i.e. cardiac arrest, respiratory arrest, anaphylactic reaction or profuse bleeding, etc.) notification to the Designated Health Authority shall be during or after the youth receives necessary medical treatment and is transported to the ER. Immediate EMS notification, response and transport of the youth are the primary objectives.
- b. The staff member who notifies the Designated Health Authority shall include in the chronological progress notes an entry that includes the date, time and manner of notification and the person notified or it shall be included on the Report of Healthcare by non-healthcare staff when completed by non-healthcare staff.

C. Supervision of Youth

- a. Staff at no time shall let the youth out of their line of sight. There shall be at least one officer of the same sex, in the room, supervising at all times.
- b. Youth shall remain restraint mechanically at all times. If medically necessary, the facility staff shall receive permission from on-call administrator prior to removing restraints and only the minimum amount of restraints shall be removed. If restraints are removed from youth that supervising staff person shall be within reach of the youth at all times, not just within sight.
- c. Only authorized medical staff and department employees shall be allowed to enter the youth's room.
- d. When medical staff enters the room, the staff shall accompany them and assume a position away from both medical staff and the youth, where both can be observed.
- e. Youth in a hospital are only allowed phone calls if authorized by the Superintendent or designee.
- f. Visitation of youth in hospitals shall be in accordance with hospital policy and pre-approved by the Superintendent or designee. If at any time a security risk is posed visitation shall be ended and hospital security shall be called to remove the visitor.
- g. Staff shall not release confidential information regarding the youth's charges or pending legal status.