Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date: 10/07/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.01**
Subject: Healthcare Admission Screening			**Reference:** FDJJ 4030 Section III, C & D QI Indicator 4.08, 4.12, 4.13, 4.26 & 4.32 DJJ Health Service Manual Chapter 3, (II), (III), (V), Chapter, 4, II, (A), (B) Chapter 5, (7), Chapter 6, (II), (C), (D)
Purpose:	To ensure that all youths admitted into the Monroe Regional Juvenile Detention Center (a re-screening is required anytime the physical custody of the youth has changed) are screened for health related conditions at the time of admission to ensure that the youth can be placed into general population and that the youth is not in need of immediate medical attention; and to ensure that the Designated Health Authority is notified if the Medical and Mental Health Screening form or other information in the file indicates the youth has a significant medical condition.		

PROCEDURE

1. Prior to admission, seriously ill or intoxicated youths must be cleared medically. The JJDOI Supervisor shall immediately notify the Superintendent/designee and the Designated Health Authority/designee when there is a questionable medical clearance. If a medical emergency exists, 911 will be called to respond. Once medical clearance is obtained, the intake process can proceed.

2. During the admission process, the admitting officer will carefully observe the youth for any continuous itching on the head, under arms and pubic areas. If the admitting officer suspects the youth of having lice or scabies, the officer will use the lice shampoo (Pre-Emptive Strike) provided in the intake area. Notify the DHA/designee when treatment for lice or scabies was given, so that they can provide follow up treatment if necessary.

3. Every youth being admitted will be screened at the point of entry by the admitting JJDOI for health related conditions using the Medical and Mental Health Screening form. A re-screening is required <u>anytime</u> the physical custody of a youth has changed.

4. If the youth or parent reports a pre-existing significant medical condition, or should a condition be apparent by observation, the admitting JJDOI will contact the facility's designated Health Authority or designee and send a highlighted copy of the Screening form to medical staff. A pre-existing significant medical condition includes but is not limited to the following:

    - Asthma
    - Allergies with Anaphylaxis
    - Adrenal Insufficiency
    - Cancer including a history of
    - Cardiac disorders or murmurs
    - Congenital Health Disease
    - Cystic Fibrosis
    - Developmental Disabilities
    - Diabetes
    - Epi_pen Use

- Eating Disorders
- Head Injuries occurring within the past 2 weeks
- Hearing Speech or Visual Deficits
- Hpo and Hyperthyroidism
- Hemophilia
- Hepatitis
- HIV/AIDS
- Hypertension
- Kidney Failure
- Neuromuscular Conditions – e.g. Cerebral Palsy, Muscular dystrophy, Multiple Sclerosis
- Pregnancy or within 2 weeks post birth
- Seizure Disorder
- Sickle Cell Anemia
- Spina Bifida
- Systemic Lupus Erythematosis
- Tuberculosis (active)

Seriously ill, mentally disordered, injured or non-ambulatory youth, who have been cleared by a physician and not considered at risk for suicide, will be observed closely by detention staff until medical staffs are available.

If a youth is admitted after 6:00PM, the designated Health Authority or designee shall receive this routine notification no later than noon of the following day, unless the youth has an immediate medication or medical need which warrants immediate notification. If the designated health authority received prior notice of admission of a youth with the conditions listed above, additional notification is not needed. Additionally, if the facility RN or higher-level medical professional is on duty at the time of admission, that person may act as designee for the Health Authority. Notification of the Health Authority is still necessary if the needs of the youth are beyond the scope of practice of the designee. Medical Staff, if not on-site, will be notified by telephone and will be responsible for contacting the Health Authority. Any instructions given by the designated Health Authority or designee will be recorded in the Central Control logbook and initialed by the staff receiving these instructions. Staff will follow these instructions and report to the Health Authority if they cannot comply. All detention officers assigned to the post where a youth with these problems is assigned shall be notified of any concerns regarding the youth. These youths shall be observed closely at all times.

The designated Health Authority for the Monroe Regional Juvenile Detention Center is Dr. Jerome Covington and the Health Authority and Medical Staff contact numbers will be posted in Intake, Central Control, JJDOI Supervisor's Office, and the Medical Clinic.

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Detention Center Superintendent Date

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Designated Health Authority Date

Review Dates: _____

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:** **10/07/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure** **# 7.02**
Subject: Designated Health Authority			**Reference:** DJJ Health Services Manual Chapter 2 QI Indicator 4.01 & 4.02 MOA – MRJDC & Dr. Jerome Covington
Purpose:	To ensure there is a single point of accountability for medical services at the Monroe Regional Juvenile Detention Center (MRJDC).		

PROCEDURE

A. MRJDC has contracted with, and designated Dr. Jerome Covington, as the Health Authority responsible for the administration, supervision, and professional management of healthcare at the MRJDC.

B. Dr. Jerome Covington is to provide final medical judgment for the youth at the Monroe Regional Juvenile Detention Center.

C. Dr. Jerome Covington is to provide assigned qualified medical personnel as health professionals for the Detention staff.

D. Dr. Jerome Covington's designated qualified personnel will provide medical information to the Designated Health Authority (DHA) concerning newly admitted youth whose health status requires consultation and notification of the DHA. E. A. King, ARNP is delegated specific clinical responsibilities through the collaborative practice protocol, so notification may also be accomplished through this means.

E. The Superintendent will retain on file a copy of the current agreement between MRJDC and Dr. Covington.

F. The overall medical care is supervised by the physician, who is on call and available by cell phone/pager as necessary to provide healthcare consultation for the MRJDC youth 24 hours a day, 7 days a week.

G. The physician visits as necessary, usually once per week or for the number of hours necessary to review and/or write prescriptions, consultation for youth regarding specific problems, and provide standing medical orders for facility staff and updated revisions as needed.

H. Dr. Jerome Covington will ensure that Medical Staff is on the premises at a minimum of 20 hours per week to provide routine screenings, comprehensive physical examinations, sick call care, review physician orders, monitor medication inventories and other nursing duties within his/her scope of practice, and consultation for youth regarding specific health problems.

I. The Health Authority will actively participate in the development and approval of all medical protocols and procedures utilized at the facility, as well as oversee and review the medication management system.

J. The Health Authority or designee assigns medical classifications to youth.

K. The Health Authority collaborates with on-site and off-site individual mental health professionals regarding the mental health needs of the youth.

L. All medical personnel are responsible to the Designated Health Authority in matters relating to medical care.

M. Healthcare management of youth will conform to the Care Protocols for Medical Staff.

N. When there is no physician on the premises with whom to directly collaborate, a telephone consultation will be necessary for case specific directions. The physician, upon consultation, will make the decision whether to manage the youth care at the center or to transport to another healthcare facility.

O. If there is no guideline defining a condition and its management, medical staff\ will not diagnose or treat the condition, and will refer for physician judgment on the case.

P. The Health Authority routinely monitors medication administration and provides medical staff training on health related issues as needed.

OFFICIAL

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Detention Center Superintendent Date

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Designated Health Authority Date

Review Dates: _____

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center

Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:** **5/4/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure** **# 7.03**
Subject: Healthcare Policies and Procedures			**Reference:** DJJ Health Services Manual QI Indicator 4.03 MOA – MRJDC & Dr. Jerome Covington
Purpose:	To ensure that individual healthcare policies are written and procedures defined regarding healthcare services provided at the Monroe Regional Juvenile Detention Center. Healthcare Policies and Procedures will address the healthcare components of the DJJ Service Manual and the Healthcare Standards referenced in Quality Assurance Standard 4.		

PROCEDURE

Each policy, procedure, and program in the health care delivery system shall be reviewed at least annually to facilitate formal incorporation of changes implemented into practice throughout the year. The following steps will be taken to meet the requirements of the indicator.

A. Each document displays the date of the most recent review or revision and signature of the reviewers. Designated reviewers are the Medical Director Designated Health Authority, Dr. Jerome Covington and the Center Superintendent. Procedures are specific to the Monroe Regional Juvenile Detention Center.

B. The policy and procedure manual will be prepared in a uniform format to include the policy number, subject of the policy directive, effective or annual review date and reference to the DJJ Health Service Manual and the corresponding QA Standard. There will be compliance with all current DJJ Policies and QA Standards.

C. The contracted Medical Provider and the Designated Health Authority is responsible for assurance that all contracted healthcare staff review the policies, and that healthcare practice is consistent with written policies and procedures approved by the Designated Health Authority and Facility Superintendent. All contracted healthcare staff will be required to read the complete manual as part of their orientation process.

D. The Designated Shift Commanders/Supervisors will be responsible for overseeing the maintenance and updating of the Medical Policy and Procedure Manual.

E. The Health Authority and Facility Superintendent will review and sign off each policy prior to implementation on a yearly basis. A revision date with approval signatures will indicate the date the changes were made to policy and procedure.

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Detention Center Superintendent Date

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Designated Health Authority Date

Review Dates: _____

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.04**
Subject: Health Related History and Comprehensive Physical Assessment			**Reference:** QI Indicator 4.14, 4.15, 4.18 & 4.26 DJJ Health Services Manual, 2006 Chapter 3, (VII), (VIII), Chapter 5, (III), (IV), (V)

Purpose:

To ensure that all youth admitted to the physical custody of the Monroe Juvenile Detention Center receive an individual, standardized, professional health history and comprehensive physical assessment conducted and documented in the individual healthcare record, within specified timeframes, in order to facilitate the following:

1. Identification of acute, chronic and functional medical and dental problems and need for applicable treatment;
2. Assignment of a medical grade, using the Department's medical classification system;
3. Promotion of growth and development;
4. Prevention of the transmission of communicable diseases that have a high probability of transmission in the physical custody environment;
5. Identification of factors which would potentially affect a youth's ability to participate in sports, strenuous exercise, or other programmatic aspects;
6. Determination of the need for health education; and,
7. To facilitate the efficient sharing of essential health-related information among diverse health care providers.
8. All admission notes, CPAs, HRHs, Education, STD Screenings, Dental Screenings, PPDs and female specific screening as indicated within 10 days of the youth's admission to detention excluding weekends and holidays.

CPA's will be completed annually unless the youth's medical grade is 1 or 2 then it will be done every two years.

PROCEDURE

A. Health Related History

1. The Health Related History (HRH) is the standard departmental history form that accompanies the Comprehensive Physical Assessment (CPA). Although these two documents are utilized together, it is not mandatory that the HRH be repeated each time the CPA is repeated.

2. The HRH needs to be reviewed, updated, and signed every time a youth re-enters the facility. A new HRH may be completed at any time at the discretion of the health care provider or staff at a facility.

3. Changes/updates to the HRH are made directly on the form in the respective section. The printed name, signature and credentials of the person completing the update are placed on the last page of the HRH. The HRH should always accompany the CPA, and is to be filed directly behind the current CPA in the Individual Healthcare Record (IHCR).

4. It is the responsibility of the practitioner who conducts the CPA to review the HRH and/or verify or clarify (whichever is applicable) the history as documented on the HRH at the time the CPA is conducted.

5. The standard departmental forms for documenting the CPA and HRH shall be used (see Attachment 1 and 2, respectively). The current CPA is to be filed in the youth's IHCR, in the "core health profile." The current CPA should be filed directly behind the immunization/infection control records.

6. CPAs that are outdated should be removed from the "core health profile" and re-filed in the section of the IHCR reserved for miscellaneous records, in reverse chronological order (most recent document on top in that section). If a HRH is repeated (as opposed to being updated), the prior HRH should be filed in the section of the IHCR reserved for prior/miscellaneous records, in reverse chronological order (most recent document on top in that section).

7. Outdated CPAs and HRHs constitute a part of the legal documentation of care and are not to be discarded.

B. Comprehensive Physical Assessment

1. All youth who enter the physical custody of the Monroe Detention Center (and do not have a current CPA on file) receive a comprehensive physical assessment (CPA) performed by a physician (MD), osteopathic physician (DO), or advanced registered nurse practitioner (ARNP) no later than 10 days from the date of admission.

2. For determining the maximum timeframe, the day of admission is considered the first day.

3. All Comprehensive Physical Assessments (CPA) shall be completed using Attachment 1 of this policy.

4. Qualified medical staff will review all new detention admission packets received into the Medical Department from Admissions and Release Area on the date of receipt.

5. The packet will be date stamped with the medical staff person's initials on the first page of the packet.

6. Youth without identified health concerns will be scheduled for HRH and CPA within 10 days of admission

7. After the medical staff reviews the admission packet, the documents will be placed in an Individual Healthcare File, which will be prepared for the youth. All medical information from previous admissions shall be also being included.

8. The youth's name will be placed onto the appointment schedule.

9. The youth's completed Health Related History (HRH) shall be made available to the individual conducting the CPA.

10. A 10-day maximum timeframe for the CPA should not be construed that a physician or ARNP does not see youth with a medical or mental health need, complaint or symptom prior to 10 days. This timeframe (10 days) refers only to the comprehensive physical assessment.

11. Youth with medical or mental health needs, complaints or symptoms are to be seen as soon as possible, and the encounter with the qualified medical staff is to be documented in the progress notes of the Individual Healthcare Record (IHCR).

    a. Medical Staff will verify the medications per procedure.

    b. Medical Staff will notify the Designated Health Authority or designee regarding the need for prescription medications or the identified medical condition/s.

    c. Medical Staff will schedule the youth to complete a new or updated health related history, and schedule an appointment for evaluation by the physician, or ARNP based on the plan discussed with the DHA or as soon as possible after admission to the facility

    d. Documentation in the youth's Individual Healthcare Record will include all actions taken and the plan for follow up.

12. The encounter should be documented following medical standards for documentation, and should include at a minimum, the following:

    a. date/time of the encounter;
    b. youth's complaint or stated reason for the encounter;
    c. the assessment findings (including vital signs); and,
    d. the practitioner's diagnosis, impression, or determination.
    e. the treatment documentation

13. The physician or ARNP who sees the youth under these circumstances may also elect to perform the CPA at this time (if there is no current CPA on file); if so, the standardized form should be utilized for the CPA.

14. If a CPA was performed on a youth in a prior admission (either to a detention center or a residential/correctional facility), that CPA, if current (in the last two years), should be reviewed, but not duplicated or repeated unless, in the clinician's professional opinion, a new CPA is necessary (i.e., the current CPA is not sufficiently detailed, or the youth's health status has changed to the extent that a new CPA is warranted). See section "IV. B." for an explanation of the timeframes for a CPA to be considered "current."

15. If there is a current CPA on file, and it is within the required time frames, and the youth has had a change in condition, a clinician may opt to conduct a *focused medical evaluation*, documented in the progress notes of the individual healthcare record (IHCR) without conducting a new CPA.

16. A *focused medical evaluation* does not require completion of a new comprehensive physical assessment form, nor does it require that all the components of the comprehensive assessment be conducted. There are no timeframes for a focused medical evaluation, since it takes place whenever the need occurs, as opposed to a scheduled follow-up such as a medication evaluation or a periodic evaluation. If conducted on-site, a focused medical evaluation is documented as a narrative note in the youth's individual healthcare record. If conducted off-site, it is documented on the *Summary of Off-Site Care*, which is then filed in the individual healthcare record.

17. The facility superintendent and medical staff will ensure that youth in detention who are adjudicated, committed, and are to be placed in a residential commitment program but are to be released pending placement, and do not have a current CPA on file, receive a completed CPA prior to release from detention. Medical Staff may be informed of the releases by one or more of the following mechanisms:

    a. Medical staff's daily review of the admission and release lists to determine which youth are being released

    b. Medical staff's attendance in detention review staffing.

c. Daily communication from Detention Shift Commanders/Supervisors in charge of medical issues and Juvenile Detention Officers who have had responsibility for completing release procedures for youth.

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Detention Center Superintendent Date

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Designated Health Authority Date

Review Dates: _____

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date: 5/4/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.05**
Subject: Immunizations			**Reference:** DJJ Heath Services Manual CDC& Prevention Child & Adolescent Immunization Schedule-U.S2005 Federal Food and Drug Administration Vaccine Adverse Event Reporting System QI Indicator 4.07 www.flshots.com
Purpose:	To ensure all youth entering the MRJDC are immunized against communicable disease according to the recommendations by the Center for Disease Control for the Unites States to protect health & safety of the population. Provide a system to identify youth needing updates to their immunization schedule and to arrange for the administration of the specific immunization.		

PROCEDURE

1. The current Recommended Immunization and Immunization "catch-up" schedule will be posted in visible area in the Medical Department.

2. The Nurse will review each Facility Medical and Mental Health Screening Form Intake Packet for youth when they arrive. The Immunization history will be reviewed at this time or when the Health Related History is completed.

3. A printout of the youth's immunizations will be requested from the Monroe County School System if not present with the admissions packet. The medical staff will also contact the Juvenile Probation Officer (JPO), the youth's personal physician, or the parent/legal guardian in an effort to obtain the current immunization record.

4. Efforts by the healthcare staff to obtain immunization records will be documented in the Chronological Progress Notes and maintained in the youth's Individual Healthcare Records.

5. The Medical Staff who is reviewing the immunization record will record his/her initials and date of review on the immunization report.

6. If immunizations are not current, the Medical Staff will consult with the Designated Health Authority to determine an immunization schedule and whether the immunization should be administered. The physician, or PA conducting a youth's comprehensive physical assessment makes the final determination for the need of additional immunizations.

7. Vaccines will be provided by the Monroe County Health Department. Limited stock of Td may be procured through the contracted pharmacy if approved by the DHA.

8. A pregnancy test should be completed on all females of childbearing age before any immunization is administered.

9. In cooperation with the public health department, youth who have been in the facility for at least thirty (30) days, will have needed immunizations administered by a licensed health care professional pursuant to a written order of a physician or licensed healthcare professional, who is authorized by Florida law to provide such direction, and parental consent.

10. Prior to the administration of any immunizations, a current signed authorization for evaluation and treatment and a written parental notification of immunizations ordered will be completed using the Parental Notification of Health-related Care: Vaccination/Immunization Form. The receipt of this form by the healthcare staff, signed by the parent/legal guardian, will constitute parental consent for the administration of recommended immunizations.

11. The Vaccine Information Sheet is included in the parental notification. The youth is given the same information and may discuss the information with the facility's nurse

12. All immunizations administered on or off-site to a youth, while in the care and custody of a DJJ facility within the scope of this manual, are to be documented on the DJJ Comprehensive Immunization Record.

    a. Documentation referring to administration of vaccines whether on or off-site is entered on the Chronological Progress Notes.

    b. Documentation of immunizations administered during an off site health care encounter are noted in the Summary of Off Site Care (which includes a copy of the medical classification form). Upon the youth's return to the facility, the form is filed in the Individual Health Care Record section designated for Off Site Care.

13. Any adverse event that occurs during or following the administration of a vaccine is reported to the Federal Vaccine Adverse Event Reporting System by the facility administering the vaccine or the person who observes the event.

14. Medical professional staff of MRJDC will have the Web sites for CDC, FDA, and VAERS readily available for immunization information reference and reporting .info@vaers.org

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Detention Center Superintendent Date

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Designated Health Authority Date

Review Dates: _____

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure** **# 7.06**
Subject: **Procurement of Medication Diamond Pharmacy Services, Inc**		**Reference:** QI Indicator 4.27, 4.28, 4.31, 4.32, 4.33 & 4.34	
Purpose:	To ensure there is a standardized practice in place for the procurement of medication prescribed for detained youth at Monroe Regional Juvenile Detention Center.		

PROCEDURE

New and Refill Prescription Orders:

Transcribe the physician’s order onto the Prescription Order Form and fax the prescription to Diamond Pharmacy.

Place a copy of the prescription in the Individual Health Care record. File in reverse chronological order.

Complete the medication documentation process i.e. reviewing and signing off the orders, making entries on the Chronological Progress Note, completing the Medication Administration Record.

When the medication arrives at the facility the next day by Fed-Ex, compare the received items with the original order. Receipts are filed away in a folder in the Medical office.

Medication is only ordered in 14 days supply from Diamond Pharmacy.

Stat Medication

If a medication is needed to be administrated to the youth the same day, the nurse will fill out the Stat Medication form and fax to Diamond to alert them that a three-day supply of medication needs to be called in to Walgreens Pharmacy by Diamond. The nurse will call Walgreens to assure that the medication is ready to be picked up. When the medication is ready the nurse or a detention staff member will pick up the medication. The remaining prescription will arrive by Fed-Ex.

Controlled Medication

An original prescription will be needed to fill a controlled substance order. Once the original prescription is secured, the nurse will transcribe from the original prescription to the medication order form and fax the order form to Diamond Pharmacy. The original prescription will be Fed-Ex to Diamond Pharmacy to assure that the original prescription is there within 72 hours of the fax.

Stock Medications

The Nurse inventories over the counter supplies once a month and orders accordingly as needed through Miami Dade Regional Juvenile Detention Center through their Medical Department.

Record the receipt of the additional stock medications or supplies on the appropriate perpetual inventory logs.

Whenever supplies are received, attach all receipts to the order forms and send to the Contract Manager.

Keep copies of the order forms for 6 months or as directed by the contract manager and destroy by shredding after that time.

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Detention Center Superintendent Date

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Designated Health Authority Date

Review Dates: _____

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:** **10/7/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure** **# 7.07**
Subject: Receiving and Procurement of Medication			**Reference:** DJJ Health Service Manual QI Indicator 4.27, 4.28, 4.29, 4.31 & 4.35
Purpose:	To ensure that all youth of the Monroe Regional Juvenile Detention Center have access to their prescribed medications upon admission to the facility and receive medication as ordered by the treating physician.		

DEFINITIONS

Emancipated - To releases a child from the control of the parent or guardian.

PROCEDURE

A. DETERMINING AND CONTINUING MEDICATION REGIMEN

MRJDC admission process follows DJJ policy for completing the Medical and Mental Health Admissions Screening for every admission of youth to the facility. This mechanism is intended to identify current and past Medical and Mental health issues including the need for medication.

1. Nursing and appropriately trained staff members will receive all medications brought into the facility upon admission of a youth.

2. Over the counter medication will not be accepted and will be stored with the youth's personal belongings or sent home with the parent/guardian (e.g. Tylenol, cough drops, etc.).

3. At the time the Facility Entry Physical Health Screening is reviewed, Medical staff notifies the facility's Designated Health Authority or designee that a youth with a medication need has been admitted. For youth admitted with prescription medication, the prescribing physician must be contacted as soon as possible to ensure continuity of care for follow up appointments or information pertaining to the youth's medication.

4. Only designated trained staff members and medical personnel will verify the authenticity of the prescribed medication and the contents of the container.

5. The prescribing MD will be notified of the youth's admission and when verification cannot be made. The results of the contact are to be documented in the Chronological Progress notes.

6. Once verification of prescribed medication is completed, the regimen determined and parental consent obtained, except if the youth is emancipated, the medication will be obtained or continued.

7. Documentation of the complete process will be completed on either the Medication Verification Form or Progress.

8. No staff member may capriciously elect to stop an appropriately prescribed medication.

B. PRESCRIPTION MEDICATION PROCUREMENT

1. When a physician or ARNP writes a new prescription, the order is reviewed and faxed to Diamond Pharmacy. If the medication is needed stat a call will be placed to Walgreen's Pharmacy by Diamond to fill the order. The medication should be available for administration to the youth the next day, if not needed immediately.

2. A parental consent, in the form of the *Notification of Health Related Care* form or witnessed verbal consent, or court order must be obtained prior to administration, except when the youth is emancipated. Medical & Detention staff shall make attempts at the time of receiving and during scheduled visitation, to have the parent/guardian sign an Authorization for Evaluation and Treatment.

3. In the event nursing staff are unable to obtain consent within 72 hours, the youth's name will be provided to the Probation office and the case will be placed on the court docket. At court, a court order will be requested.

4. In the event commencement of a new medication is necessary to prevent complications, (e.g. antibiotic) the prescribing physician or ARNP may order the medication to begin immediately while parental notification is pursued. Medical or detention staff to assist in the notification may contact the probation officer.

5. When the medication is not needed immediately, medical personnel will attempt to contact the family and provide written notification to the guardian prior to initiating the medication.

6. Detailed documentation of the medication regimen will be established for all youth on medication and filed in the Individual Health Care Record, under the Medication section. Documentation can be in the form of:

   a. A written order from the physician (telephone order from physician and transcribed and reviewed by the ARNP.)

   b. Photocopy of the prescription

   c. A carbon copy.

   d. The pharmacy receipt tab, which has the prescription information included.

7. The Medication Administration Form can be completed at the time the order is reviewed, however, a second review for accuracy of transcription and medication is done when the medication arrives.

8. Delays in commencement and/or administration of medication must be reported to the Designated Health Authority and the MRJDC Superintendent and reflected in the statistical reports. A delay in medication administration resulting in medical complications requires a report to the Central Communications Center.

C. VERIFICATION OF PRESCRIBED MEDICATIONS

1. When medical staff is available or scheduled to be on duty in the facility that day, and he/her arrival does not cause an unnecessary delay for administration of the prescribed medication, the ARNP will receive all prescription bottles from the admitting officer and will verify the medications by review of the prescription label and contents of the container.

2. When the nurse will not be available in the facility, only Detention Supervisors trained in Assisting Youth with self Administration of Medication may perform the medication verification procedure with accompanying documentation.

3. Only medication in the original container from a licensed pharmacy, with an appropriate, current label intact on the medication container may be taken into the facility. Proper labeling includes the following:

   a. Name and address of the pharmacy,
   b. Telephone number of the pharmacy,
   c. Date of dispensing,
   d. Name of the prescribing health care professional,
   e. Name of the youth,
   f. Dosage directions (route/number of times taken daily),
   g. Warning statements, if applicable, and/or additional instructions for use, and
   h. Prescription number.

4. When in doubt about the authenticity of a prescription medication brought with the youth to the facility, verification is accomplished by calling the pharmacy that dispensed the medication, and by comparing the appearance of the medication with that shown and described in the Physician's Desk Reference (PDR) or Nursing Reference resource.

5. Documenting the process for verification is accomplished through an entry into the Chronological Progress Notes in the Individual Health Care Record, or by using the Prescription Verification form, which then is filed under the section in the Individual Health Care Record.

6. Medications that cannot be verified will not be administered to the youth until the following occurs:

   a. He/she is evaluated by the DHA. The facility's Health Authority or designee must determine whether to continue the medication as prescribed or to adjust the treatment regimen during the first visit with the youth or as part of the Comprehensive Physical Assessment.

   b. When the facility's Health Authority or designee determines that alteration in the medication regimen is clinically indicated (including changes in dosage) on-site, a detailed entry in the Chronological Progress Notes must be made, which explains the rationale for the change in medication and documents any discussions that have occurred with the youth, parents/ guardians, or other health care professionals who prescribed the original medication regimen.

   c. Parental notification must occur when a change in medication as described in "b" occurs.

   d. Youth's personal pediatrician/family physician contacts DHA or Medical Department.

   e. Issuance of a new prescription by the off site provider.

D. VERIFICATION & CONFIRMATION OF TRANSFERRED MEDICATIONS

1. Prescription medications deemed verified and confirmed by a DJJ facility that have remained exclusively in the control of the DJJ facility, do not require re-verification or confirmation by MRJDC unless the prescription label has been altered.

2. A copy of the prescription should be filed in the Individual Health Care Record. On-Site Physician Orders are written on the Chronological Progress Notes or on a specified Physician Order Page.

3. The requirement that a copy of the prescription is retained in the Individual Health Care Record may be met by any of the following:

a. Photocopy of the prescription,

b. Carbon copy,

c. The pharmacy receipt tab, which has the prescription information included,

d. Dental prescriptions may be documented in the Chronological Progress Notes (Dental Services) in the same manner.

E. PURCHASE AND FUNDING

1. Administration staff of the MRJDC and DJJ contract managers will be responsible for having properly executed contracts with licensed medical providers and pharmacy vendors, so that all youth having a medical need for medication will receive their medication without unnecessary delays.

2. Walgreen's Pharmacy will provide prescription medications when needed on the same day, weekends, or holidays.

3. Parent's Private Insurance may cover the cost of medication when parents participate in the youth's care plan.

F. DESIGNATED HEALTH AUTHORITY AND ORIGINAL PRESCRIBING PHYSICIAN COORDINATION

1. During the youth's first visit to the facility's Designated Health Authority or designee (ARNP), he/she must determine whether to continue the medication as prescribed or to adjust the treatment regimen. It is expected the DHA will collaborate with the youth's physician on any changes in the individual treatment plan. (e.g. youth experiencing break through seizures while on neuroleptic medication; infection not responding to the current antibiotic; pain medication after surgery)

2. When a change in the medication is clinically indicated after consultation, a detailed entry in the Chronological Progress notes is made that justifies the change. Consultations with parents, physicians or other health care providers who prescribed the original medication regimen are to be included in the documentation.

3. When such determination is made off-site, all documentation must be noted on the Summary of Off-site Care or a copy of the off site providers' notes are attached to the Summary form and filed into the youth Individual Healthcare record. Details are recorded in the Chronological Progress Note

OFFICIAL

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Detention Center Superintendent Date

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Designated Health Authority Date

Review Dates: _____

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.08**
Subject: Medication Storage, Access and Inventories			**Reference:** DJJ Health Services Manual Chapter 2, (B), Chapter 3, pg13, Chapter 5, Chapter 11 Chapter893.03, F.S. (2005) "Drug Abuse and Prevention Act". QI Indicator 4.28, 4.29, 4.30, 4.31 & 4.35 Consultant Pharmacist Manual
Purpose:	To provide for the safe and secure storage for all prescription and stock medications used by youth in the MRJDC and provide a method of accountability for controlled, prescription and stock medications. Comply with rules and requirements for holding a Modified Class II B Pharmacy permit and comply with regulations set forth by Drug Enforcement Agency for medication management. **The Monroe Regional Juvenile Detention Center voluntarily surrendered its Modified Class II B Pharmacy permit.**		

PROCEDURE

A. Storage and Inventories

1. Prescription medications for individual youth are stored in the medication cart in the medical department, and over-the-counter medications are stored in locked cabinets in the Medical Department, which is secured, and is inaccessible to youth and unauthorized personnel.

2. Cabinets are located in the Health Services areas and are clean, organized and suitable for medication storage. They will be free from temperature extremes, moisture, and other adverse conditions.

3. Oral (taken by mouth), Topical (for use on the surface of the skin), Nebulized/Inhalants (via inhalation either through the mouth (puffer) or nebulizer apparatus) and Injectable (given into skin, muscle or vein), are all stored separate from one another. Nebulizer & oral medication specific to a particular youth may be stored together in the individual locked cabinet drawer.

4. Medication requiring refrigeration is stored in a secured refrigerator, which is used for medication storage only. Medical Staff is to check the refrigerator temperature daily and record on a log specific for that purpose.

5. Narcotics are stored in the double locked box in the locked medication cart. A perpetual inventory for each controlled medication, with running balances, is maintained.

6. Syringes and sharps (needle, scissors, blades, etc) are locked in a secure cabinet/drawer and are counted weekly and safety needles need to be in accordance to OSHA and community standards. A perpetual count shall be maintained each time a syringe is used. The notation will include at a minimum:

- date,
- youth's name
- nurse's name
- remaining count

7. Health Services personnel will take special care to ensure that all pharmaceutical, over the counter medication, and other sterile supplies are moved to the front of the cabinet, and the new items are placed behind the older medication, to provide stock rotation.

8. All unopened bottles are stored in a locked cabinet and are inventoried weekly. In the occurrence of missing sharps or medication or medication errors, an incident report will be completed and forwarded to the facility Superintendent. These issues, medication errors, and patterns will also be reviewed at the quarterly Pharmacy and Therapeutics Committee Meetings.

9. An inventory count for controlled substances is conducted every 24 hours. Provider Medical Staff will perform this function.

10. Working supplies of over-the-counter medications are inventoried via perpetual inventories with running balances. All stock medication is counted weekly. Provider medical personnel perform this function.

11. Provider Medical Staff will record the delivery, receipt, issue and/or disposition of all pharmaceutical medication, over the counter or prescription medications, syringes and sharps.

B. Access

1. Non-licensed staff members, who are assigned to administer medications to youth, in the absence of medical staff, will be designated in writing, receive yearly training, and have the duty assigned to them on their job description.

2. Only Provider Medical staff and staff trained in assisting youth in self administration of medication, is to have access to controlled substances at Monroe Regional Juvenile Detention Center.

3. The medical staff and those custody staff members trained in medication administration, shall be the only personnel permitted access to the clinic area.

4. No youth shall have any access to any medication storage unit or syringes or sharps. The only exception would be a youth requiring parenteral medication, and has demonstrated proficiency in self-administration, and the DHA and Superintendent have approved the practice. This youth shall be issued only the items needed for one-time administration, in the presence of a staff member trained in medication administration areas.

5. The Medication storage cabinets will remain locked at all times.

C. Disposal of Narcotics and Other Controlled Substances

1. The licensed medical person or Superintendent or designee, together with the contracted consultant pharmacist, dispose of narcotics and other controlled medications **in accordance with DEA regulations.**

2. The controlled medication for disposal is documented on the Control Drug Destruction Record. After disposal both the medical person and the superintendent or designee sign this record.

3. The perpetual inventory of medication to be destroyed and the Control Drug Destruction Record is filed in the clinic.

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Detention Center Superintendent Date

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Designated Health Authority Date

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.09**
Subject: Medication Administration			**Reference:** DJJ Health Services Manual Chapter 2, (B), Chapter 3, pg. 13, Chapter 5, Chapter 11 Chapter 893.03, F.S. (2005), "Drug Abuse and Prevention Act". Chapter 64B9-14.003, F.A.C. QI Indicator 4.27, 4.28, 4.29, 4.30, 4.31 & 4.35 Consultant Pharmacist Manual – Mod Class II B Pharmacy
Purpose:	For the proper medication administration and oversight by licensed medical staff; to ensure that all youth at the Monroe Regional Juvenile Detention Center receives their prescribed medications pursuant to physician orders.		

PROCEDURE

A. Information concerning common side effects and precautions of prescribed medications are clearly communicated and readily available to the (trained) staff person(s) administering medications.

1. Common side effects are listed on the Medication Administration Record (MAR), side effects monitoring form and medication fact sheet is filed with the MAR

2. Contraindications to the specific medication are listed on the MAR.

3. Physician's Desk reference and product information pharmacopoeia sheet is available for reference for side effects, teaching issues, contraindications.

B. The program has a process in place that documents at least weekly review of medication administration by the DHA/Medical Staff. Facility administration must be informed of any discrepancies, so that appropriate action can be taken to prevent other medication errors.

- Log is maintained with the MAR evidencing weekly review of MAR and reporting discrepancy

C. Medications are provided pursuant to a physician order written directly in the Individual Healthcare Record (or pursuant to a youth's current prescription container (if a youth's medications are administered from a current individual prescription container with a current patient-specific label for which verification can be made).

1. All medications are verified using the facility verification process (refer to procurement of medication for process)

2. The Designated Health Authority (DHA) is informed of the youth's medication regimen

3. The DHA in consult with the ordering physician determines when to discontinue a medication

D. Any medication/treatment problems are discussed with the Medical Department personnel. If not on-site, the DHA is to be contacted by staff for medication related difficulties or questions.

E. All medications administered will be signed off by the person administering the medication as well as by the youth.

1. No medications are to be signed off as being given prior to their administration

2. Appropriate documentation on the MAR will be used to denote medications taken, refused, not given. E.g. medical staff's initials, circle in the □ for the dosage not given with the nurses' initials within

3. The Medication Refusal Form is to be used to document why a medication was not given/taken.

4. Additional information can be written on the refusal form to document actions or plan (P).

5. The information is to be communicated to the on coming staff

F. A licensed healthcare provider of a level of at least an LPN, who has experience in administration of parenteral medications, administers all subcutaneous, intradermal, intramuscular, or intravenous medication.

1. No intravenous medications will be administered in the facility

2. Staff approved and trained to administer medication in the absence of licensed healthcare staff (DHA, RN, LPN, PA) shall be permitted to give oral and topical medication, prescription (including controlled medication) and/or approved over-the-counter medication. No parental (subcutaneous, intradermal, intramuscular, or intravenous medication) will routinely be given by anyone other than licensed healthcare staff. (For exception see O, #2).

3. The facility Training Coordinator has a list of the officers who have completed the training. It is also posted in the MAR Book.

4. Healthcare professionals are on-call for MRJDC 24 hours per day, seven days per week

G. It is on the approval of the facility Superintendent that a youth, who has been self-administering parenteral medication prior to admission, continues to do so initially under supervision of the licensed healthcare personnel. With satisfactory completion of the procedure, the DHA may authorize the JDO who is trained in medication administration to supervise the youth self- administer the medication. Actual medication will be secured in the medical office.

1. There will be a current and valid authorization for Evaluation and Treatment for the individual youth

2. The Health Professional will provide instruction on how to give medication and evaluate the youth's skill for self-administration.

3. The Designated Health Authority or designee will provide the Superintendent with information relating to the youth's ability.

4. After self-administration both the youth and the supervising staff member will sign the MAR.

5. Disposal of any administration materials or instruments will be disposed of in the appropriate container – (biohazard)

6. Any notations regarding the effects of the medication need for additional instructions or other information will be noted on the Progress Note in the youth's individual Healthcare Record.

H. Medication is delivered to the module, via locked medication carts by the licensed nursing staff, or youth will report to the medical office accompanied by a detention staff member for medication administration.

1. Medical Staff may distribute the medications in each MOD using the medication cart. However, this will be at the discretion of Medical Staff and the availability of Detention staff to provide for security of staff and youth. Otherwise youth will be escorted to the Medical Department for their medications.

L. Most common side effects and/or precautions are listed on the individual MAR and a combined list of various medication classifications are in the MAR binder for reference.

M. Each youth, on prescription medication, has a *Medical Alert Sheet* completed and routed when the youth is placed on medication.

a. The Alert is routed upon completion to the Shift Supervisor, each module, Master Control and Food Service where it is filed in the Medical Alert Notebook that is to be kept up to date.
b. The Alert form is to be generated for Allergies and contraindications to prescribed medications
c. A side effects form is also located inside the front cover of the Alert Book for reference for common side effects for medication categories.

K. Medication Administration Record

1. Each youth receiving medication will have an individual Medication Administration Record (MAR). One MAR shall be used for each month of the year. The required components are:

a. Youth identifying information (name, DOB, SSN) on each MAR (a picture of youth is located before each individual MAR)

b. A notation of all allergies, side effects, contraindications, medical alert status

c. Notation of the youth's medical classification

d. The name of the medication and the frequency, dosage, and route of administration.

e. Medical staff's Name, credentials and initials

f. Youths' initials

L. As many medications as possible should be listed once on a single MAR. There is a space for staff and youth to initial date and hour that the medication was self-administered. Also, there is a space for staff and youth to initial and then write their signatures.

M. The MAR must reflect changes each time a medication is added, deleted, or a dosage or frequency of administration changes.

1. When dosages or regimen is changed from the original prescription, the new order will be transcribed to the MAR and the original order will be marked "discontinued" (d/c) on the MAR.

2. The remaining days on the MAR for the discontinued medication will have a line drawn through or blocked out with a blue or green marker

3. The new order will be transcribed with all the pertinent information and the dates blocked out up to the first day the new dose is to begin

4. An original prescription or container label cannot be changed or altered to reflect a change in the prescription order.

N. Medication Distribution

1. The DHA oversees administration of all medication.

2. All medication issues/problems from other staff members, who may observe or have questions, are communicated to the Medical Department. The medical staff may be paged and if not available, the DHA can be paged.

3. Medical staff shall administer medications at either the nurse's station or from the portable medication cart.

4. Each youth will be seen individually. The Medical staff or staff member shall compare the youth with their photograph, which is in front of their MAR, and confirm the youth's identity verbally.

   a. Verify youth's name with Officer, intake picture & youth.

   b. Confirms the allergy status of the youth and question the youth about potential side effects or adverse reactions to the medication.

   c. Make specific inquiries when the youth is prescribed anti-tuberculosis or psychotropic medications or as requested by the Designated Health Authority or Designated Mental Health Authority.

   d. The Medical staff opens the prescribed container and administers the correct medication into the youth's hand, one medication at a time. A soufflé cup may be used, but the youth must observe the staff pouring the medication into the cup.

      - Provide a glass of water before providing access to the medicine.

      - The youth will verbalize verifying the medications are correct.

      - The youth shall remain in full view of the staff member to observe medication was swallowed.

      - Removing or handling the medication outside of the medicine cup is strictly prohibited.

      - Immediately after placing medication in mouth have the youth open mouth to show medication.

      - Directly observe that the youth actually swallows the medication.

      - Immediately after swallowing medication with water, check for retaining medication. Officer may assist with this check. Medical or detention personnel ask the youth to open his mouth, stick out his tongue, etc. If the youth has been known to hold medications in his/her mouth, staff may use a one-time-use disposable tongue blade, to gently pull the tongue and cheeks away from the gums to ensure, that the medication has not been held.

      - Have the youth turn head to the side and cough

- Check open hands with fingers spread apart.

- Medicine and drinking cup should be disposed in small separate waste bag if using the cart. Medication Administration Record should be signed immediately after administering medications.

- Provide any medication teaching for recently added medications or as indicated by questions by the youth.

5. The Medical personnel or Staff member administering medications will document their ongoing monitoring and side effects observations on the appropriate checklist.

6. Facility direct care staff (JDO) shall also monitor youth's behavior and progress while taking medication and shall notify the medical staff of any changes or concerns that they may observe. The attached side effects checklist for medications will be used and any problems are immediately reported to medical.

7. All youth on prescribed medication shall be monitored by the Designated Health Authority on an on-going basis and re-evaluated periodically (not to exceed three months, and always prior to refilling the medication).

8. Any youth suspected of retaining medication or failing to take medication properly shall be reported to the DHA and facility supervisor and documented in the patients file.

O. Provision of Oral Medication by Non-Healthcare Staff

1. Non- healthcare staff who provide oral medication in the absence of Medical personnel are the JDOS or the back up Senior Juvenile Detention Officers who have been trained and demonstrate competency in the proper medication administration procedures. This training has been approved by the Designated Health Authority and the Superintendent and includes:

   a. Storage of medication

   b. Identification of medications as packaged

   c. Identification of the appropriate time for medication administration

   d. Appropriately matching the medication with the youth, his/her name, and the time of administration

   e. Proper documentation of the MAR (Medication Administration Record)

   f. Appropriate documentation of the date, time, and medication refused by youth:

      i. Documentation of the refusal of medication on the Medication Refusal Form or the Chronological Progress Notes maintained in the Individual Health Care Record.

      ii. Proper documentation of the refusal of medication in the MAR.

      iii. Procedures for reporting youth problems/side effects following medication administration

      iv. Procedures for administration of liquid medication

      v. Procedures for administering nasal sprays, inhalers, eye drops, eardrops, etc.

vi. Procedures for administering over-the-counter medications in compliance with the approved Medical Protocols

vii. Procedures for administering oral medications as needed (prn)

2. All staff administering medications will discuss any medication related problems or difficulties with the in-coming designated staff prior to leaving the facility for the day.

3. MRJDC will maintain a current list of those officers who are authorized/trained to dispense medications. The lists will identify the officer by name and title.

4. All officers authorized to dispense medication shall have proof of training conducted by the Region's Nurse Consultant or appropriate healthcare provider. This training shall be documented in CORE accordingly, and a copy of the sign in sheet maintained in the officer's training file.

5. All officers authorized to dispense medications will be formally assigned this duty on their job description.

P. Parenteral Medication Administration

1. Only licensed health care professionals who are qualified to administer parenteral (subcutaneous, intradermal, intramuscular, or intravenous) medications may administer such medications at this facility. Parenteral medication and the related equipment will be stored in the health clinic (see Policy 7.08 Medication Storage).

2. The only exception to the above requirement is in instances in which a youth has routinely self-administered his/her own medication prior to admission to the MRJDC. The youth must be educated in the side effects of the medication and be proficient in the procedure and well informed about the techniques and precautions associated with the administration.

3. The approval of the both the superintendent and the Designated Health Authority is required prior to making arrangements for that youth to report to the medication administration area for self-administration, under the supervision of a staff member who has control of the vial of medication and sharps being used.

4. Standard precautions must be used in all instances of parenteral medication administration.

5. When a youth is admitted to the facility with immediate medication needs (do not have prescription medication with them or have run out of medication) the DHA is notified to provide direction to the staff on how to proceed.

OFFICIAL

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Detention Center Superintendent Date

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Designated Health Authority Date

Review Dates: _____

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:** 10/7/09	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.10**
Subject: Oral and Parenteral Medication Monitoring			**Reference:** DJJ Health Services Manual Chapter 2, (B), Chapter 3, pg. 13, Chapter 5, Chapter 11 Chapter 893.03, F.S. (2005), "Drug Abuse and Prevention Act". Chapter 64B9-14.003, F.A.C. QI Indicator 4.27, 4.28, 4.29. 4.30, 4.31, 4.32, 4.33, 4.34 & 4.35
Purpose:	A practice in the MRJDC that provides for the safe and effective medication monitoring for youth to realize the most effective benefits of prescribed mediations; to receive appropriate medical and mental health evaluations for the purpose of evaluating the effectiveness and making modifications to the medication regimen when needed; and to discover and appropriately intervene when medication adverse or side effects are noted.		

DEFINITIONS

Oral – taken by mouth
Parenteral – administered through a device into, muscle, vein, artery, sub-cutaneous tissue

PROCEDURE

1. All youth receiving oral and or parenteral medication shall be monitored on an on-going basis and re-evaluated periodically (not to exceed three months) by the DHA or appropriately licensed designee.

2. For youth admitted to the facility and who have a private psychiatrist, it is expected the private psychiatrist will provide the necessary monitoring for that youth and nursing staff will arrange follow up appointments for the youth.

3. All youth receiving prescription medications are monitored on an on-going basis for side effects, adverse and allergic reactions.

4. Youth receiving psychotropic and anti-tuberculosis medications are monitored for specific side and adverse effects of long-term medication treatment that fall under these classifications.

5. The Designated Medical Health Authority or Mental Health physician (Psychiatrist) Authority will evaluate and when necessary prescribe, the required laboratory and diagnostic studies prior to or during treatment for youth placed on the aforementioned classifications, as well as other types of medications requiring diligent monitoring. This will include those youth who have a private psychiatrist and for whom no diagnostic monitoring/testing results are available for review.

6. When an off-site provider prescribes the medication that provider is responsible for ordering the laboratory or diagnostic tests prior to commencement of the specific medication. However, the facility's DMHA will order those tests when none are received from the original practitioner.

Monitoring tests will not be delayed or omitted due to the originating practitioner not providing the service.

7. The MRJDC DHA will consult with the off site provider when there are differences in opinion regarding the treatment plan.

8. Medical Staff or Trained Detention staff will observe the youth during medication administration and on an ongoing basis, and document their observations in the Individual Healthcare Record (IHR) or on the *weekly checklist for specific symptoms*. This does not preclude the recording of observations, and actions that are revealed at times other than the suggested weekly monitoring. The observations, assessments and actions are recorded in the youth IHCR.

9. A side effects checklist format is used for the weekly monitoring of psychotropic and/or anti-tuberculosis medication side effects.

10. Allergies to medications are documented on the MAR, in the Individual Health File and on the Medical Alert form.

11. Prescription medication advisories are placed into JJIS, noted on the youth's medication administration record (MAR) in an effort to clearly communicate common side effects and precautions.

12. Detention staff is instructed to report any youth complaint, especially, if he/she is taking prescription medications, to the medical staff as soon as possible. The DHA is to be notified immediately when medication side effects or problems occur.

13. Periodic documentation of chronic health condition evaluations/appointments (including psychiatric evaluations for continuation of medication) must include:

    a. The diagnosis, target symptoms of each medication
    b. The normal dosage range, the ordered dosage and frequency of the prescribed medication.
    c. Whether or not the practitioner contacted the parents by telephone to discuss the medications except when emancipated.
    d. For psychotropic and other medication, the rationale for the ordered dosage, if the dosage is outside the normal range.
    e. Each medication change requires that the prescribing practitioner relay necessary information about side effects and or precautions to the facility and to the parent/legal guardian.

14. Because of the increased and often unpredictable sensitivity of adolescents to medications, each facility must ensure the practitioners providing prescriptions to youths are aware of the unique characteristics of the facility, and to inform them of when medical staff is available or how to contact medical staff for consultation.

15. For classification of medication requiring clinical laboratory monitoring (either to ascertain therapeutic serum levels or to detect potential adverse reactions) or other types of monitoring (i.e., EKGs for youths prescribed tricyclic antidepressants, etc.), such monitoring shall be ordered by the prescribing health care professionals at the time of writing the prescription.

16. Prescribing health care professionals must indicate the frequency of such monitoring (such frequency to be no less than that accepted by the organized medical, mental health or dental community).

17. It is the responsibility of this facility to schedule the follow-up visits of all youths to return to the prescribing clinicians for the monitoring, laboratory testing and review of the results.

18. When medication is prescribed prior to the youth's admission to this facility, it becomes the responsibility of the facility's Health Authority to ensure that the medication is appropriate and that further use of this medication is medically necessary.

19. The re-evaluation must be documented in the chronological notes if conducted on-site. If conducted off-site, the documentation should occur on the standard DJJ form (Summary of Off-Site Care).

MONITORING FOR SIDE EFFECTS

Youths on psychotropic and or anti-tuberculosis medications must have specific documentation of on-going monitoring for side effects.

1. Information must be available and communicated to persons administering medication.
2. Healthcare staff, to indicate that appropriate monitoring was done, completes specific documentation in the health care record and the weekly checklist.
3. Direct care staff monitor for side effects on an on-going basis.
4. Youths on psychotropic medications must have at least weekly monitoring for potential side effects and documentation. A checklist is used at the Monroe Regional Juvenile Detention Center for daily monitoring by either the direct care or medical staff. And Medical staff is expected to document at least weekly monitoring in the IHCR
5. Youths on medication for tuberculosis must have at least weekly monitoring for potential side effects and documentation for the first month after medications have been initiated and monthly thereafter.

PARENTERAL PSYCHOTROPIC MEDICATION ADMINISTRATION

It is the policy of the Monroe Regional Juvenile Detention Center not to administer any psychotropic medication in parenteral form.

OFFICIAL

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Detention Center Superintendent Date

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Designated Health Authority Date

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.11**
Subject: Medical and Mental Health Alert Process			**Reference:** DJJ Health Services Manual Chapter 4 Mental Health and Substance Abuse Services Manual Chapter 5, IV FS 985.04 QI Indicator 1.10, 4.08, 4.09, 4.12, 4.17, 4.27.
Purpose:	To have a system in place to inform those with a "need to know" of a youth's medical or mental health condition using advanced planning to avert potential emergency situations; being prepared to respond to alerts by providing appropriate and immediate intervention, that offers protection for the youth and staff during medical or mental health crises. The Medical/Mental Health Alert system communicates important information received through facts or related history and works to preserve the privacy of the youth without jeopardizing proper medical and mental health care.		

PROCEDURE

1. An Alert is generated by the Medical Department after receiving notification from the admissions officer or during review of the Medical and Mental Health Screening Form and a chronic condition is identified i.e.
   - Allergy
   - Seizure disorder
   - Hemophilia or other blood disorder
   - Diabetes
   - Asthma
   - Cardiac Disorders
   - Sickle Cell Disease/Syndrome
   - Pregnancy or history of complication relating to a pregnancy
   - Recent Head Injury
   - TB Prophylaxis and Psychotropic medications

   Critical and Special Alerts are also found on the youth's face sheet in the JJIS system. The admissions officer can generate alert during the intake process.

2. In addition to the above, youth meeting any of the following criteria will be placed in the Medical Alert System:

   - Detainees with a history of taking or currently taking psychotropic medications or diagnosis of mental health condition
   - History of, or current activity restriction
   - Dietary Restrictions for medical, allergy and spiritual considerations
   - Aggressiveness or sexual acting out
   - Upon the direction of the Superintendent
   - Upon the direction of the Health Authority

3. The Alert Form is completed with all pertinent information relating to the condition and routed to the appropriate departments and the Superintendent. Those departments include:

   - MODS where the youth is placed
   - Dietary
   - Master Control

   If the JJIS systems are in place, medical staff will enter alert into the JJIS system and notify the shift supervisor of the alert.

4. When detention staff receives an alert notice, planning for response to a potential emergency is to take place. Detention staff may consult with medical or mental health personnel to assist with planning or to determine how to respond.
   Preparation may consist of (some examples)

   - Juice or other snack available in the facility for youth with diabetes
   - Awareness of need to contact emergency services for youth with hemophilia who may sustain a traumatic injury
   - Consults with mental health authority for response to youth who displays overt sexual behaviors

5. Youth receiving psychotropic and TB medications are monitored for evidence of side effects of those medications, and the alert information directs the staff to be aware and to monitor for these side effects and report the findings to the medical personnel.

6. Youth who are known to be HIV positive do not need to be placed on the alert system. They do not usually present with emergencies. All staff is expected to follow Standard Precautions in the daily operation of the detention center.

7. A youth may divulge his/her HIV status to the DHA, or Superintendent and others with a need to know since treatment and funding for special needs may be considered necessary.

8. The DHA or medical personnel will inform the youth and help him/her understand why the information needs to be shared with certain others, and to reassure the youth of the efforts by the MRJDC to keep the information limited to those identified individuals with a need to know.

9. The youth should be asked to sign a release specific to the parties to whom the information is being released.

10. The Designated Health Authority evaluates youth with chronic conditions based on the requirements of the Health Services Manual and Nursing Assessment.

11. No Detention or Medical Staff member will discuss any youths' conditions (allergies, medications) that may be present on the alert with other youth.

OFFICIAL

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Detention Center Superintendent Date

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Designated Health Authority Date

Review Dates: _____

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:** 5/4/09	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.12**
Subject: First Aid and Emergency Care			**Reference:** DJJ Health Service Manual Chapter 9 QI Indicator 4.23 & 4.24 Pray, S. (2007). Insect Stings and Bites of Summer, Medscape. Posted July 10, 2007 FDJJ Policy 8000
Purpose:	To give attention to the Medical, Mental Health and Dental emergency needs of youth and staff of the MRJDC following procedures that provide expedient and appropriate intervention and maintain the safety of both the staff and youth residing in the facility. To ensure that appropriate training is provided to the Juvenile Detention Officers on the use of basic first aid and life saving procedures and annually updated. And contracts maintained with licensed medical providers to ensure that quality medical services are available for all youths residing within the facility.		

DEFINITIONS

Emergent Care is the health care component intended to provide care in response to unexpected illnesses, accidents or conditions of a medical or dental nature, which require immediate attention or an immediate professional assessment to determine their severity. And it refers to health care received in response to unexpected injuries or accidents, which do not necessarily require transfer to a hospital or emergency room. Examples:

1. Responses to youth complaints of severe pain or suffering, even when an event is not considered to be life threatening.

2. Unexpected mental health illnesses or conditions and substance abuse conditions requiring immediate attention or professional assessment to determine their severity.

3. Procedure for youths who experience dental trauma.

PROCEDURE

1. The Designated Health Authority or designee will be consulted on all illnesses or injuries requiring emergency care.

2. Emergency Medical Services, (911) is accessed directly by the officers when needed.

3. Youths requiring emergency medical care will be transported to Lower Keys Medical Center Emergency Room.

4. Staff will follow the Nursing Protocol for Dental emergencies will be taken to Lower Keys Medical Center emergency room or the dental clinic with the Rural Health Network.

5. Qualified persons from the Care Center will assess mental Health Emergencies for Mental Health, Inc.

6. All medical staff and officers will possess and maintain current certification in cardiopulmonary resuscitation and first aid (with copies kept on site) and use their training as needed, when medical personnel are not on duty. Failure of staff, who are trained and certified in CPR techniques, to provide emergency care, including CPR, to a youth as needed, is subject to disciplinary action and/or criminal proceedings.

7. Emergency phone numbers are posted in the medical office, in Master Control, and on the modules.

8. Whenever a youth is taken from the facility for emergency medical, dental or mental health care, the shift supervisor will contact the Superintendent and the youth's parent or guardian immediately**.** Qualified medical personnel will make written follow-up notification to the parents/guardian within three (3) days of the event.

9. All on-site emergent care (i.e., first aid or emergency encounters) will be documented in the individual healthcare record. Licensed healthcare personnel may enter this information directly into the chronological progress notes. Non-licensed staff will complete the Report of On-site Healthcare by Non-Healthcare Licensed Staff form, which will then be added to the individual healthcare record. All instances of emergent care are to be entered on the date it occurs.

10. All off-site emergency care will be documented on the Summary of Off-Site Care form, which will be incorporated into the individual healthcare record. Medical/nursing staff will review the summaries and any orders, and refer and follow-up on all cases where youth have been sent off-premises for emergency treatment.

11. Documentation may be made on the episodic care log and is a required entry for monthly statistical reports.

TRAINING AND PRACTICE

All staff that has direct contact with youths must maintain current CPR certification. All non-healthcare staff must complete a first aid course at hire and update annually.

The DJJ Staff Training department will conduct quarterly emergency drills each shift with various simulated events including natural disasters and dental emergencies.

The medical department will critique medical aspects of the drills and DJJ Staff training department staff will critique security and safety issues. Documentation will be maintained, which includes participant's names, steps/actions taken and corrective action necessary, and superintendent review and sign off.

Emergency Contacts and Information will be posted in the Supervisor's office, Medical Office and Master Control and will include:

- EMS
- Poison Control
- Emergency on-call physician, Dr. Jerome Covington, Medical Personal, Lower Keys Medical Center, Emergency Services, Care Center, Central Communications Center
- Security procedures for staff when the immediate transfer of a youth is necessary

Medical staff on-site is the first contact. If not available, the Health Authority (Rural Health Network) or designee is contacted for non-life threatening medical emergencies.

The Health Authority will be contacted when there is a need for immediate treatment or emergency room referral. In the case of all serious and potential fatal injuries, EMS (911) is contacted immediately.

The Health Authority, Parent/Guardian, Facility Superintendent, and when indicated as in the death or serious injury of a youth or officer, (see CCC policy for all reportable incidents) the Central Communications Center will be notified within the 2 hour time frame or sooner. (800-355-2280).

In the event that a youth requires transfer, all facility/security policies and procedures regarding client transport are followed (See FOP 8.16). Specifically for dental emergencies, the contracted dental provider is contacted immediately and orders for referral are processed.

Medical protocols and standing orders give the staff direction for first aid including trauma and dental injuries.

OFFICIAL

_____ _____

Detention Center Superintendent Date

_____ _____

Designated Health Authority Date

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:** **10/07/2009**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure** **# 7.13**
Subject: Exposure Control Plan			**Reference:** DJJ Health Service Manual chapter 14 QI Indicator 4.36, 4.37 & 4.38 Center for Disease Control- DHQP OSHA Standards Florida Administrative Code (F.A.C.) Chapter 64E-16 Florida Statutes, Section 381.0098
Purpose:	The protection of the MRJDC staff and youth from exposure to infectious material, blood borne pathogens, chemicals, and biohazardous waste materials. The plan is site specific, revised annually and approved by the designated health authority.		

GENERAL PROVISIONS:

Cases of infectious and communicable diseases, chemical and/or biological exposure will be managed according to the specific modes of transmission for the causative agents. Examples include, but are not limited to,

- Respiratory and Droplet Exposure – flu, TB, common cold
- Inhalation Exposures – chemical, biological
- Contact – skin, mucous membranes
- Other vectors – mosquitoes, clothing, linens (lice)

All exposures and diseases will be managed using the guidelines and procedures stated in the Regional COOP, and in full cooperation with the Designated Health Authority (Dr. Jerome Covington) and appropriate agencies for reference, reporting, treatment, clean-up, and post exposure tracking. Examples are not limited to those listed.

- Monroe County Health Department
- Center for Disease Control (CDC)
- National Institute for Occupational Health and Safety (NIOSH)
- US Dept of Labor
- Materials Safety Data Sheets
- US Dept of Health and Human Services (DHHS)
- National Institutes of Health (NIH) – which provides information about chemical consumer products.

RISK CATEGORIES

The following positions have the potential for mainly exposure to infectious and communicable diseases. The positions listed are from the most potential to the least.

- Direct Care Staff
- Medical and Mental Health Providers
- Administration

All staff and youth are placed at risk when biological and chemical assaults are threatened.

PROCEDURE

1. Every youth shall be provided personal hygiene supplies to include but not limited to; tooth brush, towels, combs, clothing and toiletries. The youth will not share personal hygiene supplies.

2. All staff and youths must practice proper hand washing techniques and procedures. Hands must be washed after using the bathroom, before and after eating and whenever necessary. Hand washing facilities with soap, alcohol based hand washing liquid, running water and paper towels will be made available to all staff and youth under the supervision of the detention officer.

3. The staff and/or youth shall be provided personal protective equipments (PPE) for handling biohazardous exposures and spills. The PPE shall contain but not limited to the following; latex gloves, protective gown, mask, goggles. The PPE shall be located at; Medical Department, Dietary, each module, and Education Department. The Latex gloves will be used to clean up all biohazardous waste including body fluids. The staff must wash their hands after the use of latex gloves. Powder free and latex free gloves shall be provided for the staff with powder or latex sensitivity.

4. The staff will utilize gloves when; cleaning, doing a search of the youth, handling youth clothing, any search within the facility and whenever handling a youth with wounds, cuts and scrapes and when providing first aid for he youth.

5. The youth shall be provided information on biohazardous waste clean up prior to his/her participation into any cleanup activity that involves a possible exposure to body waste and body fluids. PPE shall be provided to the youth who participates in this activity. No youth shall be allowed to clean another youth's blood or body fluid.

ENGINEERING CONTROLS

- Hand washing facilities are readily accessible to all employees who have potential for exposure.

- Containers for contaminated sharps are available and have the following characteristics:Puncture resistant and color coded or labeled with a biohazard warning label.

- Areas utilized for storage of specimens are labeled with biohazard warning labels
- Emergency cleanup kits are stocked and available in the medical clinic.

TRAINING:

All youth and staff will receive infection control training. Direct care staff will receive training within 90 days of hire and youth will receive training within 7 days of admission to the facility.

WORK PRACTICES

The Superintendent shall ensure the facility has adopted the following work practice controls as part of the bloodborne pathogen compliance program and that all staff comply with approved procedures addressing the handling and disposal of biohazardous materials:

1. Employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

2. Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. If soap and water is not available, alcohol based hand washing liquid may be used until soap and water is available. Mucous membrane exposures are to be flushed with water

3. Contaminated needles and other contaminated sharps are not bent, recapped, or removed unless:

    a. It can be demonstrated that there is no feasible alternative.
    b. The action is required by a specific medical procedure.
    c. In the two situations above, the recapping or needle removal is accomplished through the use of a medical device or a one handed technique.

4. Contaminated, sharps are placed in appropriate containers immediately, or as soon as possible after use.

5. Food and drink is not kept in refrigerator, freezers, or counter spaces or in storage areas where blood or other infectious materials are present.

6. In the performance of all procedures involving blood or other infectious materials, minimize splashing, spraying, or other actions generating droplets of these materials.

7. Blood/body fluid spills will be cleaned up in such a manner as to protect everyone from exposure to an infectious agent. The area will be properly disinfected. Procedures for blood and body fluid spills will include;

    - Standard precaution shall be used when cleaning blood spills.
    - Put on a pair of gloves, and other personal protective equipment as indicated.
    - Use forceps or other tool to pick up broken glass or other sharps. DO NOT use your hands.
    - Discard glass in a puncture resistant biohazardous container.
    - Commercially available spill kits may be used according to package directions.
    - Disinfect the area with one of the following;
        - Bleach solutions 1:10
        - Product approved by the EPA as effective against HBV with an accepted HBV label.
        - Chemical germicide that is approved for use as a hospital disinfectant and is tuberculocidal when used at recommended dilutions.
        - Never pour disinfectants directly onto a spill. Always clean up spills before applying disinfectant.

8. Specimens of blood or other materials are placed in designated leak proof containers appropriately labeled for handling and storage.

9. If outside contamination of a primary specimen container occurs, that container is placed within a second leak proof container appropriately labeled for handling and storage.

10. Equipment that becomes contaminated is examined prior to servicing or shipping and decontaminated as necessary.

11. An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions

12. Information regarding the remaining contamination is conveyed to all affected employees and the equipment service representative prior to handling or shipping.

TRAINING

A. Biomedical waste training will be scheduled as required by paragraph 64E-16.003(2)(a), F.A.C. Training sessions will detail compliance with this operating plan and with Chapter 64E-16, F.A.C. Training sessions will include all of the following activities that are carried out at this facility;

1. Definition and identification of Biomedical Waste
2. Segregation
3. Storage
4. Labeling
5. Transport
6. Procedure for Decontaminating Biomedical Waste Spills
7. Contingency Plan for Emergency Transport.
8. Procedures for Containment
9. Treatment methods

B. When a new employee is hired at MRJDC, the training supervisor will ensure the employee receives the OSHA required "Bloodborne Pathogen" training within 60 days of employment.

C. All facility staff including teachers, mental health, medical and maintenance personnel will be trained in occupational exposure to potentially infectious blood and other bodily fluids.

D. All staff will receive annual training. Evidence of attendance at training will be kept in each staff's individual training files and on the CORE system.

PERSONAL PROTECTIVE EQUIPMENT

At no cost to the employee, personal protective equipment is available including: gloves, gowns, and facemasks.

HOUSEKEEPING

Maintaining the facility in a clean and sanitary condition is an important part of the bloodborne compliance program. To achieve this task, the Shift Commanders/Supervisors or designee has provided a written schedule for cleaning and decontamination of the various areas of the facility.

LAUNDRY

A. Staff shall always wear disposable gloves when handling soiled laundry.

B. Laundry with potentially infectious blood and or bodily fluids will be separated from all other laundry and placed in a plastic bag. This bag will be placed in the proper receptacle located in the clinic.

BIOMEDICAL WASTE MANAGEMENT

A. Biomedical waste is any solid or liquid waste, which may present a threat of infection to humans. The following procedures will establish a system to be utilized at the Monroe Regional Detention facility for containment, storage and biomedical waste disposal;

B. All staff are required to follow the procedures of handling regulated waste that includes contaminated/used sharps, soiled laundry, used bandages, and other potentially infectious materials.

C. Items of sharps and non-sharps biomedical waste generated in this facility and the locations at which they are generated are:

Needles, lancets, vaccutainers, syringes, blood glucose strips, bandages-tips, cotton balls,	Medical unit

Band Aids, gauze, gloves	First aid kits located in Master Control, Dietary, Education, MODS,
Towels, sheets, clothes	Living units, laundry room, supply closets

D. The following procedures are used to manage and dispose of potentially infectious materials:

- Biomedical wastes are bagged or discarded in containers that are closable, puncture resistant, leak proof and RED in color.
- If biomedical waste is in a liquid or semi-solid form and aerosol formation is minimal, the waste may be disposed into the sanitary sewer system or into another system approved to receive such waste by the Department of Environmental Protection or the Department of Health.
- Containers for regulated waste are located throughout the facility within easy access of all employees and as close as possible to the source of waste.
- Waste containers are maintained upright, routinely replaced and not allowed to overfill.
- Filled red bags and filled sharps containers will be sealed at the point of origin. Red bags, sharps container, and outer containers of biomedical waste, when sealed, will not be reopened in this facility. Ruptured or leaking packages of biomedical waste will be placed into a larger container without disturbing the original seal.
- All sealed biomedical waste red bags and sharps containers will be with this facility's name and address prior to off-site transport. If the sealed red bag is placed or sharps container is placed into a larger red bag prior to transport, placing the facility's name and address only on the exterior bag is sufficient.
- When sealed, red bags, sharps containers, and outer containers will be stored in areas that are restricted through the use of locks, signs, or location. The 30-day storage time period will commence when the first non-sharps item of biomedical waste is placed into a red bags or sharps container, or when a sharps container that container that contain only sharps is sealed.
- This facility will negotiate for the transport of biomedical waste only with a DOH-registered company. The facility will have on file the pick-up receipts provided to the facility by the biomedical transported for the last three years. Transport for this facility is provided by:

  Company name: __Lower Keys Medical Center_____
  Address: 5900 College Road, Key West, Florida 33040
  Phone: _305-294-5531_____
  Pick up receipts are kept at: Medical Clinic at Monroe RJDC__

- Whenever employees move containers of regulated waste from one area to another, the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

LABELS AND SIGNS

A. For all employees, the most obvious warning of possible exposure to bloodborne pathogens is biohazard labels. Because of this, we have implemented a comprehensive biohazard warning label program using standardized commercial labels, using red color-coded containers.

B. The following items in MRJDC have been labeled:
   1. Containers or regulated waste
   2. Sharps disposal containers
   3. Other containers used to store, transport, or ship blood or other infectious materials.
   4. Laundry bags and containers.
   5. Contaminated equipment

HEPATITIS B

Hepatitis B Vaccinations program is recommended to all staff members.

POTENTIAL EXPOSURE

A. Post-Exposure evaluation and follow-up of staff at MRJDC after an exposure occurs is mandatory. MRJDC administration recognizes that even with full adherence to all of the exposure prevention practices, exposure incidents can occur.

B. Any staff member that believes he/she has been infected is to do the following:

- Staff should immediately wash the potentially infected area. Use the proper hand washing techniques as described previously.
- Staff then completes:
  1. Facility Incident Report
  2. First Injury Report
  3. Staff will need to make an appointment for a medical evaluation as soon as possible through the Workman's Compensation provider in their area.

ISOLATION OF INFECTED YOUTH

A. If a youth is believed to be infection with a communicable disease, the youth is isolated in the intake area at MRJDC.
B. While the youth is isolated, ten-minute checks will be conducted on the youth's that are in the cell. During interaction with the infected youth staff will use universal precautions.
C. Youth's who are isolated at MRDJC will come out of the cell for meals and recreation time.
D. The DHA or ARNP will be notified of the infected youth's status and the suspected infection.

STAFF SHALL NOT REQUIRE OR ALLOW A YOUTH TO ASSIST IN CLEANING UP BIOHAZARDOUS MATERIALS

DEFINITIONS

Blood: The fluid that carries nutrients, oxygen to all organs in the human body. May refer to blood products such as plasma and serum and other components used to treat various disease entities. It is essential for human life.

Blood borne: Pathogenic microorganisms present in human blood that can cause disease in humans. These pathogens include, but are not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

Standard Precautions: Measures that are designed to reduce the risk of transmission of blood borne pathogens and BSI (designed to reduce the risk of transmission of pathogens from moist body substances) and applies them to all persons receiving care regardless of their diagnosis or presumed infection status**. Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes.** Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

AIDS: Acquired immunodeficiency syndrome. AIDS is the final stage of HIV infection. It can take years for a person with HIV, even without treatment to reach this stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infections.

Anthrax: A serious disease caused by Bacillus anthracis, a bacterium that forms spores. There are three types of anthrax: skin (cutaneous) lungs (inhalation) digestive (gasterointestinal).

Avian Influenza: An infection caused by avian (bird) influenza (flu) viruses. These influenza viruses occur naturally among birds. Human influenza virus usually refers to those subtypes that spread widely among humans. Symptoms of avian influenza range from typical human influenza-like symptoms (e.g fever, cough, sore throat, and muscle aches) to eye infections, pneumonia, and severe respiratory diseases (such as acute respiratory distress and other severe and life-threatening complications

Chemical: Any element, chemical compound or mixture of elements and/or compounds.

Chemical Hazard: Any chemical that is a physical or health hazard.

OSHA/EPA Chemical Data Base: This database compiles information from several government agencies and organizations. Available database reports include: "Physical Properties," "Exposure Guidelines," "NIOSH Pocket Guide," and "Emergency Response Information," including the DOT Emergency Response Guide. In addition, an all-in-one report, "Full Report," is available.

Chicken Pox: Varicella a disease caused by infection with the varicella zoster virus, which causes fever and an itchy rash

E.Coli (Escherichia Coli): Are a large and diverse group of bacteria. Most strains of E. coli are harmless; others can make you sick. Infections start when you swallow bacteria—in other words, when you get tiny (usually invisible) amounts of human or animal feces in your mouth. Exposures that result in illness include consumption of contaminated food, consumption of unpasteurized (raw) milk, consumption of water that has not been disinfected, contact with cattle, or contact with the feces of infected people.

Flu (Influenza): Human influenza is transmitted from person to person primarily via virus-laden large droplets (particles >5 µm in diameter) that are generated when infected persons cough or sneeze; these large droplets can then be directly deposited onto the mucosal surfaces of the upper respiratory tract of susceptible persons who are near (i.e., within 3 feet) the droplet source. Transmission also may occur through direct and indirect cntact with infectious respiratory secretions.

Hepatitis: An inflammation of the liver. Toxins, certain drugs, some diseases, heavy alcohol use, and bacterial and viral infections can all cause hepatitis. Hepatitis is also the name of a family of viral infections that affect the liver. The most common types are hepatitis A, hepatitis B, and hepatitis C.

HIV: Human immunodeficiency virus. This is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease.

Lice: A parasitic insects that can be found on people's heads, bodies, and pubic area. Lice are most commonly spread by person-to-person contact

Meningococcal Disease: A bacterial infection that can cause meningitis, sepsis, pneumonia, or joint infections. Meningococcal disease can be quite severe and may result in brain damage, hearing loss, or loss of limbs. Meningococcal disease is one of the leading causes of bacterial meningitis in the United States. Signs and symptoms of meningococcal disease include high fever, headache, stiff neck, or a development of a dark purple rash.

MRSA - CA-MRSA: (Community-associated) MRSA infections that are acquired by persons who have not been recently (within the past year) hospitalized or had a medical procedure (such as dialysis, surgery, catheters) are known as CA-MRSA infections. Staph or MRSA infections in the community are usually manifested as skin infections, such as pimples and boils, and occur in otherwise healthy people.

Staph bacteria, including MRSA, can cause skin infections that may look like a pimple or boil and can be

red, swollen, painful, or have pus or other drainage. More serious infections may cause pneumonia, bloodstream infections, or surgical wound infections.

Mumps: An acute viral illness caused by the mumps virus. Symptoms include fever, headache, muscle aches, tiredness, and loss of appetite; followed by swelling of salivary glands. The parotid salivary glands (which are located within your cheek, near your jaw line, below your ears) are most frequently affected.

Shingles (Herpes Zoster): A painful skin rash caused by the varicella zoster virus (VZV). VZV is the same virus that causes chickenpox.

Smallpox: An acute, serious, contagious, and sometimes fatal infectious disease. There is no specific treatment for smallpox disease, and the only prevention is vaccination. It is caused by the variola virus (an orthopoxvirus), and marked by fever and a distinctive progressive skin rash.

OFFICIAL

_____ _____

Detention Superintendent Date

_____ _____

Designated Health Authority Date

ATTACHMENT A

Categories of Risk

Risk Category	Level of Risk	Staff Effected	Infectious and communicable diseases exposed to	Tasks Staff perform
A	High	JJDOI, JJDOII, JJDOS	Bacterial and Viral vectors and agents, (Includes all infectious and Communicable diseases) Chemical, Environmental, Physical and Psychological threats[	Admission, Transporting to & from facilities, Releases; applying & removing secure hardware, searches, applying PAR techniques, escorting youth in the facility; responding to accidents; Responding to Parents during Visitation
B	Moderate	Medical and Mental Health Staff	Infectious & Communicable Diseases; physical threats or actions ; chemical exposure	Evaluations and examinations of youth with direct and indirect exposure to youth with known & unknown communicable diseases; needle sticks, handling bio-hazardous waste products; collecting and preparing specimens for evaluation; treatment of infectious disease and conditions; treatment during emergency situations
B	Moderate	Maintenance Staff	chemical, environmental, physical agents and infectious agents in the closed work environment	Maintenance, repair and use of equipment containing various agents for operation; cleaning supplies, fuel; electricity; tools

			and surrounding areas	
C	Low	Administrative Staff	Community and environmental Communicable Diseases; exposure to some chemicals & biological, environmental factors - heat, light equipment	Supervision of staff and youth; assistance with various "Code" categories; opening mail and packages; using office equipment; meeting with parents, guardians and community representatives who may be exposed to other diseases and agents.

These categories do not suggest that all employees in this work setting can't be exposed to other agents such as a wide-ranging threat of chemical, biological, and infectious agents in various delivery forms

Nurse Pat Head.s revised 7.13 Exposure Control

Florida Department of Juvenile Justice
South Region Detention Services
Facility Operating Procedure

Detention Center Superintendent LaWanna Tynes	**Effective Date:** **10/07/2009**	**Revised Date:** **March 2010** **Revised Date:**	**Facility Operating Procedure** **# 7.13**
Subject: Exposure Control Plan			**Reference:** DJJ Health Service Manual chapter 14 Quality Assurance Standard 4.08 Center for Disease Control- DHQP OSHA Standards Florida Administrative Code (F.A.C.) Chapter 64E-16 Florida Statutes, Section 381.0098
Purpose:	The protection of the MRJDC staff and youth from exposure to infectious material, blood borne pathogens, chemicals, and biohazardous waste materials. The plan is site specific, revised annually and approved by the designated health authority.		

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    - Use forceps or other tool to pick up broken glass or other sharps. DO NOT use your hands.
    - Discard glass in a puncture resistant biohazardous container.
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A. Biomedical waste is any solid or liquid waste, which may present a threat of infection to humans. The following procedures will establish a system to be utilized at the Monroe Regional Detention facility for containment, storage and biomedical waste disposal;

B. All staff are required to follow the procedures of handling regulated waste that includes contaminated/used sharps, soiled laundry, used bandages, and other potentially infectious materials.

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Needles, lancets, vaccutainers, syringes, blood glucose strips, bandages-tips, cotton balls,	Medical unit
Band Aids, gauze, gloves	First aid kits located in Master Control, Dietary, Education, MODS,

Towels, sheets, clothes	Living units, laundry room, supply closets

D. The following procedures are used to manage and dispose of potentially infectious materials:

- Biomedical wastes are bagged or discarded in containers that are closable, puncture resistant, leak proof and RED in color.
- If biomedical waste is in a liquid or semi-solid form and aerosol formation is minimal, the waste may be disposed into the sanitary sewer system or into another system approved to receive such waste by the Department of Environmental Protection or the Department of Health.
- Containers for regulated waste are located throughout the facility within easy access of all employees and as close as possible to the source of waste.
- Waste containers are maintained upright, routinely replaced and not allowed to overfill.
- Filled red bags and filled sharps containers will be sealed at the point of origin. Red bags, sharps container, and outer containers of biomedical waste, when sealed, will not be reopened in this facility. Ruptured or leaking packages of biomedical waste will be placed into a larger container without disturbing the original seal.
- All sealed biomedical waste red bags and sharps containers will be with this facility's name and address prior to off-site transport. If the sealed red bag is placed or sharps container is placed into a larger red bag prior to transport, placing the facility's name and address only on the exterior bag is sufficient.
- When sealed, red bags, sharps containers, and outer containers will be stored in areas that are restricted through the use of locks, signs, or location. The 30-day storage time period will commence when the first non-sharps item of biomedical waste is placed into a red bags or sharps container, or when a sharps container that container that contain only sharps is sealed.
- This facility will negotiate for the transport of biomedical waste only with a DOH-registered company. The facility will have on file the pick-up receipts provided to the facility by the biomedical transported for the last three years. Transport for this facility is provided by:

  Company name: __Lower Keys Medical Center_____
  Address: 5900 College Road, Key West, Florida 33040
  Phone: _305-294-5531_____
  Pick up receipts are kept at: Medical Clinic at Monroe RJDC__

- Whenever employees move containers of regulated waste from one area to another, the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

LABELS AND SIGNS

A. For all employees, the most obvious warning of possible exposure to bloodborne pathogens is biohazard labels. Because of this, we have implemented a comprehensive biohazard warning label program using standardized commercial labels, using red color-coded containers.

B. The following items in MRJDC have been labeled:
1. Containers or regulated waste
2. Sharps disposal containers
3. Other containers used to store, transport, or ship blood or other infectious materials.
4. Laundry bags and containers.
5. Contaminated equipment

HEPATITIS B

Hepatitis B Vaccinations program is recommended to all staff members.

POTENTIAL EXPOSURE

A. Post-Exposure evaluation and follow-up of staff at MRJDC after an exposure occurs is mandatory. MRJDC administration recognizes that even with full adherence to all of the exposure prevention practices, exposure incidents can occur.

B. Any staff member that believes he/she has been infected is to do the following:

- Staff should immediately wash the potentially infected area. Use the proper hand washing techniques as described previously.
- Staff then completes:
  1. Facility Incident Report
  2. First Injury Report
  3. Staff will need to make an appointment for a medical evaluation as soon as possible through the Workman's Compensation provider in their area.

ISOLATION OF INFECTED YOUTH

A. If a youth is believed to be infection with a communicable disease, the youth is isolated in the intake area at MRJDC.
B. While the youth is isolated, ten-minute checks will be conducted on the youth's that are in the cell. During interaction with the infected youth staff will use universal precautions.
C. Youth's who are isolated at MRDJC will come out of the cell for meals and recreation time.
D. The DHA or ARNP will be notified of the infected youth's status and the suspected infection.

STAFF SHALL NOT REQUIRE OR ALLOW A YOUTH TO ASSIST IN CLEANING UP BIOHAZARDOUS MATERIALS

DEFINITIONS

Blood: The fluid that carries nutrients, oxygen to all organs in the human body. May refer to blood products such as plasma and serum and other components used to treat various disease entities. It is essential for human life.

Blood borne: Pathogenic microorganisms present in human blood that can cause disease in humans. These pathogens include, but are not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

Standard Precautions: Measures that are designed to reduce the risk of transmission of blood borne pathogens and BSI (designed to reduce the risk of transmission of pathogens from moist body substances) and applies them to all persons receiving care regardless of their diagnosis or presumed infection status**. Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes.** Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

AIDS: Acquired immunodeficiency syndrome. AIDS is the final stage of HIV infection. It can take years for a person with HIV, even without treatment to reach this stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infections.

Anthrax: A serious disease caused by Bacillus anthracis, a bacterium that forms spores. There are three types of anthrax: skin (cutaneous) lungs (inhalation) digestive (gasterointestinal).

Avian Influenza: An infection caused by avian (bird) influenza (flu) viruses. These influenza viruses occur naturally among birds. Human influenza virus usually refers to those subtypes that spread widely among humans. Symptoms of avian influenza range from typical human influenza-like symptoms (e.g fever, cough, sore throat, and muscle aches) to eye infections, pneumonia, and severe respiratory diseases (such as acute respiratory distress and other severe and life-threatening complications

Chemical: Any element, chemical compound or mixture of elements and/or compounds.

Chemical Hazard: Any chemical that is a physical or health hazard.

OSHA/EPA Chemical Data Base: This database compiles information from several government agencies and organizations. Available database reports include: "Physical Properties," "Exposure Guidelines," "NIOSH Pocket Guide," and "Emergency Response Information," including the DOT Emergency Response Guide. In addition, an all-in-one report, "Full Report," is available.

Chicken Pox: Varicella a disease caused by infection with the varicella zoster virus, which causes fever and an itchy rash

E.Coli (Escherichia Coli): Are a large and diverse group of bacteria. Most strains of E. coli are harmless; others can make you sick. Infections start when you swallow bacteria—in other words, when you get tiny (usually invisible) amounts of human or animal feces in your mouth. Exposures that result in illness include consumption of contaminated food, consumption of unpasteurized (raw) milk, consumption of water that has not been disinfected, contact with cattle, or contact with the feces of infected people.

Flu (Influenza): Human influenza is transmitted from person to person primarily via virus-laden large droplets (particles >5 µm in diameter) that are generated when infected persons cough or sneeze; these large droplets can then be directly deposited onto the mucosal surfaces of the upper respiratory tract of susceptible persons who are near (i.e., within 3 feet) the droplet source. Transmission also may occur through direct and indirect cntact with infectious respiratory secretions.

Hepatitis: An inflammation of the liver. Toxins, certain drugs, some diseases, heavy alcohol use, and bacterial and viral infections can all cause hepatitis. Hepatitis is also the name of a family of viral infections that affect the liver. The most common types are hepatitis A, hepatitis B, and hepatitis C.

HIV: Human immunodeficiency virus. This is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease.

Lice: A parasitic insects that can be found on people's heads, bodies, and pubic area. Lice are most commonly spread by person-to-person contact

Meningococcal Disease: A bacterial infection that can cause meningitis, sepsis, pneumonia, or joint infections. Meningococcal disease can be quite severe and may result in brain damage, hearing loss, or loss of limbs. Meningococcal disease is one of the leading causes of bacterial meningitis in the United States. Signs and symptoms of meningococcal disease include high fever, headache, stiff neck, or a development of a dark purple rash.

MRSA - CA-MRSA: (Community-associated) MRSA infections that are acquired by persons who have not been recently (within the past year) hospitalized or had a medical procedure (such as dialysis, surgery, catheters) are known as CA-MRSA infections. Staph or MRSA infections in the community are usually manifested as skin infections, such as pimples and boils, and occur in otherwise healthy people.

Staph bacteria, including MRSA, can cause skin infections that may look like a pimple or boil and can be red, swollen, painful, or have pus or other drainage. More serious infections may cause pneumonia, bloodstream infections, or surgical wound infections.

Mumps: An acute viral illness caused by the mumps virus. Symptoms include fever, headache, muscle

aches, tiredness, and loss of appetite; followed by swelling of salivary glands. The parotid salivary glands (which are located within your cheek, near your jaw line, below your ears) are most frequently affected.

Shingles (Herpes Zoster): A painful skin rash caused by the varicella zoster virus (VZV). VZV is the same virus that causes chickenpox.

Smallpox: An acute, serious, contagious, and sometimes fatal infectious disease. There is no specific treatment for smallpox disease, and the only prevention is vaccination. It is caused by the variola virus (an orthopoxvirus), and marked by fever and a distinctive progressive skin rash.

OFFICIAL

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Detention Superintendent Date

_____ _____

Designated Health Authority Date

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date: 5/28/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.14**
Subject: Infectious Disease Control			**Reference:** DJJ Health Service Manual Chapter 14 Center for Disease Control OSHA Standards Florida Administrative Code (F.A.C.) Chapter 64E-16 QI Indicator 4.36, 4.37 & 4.38 Florida Statutes. Section 381.0098
Purpose:	Provide for a preventative approach to the spread of infectious and communicable disease and prevent exposure of blood borne pathogens to the detention staff and youth within the MRJDC. Administration of MRJDC and Contracted Medical provider will maintain and annually review the Infectious Disease Control policy and procedures and ensure the procedures comply with the Centers for Disease Control (CDC) guidelines and OSHA standards of compliance for workplace exposure control.		

DEFINITIONS

Confidentiality – When dealing with HIV/A.I.D.S. and other communicable diseases, there are special considerations related to confidentiality. No information may be given to anyone without consent of the youth and Superintendent, and only on a "need to know basis". Violating a youth's right to confidentiality is a violation of the law and makes the person who violates that confidentiality personally liable.

Training and Education – All staff members at Monroe Regional Juvenile Detention Center will be trained on the issues of HIV/A.I.D.S., the prevention of communicable diseases, and the use of Standard Precautions by DJJ training staff.

Screening – Each youth will be screened and a physician may order diagnostic testing for the presence of an infectious disease, if indicated by the results of a routine history and physical examination, or presenting symptoms.

Accountability of Exposure – When an employee has a significant exposure to blood or other body secretions, a full report must be written (Internal Incident Report) and submitted to administration prior to the end of the shift on the day of exposure or suspected exposure. If indicated, all exposed staff or youths will be referred to Rural Health Network or Lower Keys Medical Center for evaluation and treatment. Staff will be encouraged to ask for testing in a setting outside of detention to determine HIV or other infectious disease status after exposure (Effected staff is to report to Administration Assistant for commencing workman's compensation process). The physician treating the worker will advise of the need for re-testing. Medical staff will track youth requiring treatment with appropriate referrals as necessary.

PROCEDURE

A. All staff and youths must practice proper hand washing techniques and procedures. Hands must be washed after using the bathroom, before and after eating and whenever necessary. Hand washing facilities with soap, alcohol based hand washing liquid, running water and paper towels will be made available to all staff and youth under the supervision of the detention officer.

B. The detention staff and contracted healthcare staff will be provided annual training in infection control procedures and site specific exposure control plans. Documentation for this training will be maintained within the employee's training files.

C. The contracted medical provider (Dr. Jerome Covington, Rural Health Network) will provide facility administration with certification of this training for their healthcare staff.

D. It is the responsibility of the detention and healthcare staff to practice good infection and exposure control by utilizing standard precautions (previously referred to as "Universal Precaution") when handling all body fluids, secretions, excretions, non-intact skin and mucous membranes regardless of whether they contain visible blood.

E. The facility has a site-specific Exposure Control Plan that is reviewed and revised annually and reflects the date of the last revision.

F. A Bio-hazardous Waste Plan is developed and implemented to provide guidance and describe requirements for the proper management of biomedical waste at Monroe RJDC. Guidelines for management of biomedical waste comply with Chapter 64E-16, Florida Administrative Code (F.A.C.), and section 381.0098, Florida Statutes. Material Safety Data Sheets (MSDS) are available for all chemical solutions that are utilized within the facility.

CONTROL OF INFECTIOUS AND COMMUNICABLE DIESEASES

The following practices and procedures establish a system at the Monroe Regional Detention facility for the control of infectious and communicable diseases

1. Any youths exhibiting signs and symptoms of any common self-limiting illnesses such as the cold or the flu will be scheduled for sick call care. The youth will be assessed and evaluated by the healthcare staff and treatment initiated according to physician orders to treat the particular symptoms.

2. The designated health authority will be contacted for the youth who is displaying signs and symptoms of illnesses that creates a risk of exposure for the staff and other detained youth.

3. The designated health authority will provide the clinical guidance for medical isolation (confinement) orders depending on the reported signs and symptom and the youth's illness. In the event that a youth is placed in medical isolation for his or her illness, the healthcare staff will conduct daily confinement rounds for re-assessment and evaluation of the youth and effectiveness of prescribed treatment.

4. Youths exhibiting symptoms of a common contagious illness of childhood (i.e. Measles, Mumps, and Chicken Pox), will be placed in medical isolation (confinement) until a medical evaluation is conducted by medical personnel. The designated health authority will be contacted and made aware of the youth's healthcare concerns. The health authority will determine the course of treatment for the youth.

5. The healthcare staff will conduct daily confinement rounds for re-assessment and evaluation of the youth and effectiveness of prescribed treatment. Decontamination procedures will be utilized for cleaning all confinement rooms utilized for the containment of all infectious and communicable

6. The DJJ medical and mental health Screening form will be utilized to identify the youth's infectious disease status with particular attention to his/her TB status upon admission into the facility.

7. The Monroe Regional Detention Facility does not meet CDC isolation guidelines for the containment of the youth with or suspected with active tuberculosis disease, therefore any youth who displays symptoms of active TB disease must be transferred to a facility meeting these requirements.

8. All active TB diseases will be reported to the County Health Department for follow-up care and treatment. In the event that a youth with active or suspected signs of active tuberculosis is admitted into the facility, the designated health authority will be contacted for clinical guidance and orders to transport the youth to Lower Keys Medical Center where further testing and care can be provided.

9. The healthcare staff will review the medical records for documentation of a prior TB Mantoux skin test. The healthcare staff will assure that test results are current and evaluated annually. (A positive TB skin test does not indicate active disease, but an exposure to the bacteria that causes active disease).

10. Any youth with a positive TB skin test will be scheduled for a chest x-ray to rule out active disease.

11. Documentation and follow up care for TB skin test administered to the youth shall be available on the TB log kept within the medical unit. TB skin test results and follow-up care shall also be documented within the youth's medical file.

12. Every youth admitted into the center shall be assessed for head and body lice and scabies. Every youth will be offered lice treatment with a non-caustic product approved by the medical authority for the treatment of all types of pediculosis (lice).

13. Any youth admitted with active infestation of lice and scabies shall be placed in medical isolation (confinement) until evaluated by the medical staff.

14. The designated health authority shall be contacted for clinical guidance and orders.

15. The healthcare staff will conduct daily confinement rounds for re-assessment and evaluation of the youth and effectiveness of prescribed treatment. The procedures for use of treatment solutions and shampoo will be followed according to the manufactures guidelines for usage.

16. Any youth identified with serious infectious diseases that can be transmitted through direct contact (i.e. skin infections with or without drainage, strep throat, pink eye, Methicillin Resistant Streptococcus Aureus [MRSA] or indirect contact meaning contact with a contaminated item (diarrheal infections, Hepatitis A, fever of unknown origin), which has a likelihood of infecting others, shall be medically isolated until evaluated by the medical staff.

17. The physician will assess the youth and provide orders for treatment.

18. The youth shall be isolated until the completion of prescribed treatment or until indicated by the facility medical practitioner.

19. The healthcare staff will conduct daily confinement rounds for re-assessment and evaluation of the youth and effectiveness of prescribed treatment.

20. Decontamination procedures will be utilized for cleaning all the living units, beddings, clothing and confinement rooms utilized for the containment of all infectious and communicable diseases.

21. Every youth admitted to the facility shall have their immunization status evaluated by the healthcare staff. Procedures will be followed to secure immunization records and administer or arrange for vaccinations according to CDC guidelines, doctor's orders and approval of the parent/guardian.

PROCEDURES FOR PREVENTION OF INFECTIOUS AND COMMUNICABLE DISEASE

1. Staff and Youth Personal Hygiene - This area is the first line of defense for the control of infectious diseases. All staff will utilize rubber gloves when:

    - Cleaning
    - Doing a search of a youth
    - Handling youth clothing
    - Any search within the facility
    - Handling a youth with a known contagious disease
    - All youth will wear rubber gloves when participating in clean-up
    - Youth will not be required to participate in cleanup of bio-hazardous waste or infectious materials.

- All youth will wear rubber gloves when participating in clean up.
- Youth will not be required to participate in cleaning up bio-hazardous or infectious materials.

2. All youth will be counseled within 24 hours of entering the facility on basic hygiene procedures and expectations that include:

    - Daily oral hygiene
    - Showering requirements
    - Use of deodorants
    - Washing of hands after bathroom use
    - Combing hair
    - Reporting procedures for any illness
    - Sick call availability (including the availability of HIV testing)
    - Basic cold and flu control: covering mouth when coughing, sneezing, etc.

PREVENTING AND CONTROLLING FOOD BORNE ILLNESSES

MRJDC staff will inspect food served for freshness, cleanliness and the appropriate food temperature (cold or warm). Staff and youth should wash hands before any servings of meals.

If food borne-illness occurs it will be treated as per the designated health authority on a case-by-case basis.

PREVENTING AND CONTROLLING BIO-TERRORIST AGENTS

All packages and incoming mail will be inspected at MRJDC for the appearance of any suspicious agents such as Anthrax and Small Pox.

If any suspicious packages arrive at MRJDC, staff will notify the appropriate agency.

GENERAL FACILITY CLEANING – DISINFECTANT PRODUCTS WILL BE PROVIDED FOR ALL CLEANING NEEDS

- All bathrooms in the facility will be cleaned with disinfectant and include:
    - o Toilet bowls
    - o Sinks
    - o Counter tops
    - o Shower stalls
    - o Mirrors
    - o Floors will be mopped with bleach (no more than 10% solution)
    - o Shower stall floors will be wiped with disinfectant
    - o All door handles and surface areas will be wiped with disinfectant
    - o All furniture in the Common Area will be wiped with disinfectant
    - o Front door lobby area will be cleaned and include wiping down furniture with disinfectant, trash removal to occur daily and the floor is mopped daily with disinfectant
    - o All handcuffs, leg irons, and restraining belts will be sprayed down with disinfectant spray

YOUTH ROOM SANITATION

1. All rooms will be sprayed with disinfectant spray.
2. 7-3 shift will be responsible for youth's room cleaning each morning
3. The weekend cleaning process on the module will include the following:

    - All items in the room will be removed
    - The toilet and sink will be cleaned with appropriate disinfectant cleaners (staff to dispense)
    - The floor will be mopped with 10% bleach water.
    - The mattress and pillow will be wiped down with disinfectant
    - The rooms will be checked for graffiti and other damage. The youth will remove graffiti if possible. If damage cannot be corrected, a maintenance request will be completed and forwarded to the maintenance mechanic.

- The hall will be cleaned and mopped with 10% bleach solution.
- All smoke detectors and sprinkler heads will be checked to ensure that there are no obstructions or damage.

DINING HALL

1. Youths assisting in the dining hall will adhere to the following hygiene procedures:

   - Wash hands with soap and water or fast drying anti-bacterial soap prior to starting any activity in the dining hall
   - Wear food service type plastic gloves whenever handling any food products during clean up
   - Any youth who has any type of health condition, i.e., cold, flu, infection, etc. will not be allowed to assist in the dining hall until the qualified medical personnel determines they are no longer infectious
   - Acceptable health practices for food handlers will be followed.
   - Prior to and after every meal, all tables will be washed with a disinfectant cleaner
   - All service areas will be washed with a disinfectant cleaner
   - Floors will be mopped with 10% bleach solution
   - Youth entering the dining hall for a meal will be provided with soap and water or a dry type hand cleaner for hand washing. Detention staff is to follow same directive prior to consuming a meal.
   - No food will be passed between youth during or after dining
   - No food will be taken out of the dining room by youth

ELECTRONIC EQUIPMENT

1. All electronic equipment, i.e. telephones, and lobby pay phones, intercoms, portable radios, etc. are to be cleaned daily

2. No disinfectant spray should be sprayed directly on the device. Spray should be put on the cloth prior to wiping the device.

3. All parts of the device are to be cleaned.

OFFICIAL

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Detention Center Superintendent Date

_____ _____

Designated Health Authority Date

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date: 10/07/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.15**
Subject: Sick Call			**Reference:** DJJ Health Services Manual Chapter 6, (II), A Miami Dade Grand Jury Report: Omar Paisley American Nurses Association (2006), Scope and Practicing Nursing in Correctional Facilities QI Indicator 4.11, 4.20 & 4.21 Chapter 985.01 and 985.02, F.S.
Purpose:	To ensure that all youth have access to regularly scheduled hours for sick call care and are provided with assessments, referrals and follow-up care when complaints require further assessment by health care professionals.		

PROCEDURE

A. SICK CALL PERSONNEL

1. The MRJDC shall provide all youth access to regularly scheduled hours in which sick call and dental complaints are identified, assessed, and treated.

2. MRJDC maintains a Physician and qualified medical staff to provide sick call for youth when medical staff is in the facility and are available on call 24/7 so that all youth who request sick call can be referred to the Health Professionals for assessment and intervention as needed.

3. Accountability Officers and Senior Juvenile Detention Officers (SJDO) are available to respond to sick call complaints using the protocols approved by the Designated Health Authority (DHA) when there is no medical staff physically present in the facility.

4. The DHA or designee will be available for telephone consult 24/7.

B. SICK CALL HOURS

Scheduled: Monday-Friday 8:00-12:00

C. SICK CALL REQUEST

1. All youth entering the MRJDC will be instructed upon intake by the Admissions and Release Officers and during the orientation process on procedures for accessing healthcare for complaints of illness.

2. Healthcare personnel will re-instruct the youth on accessing healthcare for illness and the 911 System for emergencies.

3. Sick Call requests will be available for completion on all modules- Accountability Supervisors are responsible for making sure request are entered into JJIS.

4. Youth will be encouraged to tell the officer on the mod of their illness or health complaint. Officers will assist those youth who are unable to complete the request and use the youth's own words for describing the complaint. Officers will repeat the information to the youth for accuracy.

5. Requests submitted prior to routine sick call shall be acknowledge to the shift supervisor when the sick call is entered or has to be entered into JJIS.

6. Written requests submitted after routine sick call shall be immediately forwarded to the supervisor. Submission of the written requests shall be immediately documented in the Module Log.

D. ROUTING THE REQUEST

1. The request will be forwarded to the Medical Department by one of several methods.

2. The supervisor receiving a sick call request prior to scheduled sick call will hand deliver the request to the Medical Department and document the time the request was received. Only Supervisors/ Senior JDO's will have access to the Clinic in the event the medical staff is not on duty.

3. When a youth complains of illness in the absence of healthcare personnel, he/she will be provided a sick call request. A Supervisor, trained in medication administration, Basic First Aid and CPR will follow the established and DHA approved protocols for the particular complaint or may call the DHA for direction and determination and whether the complaint must be addressed immediately. This is not to be mis-construed to mean the youth's complaint is not serious enough to be addressed, but rather to triage and provide the youth with the attention and intervention warranted for the complaint.

E. REQUEST PROCESSING

1. Medical staff shall conduct sick call using appropriate triage procedures, approved by the Designated Health Care Authority and shall respond to the youth needs with referral to a physician or Physician's Assistant for follow-up, when necessary.

2. All youth complaining of illness shall undergo complete physical assessment when seen by medical personnel. This will include vital signs, review and onset of symptoms, location of pain, discomfort, injury description, nursing diagnosis, plan of treatment which may include lab work if ordered by DHA or based on approved care protocols.

3. Youths that complete sick call requests shall be transported to the clinic by officers assigned to the clinic during scheduled sick call hours and/or as needed. Youth shall remain in the clinic until seen by a healthcare professional. The officer will remain with the medical provider at all times and will accompany the medical provider anytime they visit the modules. In the event that a youth is too ill to walk, consideration will be given for immediate emergency transport at that time.

4. In an emergency when no medical staff is available Non-licensed staff responding to sick call requests will immediately refer sick call complaints requiring professional health care services to the Designated Health Authority or Designee via telephone page or call. Youth may be transported to the Lower Keys Medical Center Emergency Room for those cases requiring professional evaluation and treatment.

5. The non-licensed staff member is responsible for completing the documentation for the care he/she provided and for filing into the Individual Health Care record. This includes an entry on the medication inventory log. All pertinent information is documented on the DJJ Report of On-Site Healthcare by Non-Healthcare Licensed Staff form or on the progress note.

6. The physician is available to complete comprehensive physicals and/or to evaluate youth referred by medical staff as needed. The flexibility of the Medical Staff and Physician schedules provide youth with access to care seven days per week.

7. The Physician or medical staff will review the sick call list to determine the need for follow-up treatment. The reviewer will sign the sick call list to verify review.

8. The Health Authority will prescribe chronic care, convalescent care, or hospitalization as is medically indicated. If hospitalization is indicated, the youth shall be accompanied at all times by a detention staff member.

9. All direct care staff are trained and certified in First Aid, the Heimlich maneuver, and Cardiopulmonary Resuscitation within the first one hundred and twenty days (120) of their employment.

10. Re-certification is completed as required by the First Aid / CPR Certificate.

11. Dental emergencies will be referred to the physician for intervention or sent to Lower Keys Medical Center for emergency treatment.

12. All sick call encounters provided by the medical staff and physician will be documented in the chronological progress notes of the healthcare record and on the sick call index.

13. All complaints of illness shall be addressed on the same day they are received with no exceptions. Staff shall call 911 in cases where youth are in need of urgent medical care.

F. SICK CALL DOCUMENTATION

1. Upon providing sick call services/medical evaluations, the healthcare professional will complete the documentation

2. Sick call encounters are clearly designated “Sick Call” and documented in the Chronological Progress Notes and placed in the youth Individual Health Care Records. Sick call assessments should be documented in JJIS with a completed copy of the assessment findings and treatment placed into the IHCR. Follow up assessments may be documented in the progress notes.

3. When documentation must be made in the Chronological Progress Notes in the Individual Health Care Records and should address:
   a. Date and time of the sick call encounter
   b. The youth sick call complaint
   c. The findings of the person rendering sick call care
   d. Treatment rendered
   e. Education and instructions given to the youth
   f. Plans for future treatment, referrals or follow-up, if any
   g. Need to notify parents/guardians
   h. Signature of the staff member rendering care and the end time.

4. Documentation of on-site sick call care provided by a licensed health care professional must conform to professional standards using the SOAP format or basic narrative format and communicate pertinent information to other health care professionals (this may result in revision or initiation of a DJJ Problem List and or treatment plan when indicated) in that such entries contain the elements listed above.

G. SICK CALL INDEX

1. In addition to documentation in the Chronological Progress Notes of the Individual Health Care Record and in the Sick Call Log, sick call complaints must be listed on the Sick Call Index, which is filed on the left side of the Individual Health Care Record and is part of the Core Health Profile.

2. This form provides a chronological listing of a youth sick call complaints and is a concise record of recent or recurring complaints or conditions that are not suitable for inclusion into the DJJ Problem List.

3. The Sick Call Index is designed to identify repeated occurrence of like illness and complaints so professional intervention may occur.

4. It does not take the place of the detailed entry of sick call care included in the Chronological Progress Notes of the Individual Health Care Record

Nothing in this policy shall prohibit any Monroe Regional Juvenile Detention Staff person from calling 911 if, in their opinion, an emergency situation exists. This includes overriding the orders of medical personnel if the situation warrants. No employee shall be disciplined for calling 911.

OFFICIAL

_____ _____
Detention Center Superintendent Date

_____ _____
Designated Health Authority Date

Review Dates: _____

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center

Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date: 5/4/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.16**
Subject: Human Immunodeficiency Virus (HIV)			**Reference:** DJJ Health Services Manual Chapter 14 QI Indicator 4.18, 4.19, 4.36, 4.37 & 4.38 FDJJ Policy 1100 HIPPA 1996 FS. 384 & 985.04 MMWR November 15, 2002
Purpose:	The MRJDC Detention staff and provider partners will work collaboratively **t**o provide youth and staff of MRJDC complete information on HIV and the opportunity for education on prevention and treatment, pre and posttest counseling and testing for the presence of the virus; contribute to efforts for prevention and control of the disease; provide direction to MRJDC staff and youth so accessing the service is seamless and provides confidentiality throughout the process; and to afford a practical means to protect the youths' and staffs' right to privacy and freedom from discrimination while seeking care.		

PROCEDURE

1. The Superintendent will assure that confidential HIV counseling and testing is available for all youths of the MRJDC through the Monroe County Health Department or the ARNP upon request or as ordered by the physician through the court system.

2. For every youth admitted to the MRJDC, the Nursing Staff completes the Department of Juvenile Justice Health Related History.

3. The nurse provides general and/or specific health education, determined by an assessment of the youth's history, current circumstances, and presence of risk factors.

4. Qualified medical Staff from the Monroe County Health Department will provide general and specific information concerning the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) and include the following information
   - Risk factors, symptoms, methods of transmission, and prevention.
   - Advise the youth of the availability of confidential counseling and testing for the virus
   - Record the information on the Education portion of the Individual Healthcare Record. Or by a listing of the ID Numbers of those youth in attendance and having the provider sign on the date he/she presented the instruction.

5. Medical staff will conduct instructional sessions at semi-annually for staff, and more frequently if the Health Dept. is not available for this service. These education sessions will be documented and available for review by DJJ staff.

6. Youths may receive confidential HIV testing upon their request, or when recommended by a licensed healthcare professional, based on reported symptoms, clinical findings, or an assessment of relevant risk factors.

7. Youth or staff requesting information and/or testing for HIV will be afforded access to the process without undue delay.

8. Parental permission is not required. Moreover, the parent cannot be notified about this without the youth's permission. The completed consent form will be retained by the testing agency.

9. Pre-test counseling, HIV test and post test counseling is conducted by a trained Health Department staff member when the youth is sent to the off-site provider. The qualified HIV/AIDS counselor prior to testing provides counseling to all youths about HIV exposure and risks and HIV/AIDS.

10. Education provided by the MRJDC staff is conducted on an individual, confidential basis, and is to be documented on the youth's Health Education Record when provided.

11. Results of HIV testing will be provided only to the youth. Youth may sign consent to provide the Health Authority with the results of such testing. Hard copy results of testing will be sealed in an envelope marked "Confidential" and then placed in the youth's Health Record.

12. A hard copy of the test result is available to the youth upon release. Test results will not be shared or discussed with other staff members not having a "need to know."

13. Youth admitted to the facility who are receiving treatment for HIV or AIDS or any medical or mental health condition will not be subject to discriminatory practices or disrespect by any staff member.

14. All pregnant youth will be offered the opportunity for confidential HIV testing, counseling and referral as a primary strategy to prevent perinatal human immunodeficiency virus (HIV) transmission.

AIDS EDUCATION

The facility nurse will provide general information on AIDS/STDs transmission and prevention for the youths during the initial health screening or during group educational sessions. The course curriculum minimally will include:

- Description of HIV Infection and AIDS
  1. The AIDS epidemic
  2. Definition and stages of the disease
  3. HIV counseling, testing and partner notification
  4. Basic immunology and virology
  5. Epidemiology of HIV infection

- Transmission of HIV
  1. Sexual transmission
  2. Perinatal transmission
  3. Blood and blood products transmission
  4. Non-transmission facts

- Prevention and Control of HIV Infection
  1. Sexual
     - Abstinence
     - Monogamy
     - Safer Sex
  2. Nonsexual
     - Abstinence from IV drug use
     - Substance abuse rehabilitation
  3. Perinatal
  4. Standard precautions

- Attitude and Behavior Change
  1. Conquer fear through knowledge and education

2. Personalize safer behaviors
3. Maintain overall healthy lifestyles

o Policy Development

1. Workplace issues
   - Working with AIDS and HIV patients
   - Personnel with AIDS and HIV
   - Testing of personnel and patients
   - Confidentiality issues/informed consent

2. Legal issues
   - Confidentiality
   - Informed Consent
   - Non-discrimination
   - Case reporting by physician

3. Infection control in the workplace

OFFICIAL

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Detention Center Superintendent Date

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Designated Health Authority Date

16
Review Dates: _____

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	Effective Date: **10/7/09**	Revised Date: September 2012 **Revised Date:** September 2013	Facility Operating Procedure **# 7.17**

Subject: Authorization for Treatment and Notification of Care	**Reference:** FDJJ-10000, 10/17/03 Mental Health and Substance Abuse Services Manual Section 985.224, 743.07, 766.103 FS Section 397.601 F.S. DJJ Health Services Manual (2006), Chapter 4 Standards for Health Services in Juvenile and Confinement Centers NCCHC QI Indicator 4.04, 4.05, 4.06 & 4.28

Purpose:	To provide a method of communication, confirmation and practice that all youth in the MRJDC, their parents and guardians are given essential information regarding examination, procedures, treatment, and alternatives to be able to make an informed decision about expected care, the manner in which it is rendered and the expected outcome. It is a means of acquiring information about a youth and sharing that information with those with a need to know for protecting the youth, others in custody of the department and officers. To Provide protection for individual 's health information and is a guide for identifying who may access the youth health record.

DEFINITIONS

Authority for Evaluation and Treatment – when signed by the parent or guardian, gives the department authority to assume responsibility for the provision of necessary and appropriate physical and mental health care to a youth while in the department's physical custody, in most circumstances.

Section 397.601 F.S., provides that the disability of minority for persons under 18 years of age is removed solely for the purpose of obtaining voluntary substance abuse impairment services from a licensed service provider, and consent to such services by a minor has the same force and effect as if executed by a client who has reached the age of majority.

PROCEDURE

1. Upon completion of the Medical and Mental Health Admission Screening and after any immediate mental health evaluations are completed, the admissions packet containing the signed Authorization for Evaluation and Treatment (AET) will be forwarded to the Medical Department.

2. The Medical Staff will review the packet for identification of any healthcare issues needing attention and for the presence of the signed AET

3. When the AET is present and properly signed, valid prescription medications brought with the youth may continue, and medical staff may proceed with health screenings

4. Designated Health Authority is notified according to Facility Operating Procedures of MRJDC.

5. The AET is filed in the Individual Healthcare Record in reverse chronological order on the left side of the record

6. When the AET is not properly signed, the medical personnel will perform the following to pursue proper signatures on the form.

    a. Telephone parent/guardian
    b. Send notification letter/note and AET to parent/guardian
    c. Note for follow up call and return of signed consent
    d. Send list of youth who do not AET to officers in charge of security during visitation so AET can be signed at that time
    e. Medical staff may attend visitation to speak with parent and have AET signed
    f. Medical staff contacts Juvenile Probation Officer (JPO) and requests his assistance in having the parent/guardian sign
    g. Detention medical staff initiates request to contact regional counsel to obtain a court order
    h. Medical staff documents all attempts on the Progress Notes of the IHCR. This includes filing of copies of the correspondent to the parent/guardian and JPO and any court orders received. Court orders and specific letters are filed under the AET tab in the IHCR.

7. The person who is successful in contacting the parent/guardian must follow these guidelines prior to signature:
    a. Ask parent/guardian to read the information and assist those who may have difficulty with reading/comprehension skills
    b. Explain the purpose
    c. Inform them they can list those treatments or medications which he or she prohibits, and they will have to follow up with a letter to the department regarding those treatments and medications.
    d. They will be informed when there are changes in their child's health status that may or may not warrant prescription medication, or visit to an off site provider.
    e. The parent/guardian may revoke the authority at any time, either in whole or part. If revoked in it's entirety, then the Department may apply for a court order to provide for the youth's medical and mental health needs.

8. The AET serves as the parent/guardian's permission to continue administration of all medications (including psychotropic medications) for which the youth has a valid prescription at the time of his/her entry into the physical custody of the Department. The AET provides the authority to:
    a. Continue present medications and administer as ordered
    b. Refill the prescription pursuant to appropriate assessment requirements
    c. Continue medication until the prescription expires
    d. Renew the prescription as long as the dosage and route does not change

The AET will not be used as authorization to begin prescription medications after the youth has entered the custody of the department; or change the dosage of current prescription medication the youth was receiving upon entrance into the facility, or to discontinue a medication prescribed at the time of entering the facility. Standardized notification form will be sent to the parent/guardian whenever any of the aforementioned actions occur.

PARENTAL NOTIFICATION OF HEALTH RELATED CARE

Prescribing of Non Psychotropic Prescription Medications

1. When there is significant change in a youth's medical condition and/or new non-psychotropic medications are prescribed, the Parental Notification of Health-Related Care is completed by the Physician, NP or PA and sent, via regular mail, to the parent/guardian to the address on record.

2. Unless, the medication must be initiated immediately (as in the case of an antibiotic for a throat infection) the administration of the medication should not be initiated until a minimum of five (5) business days have elapsed after the mailing of the letter, in order to provide the parent/guardian time to respond.

3. The following information must be included on the notification:

    a. Name of medication/s
    b. Purpose
    c. Dosage
    d. Route
    e. Frequency,
    f. Duration of treatment
    g. Side effects
    h. Potential adverse effects
    i. Contraindications

4. If medication/treatment is prescribed by an off-site provider who does not contact the parent/guardian for purposes of informing him/her, or refuses to complete the Parental notification of health related care, then the DHA will complete the form and provide the family/guardian this information:

    a. Name, address, telephone number of prescribing physician
    b. Instructions to call the prescribing physician with any questions about the medication/treatment
    c. Instructions to the parent/guardian to return the form to the facility to show they were informed of the new medication/treatment (check box at bottom of form prior to sending)

5. The medical staff may complete the Parental Notification of Health Related Care form after review of an order from facility's prescribing physician or PA. The form must be complete and contain all the necessary information relating to the new medication /treatment.

DISCONTINUANCE OF NON-PSYCHOTROPIC MEDICATION

1. Written parental notification will occur in the following examples:

    a. Discontinue of non-psychotropic medications that the youth was prescribed at the time of entering the physical custody of the Department.

    b. Discontinuance of non-psychotropic medications prescribed at a prior DJ J facility within the current commitment

2. It is not mandatory to provide verbal notification of discontinuance of a medication/treatment however, written notification must occur.
   This notification is not required if the medication is time limited e.g. short-term course of antibiotics.

3. In addition to the above, the Parental Notification of Health –Related Care will be sent to the parent/guardian for signature when any of the following occurs:

    a. When a youth complains of the same complaint three (3) or more times during a two-week period. This is not required if the youth is returning for follow up of sick complaint at the direction of the physician or advanced registered nurse practitioner, and if the complaint is one that is statutorily protected from disclosure to parents/guardians (e.g. sexually transmitted illnesses/diseases)
    b. Youth has an oral temperature equal or greater than 103 degrees
    c. Whenever a youth is taken off-site for healthcare, except when the type of care for which the youth is taken is statutorily protected from the disclosure to the parent/guardian.

        i. Assessment & treatment for sexually disease
        ii. HIV testing; AIDS related care
        iii. Pregnancy or family planning
        iv. Gynecological services that in the opinion of the health
        v. Care provider require treatment of the youth
        vi. Certain mental health treatment outlined in the Mental Health Policy

4. A Parental Notification of Health-Related Care will be sent via Certified mail if the care or treatment to be administered has been specifically prohibited, or that the parent has requested notification prior to the rendering of this care/treatment.
    a. If the youth is taken off-site (e.g. to the dentist, the emergency room, or the hospital), telephone notification must be done as soon as feasible and documentation of this notification is done in the chronological progress notes in the ICHR (if done by licensed healthcare staff). If non-healthcare staff does this notification, documentation will be done on the DJJ Healthcare by Non-Healthcare Staff form.
    b. The Parental Notification of Health Related Care is to be sent to the parent prior to the scheduled date for an of-site appointment so medical staff receives it in time to render the treatment.

EMERGENCY SERVICES

1. If the illness or injury is life threatening, after medical care is provided for the youth, every effort is made to contact the parent guardian. Attempts will be made to notify the parents/ guardians immediately by telephone. If the parent/guardian cannot be contacted the following steps will occur:

    a. Medical Staff is to notify Assistant Superintendent of inability to contact parent/guardian and discuss alternative methods of notification.
    b. Alternative contact methods may include relative/neighbor telephone to request contact with parent/guardian; call to work or school
    c. Probation Officer may be contacted to drive to parent/guardian home if in close proximity to the JPO office
    d. Law enforcement may be contacted to assist with locating parent/guardian

All attempts will be documented in the chronological progress notes of IHCR.

OVER-THE-COUNTER MEDICATIONS (OTC)

1. Written parental notification is not required for the administration of OTC medications unless parent has specifically prohibited the administration. They are:

    a. Given per approved protocol and listed on the validly signed AET

Parental Notification is not needed for treatment that is court ordered.

SEPARATE ADDITIONAL WRITTEN CONSENTS

1. Types of treatment requiring additional specialized informed consent of the parents/guardians include, but are not limited to the following:

    a. When it is recommended that a youth be hospitalized overnight or for a longer period
    b. Surgical procedures
    c. Dental services other than checkups and cleaning (i.e. extraction/removal of teeth, root canals, etc.)
    d. Any procedure or service of an invasive nature for which one can reasonably assume a parent would want to be personally involved in the decision to provide treatment or services to a youth (i.e. chemotherapy for cancer, etc.)
    e. Any procedure or service specifically identified in the Authority for Evaluation and Treatment by the parent or guardian as being prohibited.

PSYCHOTROPIC MEDICATIONS

1. When a new psychotropic medication is prescribed, the prescriber will complete the 3 Pages of the Clinical Psychotropic Progress Notes (CPPN)
2. Completed forms will be filed in the IHCR.

3. A copy of the 3rd page of the completed CPPN, along with the Acknowledgement of Receipt of CPPN (AOR), will be mailed to the parent/guardian via certified mail, return receipt,
4. Newly prescribed, or changes to psychotropic medications will only be started after documented oral consent has been obtained by the prescriber from the parent/guardian or the signed Acknowledgement of Receipt of Clinical Psychotropic Progress Note has been received by the healthcare staff.
5. Parental notification concerns regarding psychotropic medications can be discussed during the weekly Medical/Mental Health Staffing
6. Notification may be sent by regular mail for discontinuing or adjusting the dosage of a medication.

USING AET FOR RELEASE OF INFORMATION

When properly signed the AET serves as the MRJDC's authority to provide information to other healthcare provider and as a release to other providers for the purpose of releasing medical information to the detention center.

1. A copy of the original currently signed AET on file will be provided to the treating healthcare provider whenever healthcare information is requested by the MRJDC
2. Whenever a youth is to receive care from an off-site provider, a copy of the current AET will be sent to the provider so that the provider will be able to supply the healthcare staff of MRJDC information on the Summary of Off-Site Care and provide any instruction/orders necessary for the healthcare of the youth. (Consultant reports, results of diagnostic testing)
3. If the treatment is court ordered, a copy of the court order will be provided to the treating healthcare provider. (The original will be taken to the appointment)
4. If the treatment is covered by a general court order, a copy of the order will be provided to the healthcare provider.
5. Information relating to a youth's HIV status cannot be released without the youth's consent.

OFFICIAL

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Detention Center Superintendent Date

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Designated Health Authority Date

Review Dates: _____

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:** 5/4/09	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.18**
Subject: Gynecological Services			**Reference:** Health Services Manual Chapter 10 QI Indicator 4.16, 4.39, 4.40 & 4.41 CDC Recommendations http://www.cdc.gov/ncbddd/bd/abc.htm
Purpose:	To ensure that female youth of Monroe Regional Juvenile Detention Center obtain sick call, gender specific education, and comprehensive treatment for primary, prenatal, obstetrical and gynecological conditions in recognition of the high-risk nature of adolescent pregnancies.		

PROCEDURE

1. MRJDC provides access to a licensed physician, Dr. Jerome Covington and a Licensed ARNP who can address the immediate medical, gynecological, prenatal and obstetrical needs of the female population in the facility, and direct their care to off-site specialty providers if necessary.

2. The Physician is the medical case manager for female youth who may present with the aforementioned conditions or those revealed during health history interviews, and health evaluations.

3. When the youth has her own physician, that physician is the medical case manager for the obstetrical condition. The MRJDC Medical staff will work in concert with that physician.

4. Pregnancy tests are provided to female youth based on relevant history presented to the healthcare staff. The physician or ARNP will evaluate the youth and based on the result of the evaluation, will manage the youth's care until release or arrange a referral to an off site provider or the youth's own physician for continued care. Whenever possible, female youth will follow-up with their current Ob/Gyn provider they visited prior to detainment.

5. When a pregnant female youth is admitted to the facility, the following will occur:

   a. Notification of the Designated Health Authority
   b. Youth will have an appointment with the Medical Staff to complete the health related History (HRH) and Comprehensive Physical Assessment (CPA) during the next visit by the physician.
   c. Youth's current physician will be contacted and when the plan for treatment is known, arrangements will be made for the youth to follow up with her personal physician/specialist. Youth will be instructed on the importance of receiving HIV testing. Special diet, comfort measures, activity parameters may be ordered based on individual needs.
   d. An Alert will be generated to detention staff regarding diet, rest, and exercise as appropriate.

6. Gender specific education will be provided to all female youth and should include.

   a. Self breast examination
   b. Dietary needs during pregnancy (M.D./RN consult with Registered Dietician)

c. Importance of pre-natal care
d. Effects of Smoking, Drugs and Alcohol on the Developing Fetus
e. Sexually Transmitted Diseases
f. Birth Control
g. Exercise

7. Pamphlets, illustration, verbal interaction/discussion and classroom setting may be used to convey the information.

8. The off-site provider is responsible for providing appropriate education to the youth if receiving care for OB/GYN conditions.

9. The Medical staff in MRJDC will review any orders received from the treating physician and proceed with follow up according to those orders while the youth resides in the MRJDC.

10. In the event there are questions about the follow up care, the MRJDC physician or ARNP will contact the specialist to discuss the subject matter.

11. An Alert Form is to be generated from the Medical Department to inform appropriate staff of dietary, rest, activity restrictions or requirements.

12. The medical record of the youth will be transferred with her if she is going to another program. The documented plan for follow up care will be present in the Individual Healthcare Record in the Chronological Progress Notes and on the Health Discharge Summary if going to a Day Treatment Program, and will contain the plan for follow up appointments, activity, dietary and nutritional requirements to provide for continuity of care.

13. Female youth residing at the detention center will have a full range of gynecological services available to them. If the female youth will not be attending a long-term program, she will receive information and instructed to f/u with her own physician or other community resource for primary care including a PAP screening test.

14. Youth may complete & submit a Sick Call Request for gynecological complaints and do not have to write out the actual complaint but may ask to speak with the medical staff. This is to provide for confidentiality.

15. Medical staff will assess the youth and provide treatment or arrange an appropriate referral.

16. If the complaint is not within the scope of practice of the physician, the youth will be referred to their own physician or an off site specialist for care. The Florida Department of Health, Office of Maternal and Child Health will be contacted to provide a listing of resources for the youth when necessary.

17. All appointments, documentation and follow up of the off-site provider will be acted upon as stated in the previous information unless the facility's physician confers with the ordering physician to clarify or discuss certain areas of the plan and changes the plan of treatment.

18. Any needed immunizations will follow the CDC guidelines for immunization administration restrictions during pregnancy. Immunization will not be administered without the concurrence of the specialist provider, DHA and the pregnant youth.

19. All information related to pregnancy, STD, birth control, OB/GYN treatment is confidential and does not require the consent of the youth's parent or guardian.

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Detention Center Superintendent Date

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Designated Health Authority Date

Review Dates: _____

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center

Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date: 5/4/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.19**
Subject: Health Education			**Reference:** DJJ Health Services Manual QI Indicator 4.11
Purpose:	To ensure that all youths of Monroe Regional Juvenile Detention Center receive Comprehensive Family Planning and Health Education Services in accordance with Florida Statutes, either in the facility or by referral. Specific topics to be delivered include: - Prevention of communicable diseases (including AIDS) - Violence/injury prevention and - General information on prevention of the use of alcohol, nicotine products, and illegal substances		

PROCEDURE

The facility administration staff will ensure that health education, being a mandatory component of health services, will be offered to all youths either individually or via the group process.

A health education curriculum will document health education topics reviewed with the youth. Health Education covering family planning, sexually transmitted diseases, including HIV orientation, substance abuse, smoking, testicular or breast self examination, communicable diseases, and dental hygiene are offered to all juveniles upon health screening or physical exam and documented on the Health Education Form.

Authorized volunteers, teachers, group leaders, and/or healthcare staff may facilitate health education groups.

Education will be provided regarding all medications prescribed to a youth, as well as common side effects. During the time of the initial Health History and Health Assessment, the need for health information regarding youths with specific illnesses or currently taking medication will be assessed, and their individual health education needs will be met.

Health education topics include:

- Using seat belts
- Not drinking or using drugs especially while driving
- Using condoms if sexually active
- Not smoking
- Eating a healthy diet
- Getting regular aerobic exercise
- AIDS education
- Substance abuse
- Communicable diseases

Health education will be documented on the DJJ Health Education Record that will be filed in the “core profile” of the medical record.

Parenting skills, family planning and the basics of infant care are also pertinent topics for the facility's health education program. Monroe County School District works collaboratively with MRJDC to include the topics in the current school curriculum

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Detention Center Superintendent Date

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Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	Effective Date: 10/7/09	Revised Date: September 2012 Revised Date: September 2013	Facility Operating Procedure # 7.20
Subject: Individual Health Records			**Reference:** DJJ Health Services Manual QI Indicators 4.14, 4.18, 4.21, 4.25, 4.26, 4.32, 4.33 & 4.39 HIPPA Chapter 985.04 FS
Purpose:	Each youth admitted to the MRJDC will have an Individual Healthcare record established and maintained. It will contain all information related to his/her medical care while housed within the center. The Individual Healthcare Record is a confidential file. The record is to be transferred in its entirety to other facilities to which the youth may be transferred.		

PROCEDURE

A. CONFIDENTIAL REQUIREMENTS

All information contained in the Individual Health Care Record and all information verbally or electronically relayed concerning a youth's health status is considered CONFIDENTIAL and is physically separate and distinct from the individual management record (youth's case file).

1. Individual health Care Records (IHCR) are marked confidential and are maintained in a locked cabinet or secure room, which is marked confidential and is not accessible to facility staff. The only exception for access to medical files by facility staff is when medical files are needed for medical transports.

2. The outside of the folder containing the Individual Health Care Record is physically separate and distinct from the Individual Management Record and contains the youth's name (last name, first name, middle initial), the youth's JJIS number, notation of allergies on an allergy label, and notation, "CONFIDENTIAL".

3. Although all information contained in the Individual Health Care Record is confidential, certain components or types of information require special protection to ensure that their confidentiality is maintained. E.G. Mental Health, Alcohol and Drug Treatment

4. Information related to a youth's Human Immunodeficiency Virus (HIV) status requires additional procedures to ensure that confidentiality is maintained.

5. The Office of the Inspector General's staff, the Office of General Counsel, the Bureau of Quality Assurance and the Departmental Programming and Planning staff are permitted access to youth's health related records when such access is necessary to perform the duties of these respective offices.

B. INDIVIDUAL YOUTH HEALTH CARE RECORD REQUIREMENTS

Individual Health Care Records (IHCR) contain the unified collection of all records, histories, assessments, treatments, diagnostic tests, reports of consultations and the like which relate to a youth's physical, mental/behavioral, substance use and abuse, and dental health.

1. A Health Care Record Index/dividers are used to ease handling of the IHCR

2. The ICHR contain at a minimum the following mandatory documents using approved DJJ forms. Left side of record;
   a. Health Related Common Registration
   b. Problem List
   c. Authority for Evaluation and Treatment (AET)(original) with a photocopy attached to the front of the record when parents/guardians have specifically prohibited any procedures or treatments normally covered by this document. Copies of parental notifications of related health care forms, when used, are filed directly behind the AET.
   d. Sick Call Index
   e. Immunization Records
   f. Most recent Comprehensive Physical Assessment
   g. Health Related History
   h. Health Education Record

3. Additional documents as applicable are filed in the following order, with each document filed in reverse chronological order;
   a. Chronological Progress Notes with on-site physician orders
   b. Summaries of off-site care
   c. Completed Medication Administration Records (MAR)
   d. Facility Entry Physical Health Screenings
   e. Miscellaneous records (prior medical/physical assessments and histories)
   f. Laboratory tests
   g. Radiological tests
   h. Mental/Behavioral Healthcare
   i. Dental Healthcare

C. INDIVIDUAL YOUTH HEALTH CARE RECORD ENTRIES

The method of recording entries in the records follows the SOAP or basic narrative format. Documentation made by non-licensed staff may not meet the standards of licensed health care professionals.

1. DJJ as well as the facility's Designated Health Authority approve all forms and formats of the Individual Health Care Records.
2. All entries are made in a manner that facilitates the communication of relevant information.
3. Procedures for maintaining and securing Individual Health Care Records are approved jointly by the facility's Designated Health Authority and facility administration.
4. Individual Health Care Records contain comprehensive, organized and accurate information.
5. Individual Health Care Records are appropriately maintained and secured in a locked area that is available on a "need to know" basis.

Summaries of Off-Site Care are to be reviewed and processed immediately upon return from the Off-Site provider. This form is to be filed in the medical record after the service is rendered.

The original cumulative individual healthcare record is transferred to each facility as the youth moves through the continuum of services available within the Department of Juvenile Justice. This includes all situations in which a youth is temporarily transferred back to a secure detention center.

When a youth is released or transferred from secure detention and will be attending a day treatment program, a Health Discharge Summary is sent to that day treatment program. The Health Discharge Summary is used to communicate significant medical information to the receiving facility at the time of transfer or discharge from detention.

When youth are transferred to another secure program, the record is copied and the original is sent to the receiving facility. It must contain the

- Complete Physical Assessment

- Health Related History
- Medical reports for laboratory studies and other diagnostic testing
- Medication Administration Record
- Discharge note

The copy will remain filed in the locked file room in a section separate from active files.. It is used as reference should the youth return and the confidential file from the sending facility has not been received.

The record will be secured in a locked bag during transport to another facility or program.

Transportation Officers are to deliver the youth and the Individual Healthcare record to the receiving facility and get a signature from the receiving Officer prior to leaving for the return trip.

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Detention Center Superintendent Date

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Designated Health Authority Date

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:** **10/7/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure** **# 7.21**
Subject: Chronic Illness Treatment Process			**Reference:** Health Services Manual 2006 Chapter 8 QI Indicator 4.26
Purpose:	Youth who have chronic illnesses receive regularly scheduled and as-needed follow up depending on their particular condition and length of stay. It will ensure that youth with chronic conditions that require ongoing treatment or changes in their conditions are adequately monitored. The evaluation is a focused medical assessment by a Physician that includes laboratory or other diagnostic testing as indicated.		

PROCEDURE

I. There is a system for routine scheduling

A chronic illness log is maintained in the medical clinic. Upon admission, a youth with a chronic illness is identified by reviewing the Medical and Mental Health Screening Form and placed in the chronic illness log. They are then referred to the MD or ARNP to be seen within 3 days of admission. Any youth admitted with a chronic illness that is followed by a private practitioner within the community and has regularly scheduled follow up will have transportation scheduled and provided for those appointments. It is the responsibility of the nurse to track and document said appointments.

II. There is a current chronic illness list

A chronic illness log is maintained in the clinic. Any youth identified with a chronic illness upon admission is placed in the Chronic Illness Log.

III. Regular medication checks at no greater than three month intervals for youth receiving medications

Youth receiving on going medications are scheduled for a physician or Psychiatrist assessment every 30 days unless there is a physician order stating another interval.

Youth receiving anti-tuberculosis medications are seen at the intervals recommended by the prescriber, but monthly for the initial 2 months after initiation of therapy. The appropriate laboratory will be done at those times.

Pregnant youth will receive periodic evaluations every 2-4 weeks early in the pregnancy, and every 2 weeks beginning in the 8th month of pregnancy.

The nurse will confer with detention management and schedule youth who are in confinement for any periodic evaluations

Youth classified, as Medical Grade 2 through 5 will be scheduled for periodic evaluations as recommended by the physician

IV. There is a process for updating medical grades and medical alerts when indicated

The facility utilizes the JJIS to enter alert status initiated at the time of admission, to include: youth's medical and/or mental health condition, allergies, common side effects of prescribed medications, foods and medications that are contraindicated, or other pertinent treatment information.

The alert information contains adequate facts to monitor a youth's condition while maintaining privacy.

Nursing staff is responsible for entering and updating the medical data into the JJIS. Detention admissions staff is responsible for entering alert information as it is made known during the admission process.

The mental health staff will enter data relative to the youth's mental health conditions and levels of supervision on this alert.

Medical and mental health alerts shall include observational information as well so that the staff may anticipate and be prepared to respond to any emergency that may occur in the youth under their care.

Alerts are entered into JJIS for those youth who are diagnosed with a chronic condition.

Medical Grades are assigned at the time of the initial evaluation and changed according to the findings at the time of the re-evaluations and according to the HSM requirements.

Nurses may change a medical grade to a higher assignment, document the rationale, and schedule the youth for a re-evaluation.

V. There is a process for ensuring specialty consultations are tracked and accomplished

The Summary of Off Site Care is used for Specialty Consultations and the particular Specialist is encouraged to document his/her findings on this form.

All Specialists' orders shall be accepted when documented on their specific forms and entered into the IHCR for the DHA review and implementation.

The DHA will sign and date the Specialist's evaluation and recommendations after review.

The nurse may convey the Specialist's information to the DHA via telephone call and will document the activity in the IHCR according to nursing standards for documentation.

Youth names are placed onto the scheduling calendar or other method of the clinician's choice for follow up with the DHA and the Specialist.

VI. For youth receiving medications for illnesses that require laboratory and/or other testing at intervals, there is a process to ensure these appointments are scheduled and conducted

Nursing staff will arrange for Lab Corp to transport specimens for processing, or arrange for EKG, CXR and other diagnostic testing through the Lower Keys Medical Center or other facility ordered by the DHA.

Nursing staff will notify the Superintendent of the plan.

VII. Chart documentation shall be thorough and includes medical grade changes on documents, Problem list revisions, MAR changes/additions, and notations for all conversations, evaluations, orders and plans in the Progress Notes

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Detention Center Superintendent Date

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Designated Health Authority Date

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center

Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date: 9/30/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.22**
Subject: Swine Flu Protocol			**Reference:** CDC and DOH Guidelines
Purpose:	To ensure appropriate measures are in place for the immediate diagnosis and treatment of Swine Flu (H1N1).		

PROCEDURE

1. All youth admitted to MRJDC will be screened for Swine Flu (H1N1) by using the Swine Flue Infection Control Screening tool.

2. All youth will be screened for the following symptoms within the past 7 days:

   - Fever > 100 F
   - Cough
   - Sour throat
   - Runny Nose
   - Body Aches
   - Headache
   - Chills
   - Fatigue
   - Diarrhea
   - Vomiting

3. If fever and recent onset of either sore throat or cough, appropriate infection control measures are to be implemented and medical personnel are to make a report and request consult with the Monroe County Health Department.

4. If testing is advised, contact must be made with the CCC, the Superintendent, the Designated Health Authority and the parent or guardian.

5. If testing is indicated, medical personnel will be responsible for obtaining any of the following: nasopharyngeal swab; nasal aspirate; nasal swab plus throat swab; or nasal wash

   - Store in refrigerator while awaiting transport (do not freeze)
   - Send to the Bureau of Laboratories or the location identified by the Monroe County Health Department.

6. Youth who meet the above criteria shall be placed in medical isolation and restricted from the general population until medically cleared (confirmed as not being the swine flu) or symptoms resolve, whichever is longer.

7. Staff who comes in contact with sick youth will wash their hands with alcohol based hand sanitizer and wear masks and gloves.

8. This procedure will be followed upon every youth admission and readmission.

9. If positive screens for H1N1 begin Tamaflu 75mg by mouth daily.

OFFICIAL

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Detention Center Superintendent Date

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Designated Health Authority Date

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:** **9/3/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure** **# 7.23**
Subject: Supervision at Offsite Medical/Mental Health Facility			**Reference:** QI Indicators 4.24 & 4.25
Purpose:	To ensure safety and security of youths at medical facilities while outside the detention center.		

PROCEDURE

All applicable transportation procedures are to follow when youths are transported outside the center to a medical/mental health facility. The use of mechanical restraints (handcuffs, waist chain and leg irons) are mandatory unless there is medical reason to the contrary. During the visit the medical/mental health facility staff request removal of the handcuffs and waist chain. Youths are to remain in leg irons while in the facility unless the Superintendent or designee authorizes removal of the leg irons. The JDO supervising the youths must always be in possession of the keys to the mechanical restraints.

The JJDO's shall maintained active control of the youths in their custody. Active control includes visual contact and close physical proximity at all times. Except in cases of medical emergencies, the transporter shall not relinquish active control of youth in custody for any reason. If a transporter is asked to relinquish active control of a youth in his/her custody, he/she shall call the Detention Superintendent/designee for additional instructions.

Staff shall be alert to alternative potential escape routes, and shall not allow youths to go unsupervised into any areas.

A. Upon admission of youths in a medical/mental health facility, the escorting Juvenile Justice Detention Officer shall notify the Shift Commander or Juvenile Detention Officer Supervisor of the status of the client to include:

1. Room and bed number;
2. Floor number;
3. Location - South, North, East, West
4. Any special medical instructions- Oxygen in room, contamination, mask and gloves to be worn
5. Unusual or critical observations while on duty

This information shall be logged into the Master Control logbook. A call shall be placed from the Shift supervisor to the transporting officers every hour. If the cell phone is not getting reception in the medical/mental health facility, the shift supervisor will call the locations land line and ask for the youth room number and speak to the transporting officers to get an update of the situation.

B. At no time is the youth to be left unattended. The handcuffs, waist chain and leg irons are to be used unless the medical/mental health facility request removal of the handcuffs and waist chain. Only the Superintendent or Designee can authorize removal of the leg irons. The staff supervising the youths must be in possession of the restraint key at all times.

C. Officers shall maintain visual sight and sound contact of the youth at all times. Juvenile Justice Detention Officers may not go to other floors, rooms or the restaurant area while on duty unless properly relieved by another on duty JDO.

D. A shift briefing will take place between the off going and on coming JJDO's. This briefing will be documented on the MRJDC Hospital/Mental Health Briefing Form and signed off by both JJDO's and return to the supervisor by the officer being relieved.

E. Visitation policies shall be the same as the Monroe Regional Juvenile Detention Center's visitation schedule. Visitation other than that of the normal visitation days must have prior approval from the Superintendent or Designee.

F. At all time Juvenile Justice Detention Officers will conduct themselves in a professional and ethical manner as trained.

G. Shift Commanders or Juvenile Justice Detention Officer Supervisors will be responsible for randomly checking on the officers while on duty at the hospital/mental health facility. The random checks shall be done by observation, or telephone calls to the hospital/mental health facility, also to medical staff, these contacts shall be recorded on the shift report and Master Control logbook. All officers observing the youth shall not leave the client, until they are properly relieved from duty.

H. Upon being notified the youth is being released the JJDO will contact the Shift Commander or Juvenile Justice Detention Officer Supervisor for preparation of the youth return to the detention center.

OFFICIAL

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Detention Center Superintendent Date

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center

Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date: 9/15/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.24**
Subject: Counting Controlled Substances			**Reference:** Health Services Manual, Revised October 2006, Chapter 11-16; Board of Pharmacy Regulations, SOP #10 QI Indicator 4.31
Purpose:	To ensure that Controlled Medications are secured and inventoried as required.		

PROCEDURE

All Substances defined as "Controlled" in Ch. 893.03 F.S. (2005) (Drug Abuse and Prevention and Control) shall have procedures for receipt, storage, perpetual inventories, running balances and where applicable, disposal of all control substance.

Only licensed nurses as per Board of Pharmacy regulations, regardless of changes in staffing patterns, are to count controlled meds.

The incoming nurse shall reconcile current inventory count with the on duty nurse.

If there is not a nurse coming in on relief, the same nurse who is leaving would again verify the correct count on the reconciliation.

For verification purposes, in the absence of a second nurse, the shift supervisor who is trained in the "assistance of self administration of medications" shall observe, verify, and witness the count. Under no circumstances is direct care staff to actually count controlled substances. The observation of this process should be noted by the supervisor on the shift report.

The nurse is to notify the Superintendent, DHA, and Consultant Pharmacist if a discrepancy is found. An incident report should be placed in FMS describing the facts, as they are known at that time. A cc of this incident report should be emailed to the Chief of Operation and the Director.

OFFICIAL

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Detention Center Superintendent Date

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:** 10/7/09	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.25**
Subject: Individual Healthcare Records Format			**Reference:** Health Services Manual, Revised October 2006, Chapter 15
Purpose:	To establish a standardized format for Individual Health Care Records that contain all required data, which is easily accessible.		

PROCEDURE

The Individual Healthcare Record is the youth-specific unified, organized collection of health records, which relate to a youth's medical, mental/behavioral, and dental health. Individual Health Care Records will be maintained using four section folders divided into a total of six sections. The sections will contain coversheets, which will be labeled as follows:

I. PERSONAL AND HEALTH RELATED INFORMATION
PICTURE
CUSTODY OF HEALTHCARE RECORD
CHECKLIST AND INTERNAL QUALITY CONTROL

This section will contain but not be limited to the following:

Picture of the youth
Form HS 023 PERSONAL AND HEALTH RELATED INFORMATION
Form HS 005 CUSTODY OF INDIVIDUAL HEALTH CARE RECORD
Forms 017 INDIVIDUAL HEALTH CARE RECORD CHECKLIST AND INTERNAL QUALITY CONTROL

II. AUTHORITY FOR EVALUATION AND TREATMENT
PARENTAL NOTIFICATION OF HEALTH RELATED CARE
RECEIPT OF CLINICAL PSYCHOTROPIC PROGRESS NOTES
COURT ORDERS
CUSTODY DOCUMENTATION
OTHER CORRESPONDENCE

This section will contain but not be limited to the following:

Form 002 AUTHORITY FOR EVALUATION AND TREATMENT (AET)
Form 028 REQUEST FOR PARENT/GUARDIAN SIGNATURE ON THE AUTHORITY FOR EVALUATION AND TREATMENT
Form HS 015 HUMAN INNUNODEFIENCY VIRUS ANTIBODY TEST YOUTH CONSENT FORM OF RECEIPT OF CLINICAL PSYCHOTROPIC PROGRESS NOTE OR PRACTIONER FORM
Form 020 PARENTAL NOTIFICATION OF HEALTH-REALTED CARE: GENERAL
Form 021 PARENTAL NOTIFICATION OF HEALTH-REALTED CARE: MEDICATION MANAGEMENT

III. PROBLEM LIST
SICK CALL INDEX
COMPLETED SICK CALL REQUESTS
IMMUNIZATION RECORDS
MEDICAL AND MENTAL HEALTH SCREENING FORM
HEALTH RELATED HISTROY
STD SCREENING
DENTAL SCREENING
INFECTIOUS & COMMUNICABLE DISEASE FORM
COMPLETE PHYSICAL ASSESSMENT
EDUCATION FORM

This section will contain but not be limited to the following:

Form 026 PROBLEM LIST
Form 030 SICK CALL INDEX
Form 016 IMMUNIZATION TRACKING RECORD
Medical and Mental Health Admission Screening Form
ORAL HEALTH ASSESSMENT form
Form 029 SEXUALLY TRANSMITTED DISEASE SCREENING FORM
Form 018 INFECTIOUS AND COMMUNICABLE DISEASE FORM
Form 014 HEALTH-RELATED HISTORIES
Form 007 COMPREHENSIVE PHYSICAL ASSESSMENTS
Form 013 HEALTH EDUCATION RECORD
HIV AND AIDS EDUCATION DOCUMENT

IV. CHRONOLOGICAL PROGRESS NOTES (reverse chronological order-most recent on top)
Includes the Admission note and Discharge/Transfer note
CLINICIAN'S ORDER
PRESCRIPTION COPIES
SUMMARY OF OFF-SITE CARE

This section will contain but not be limited to the following:

FORM 012 HEALTH DISCHARGE SUMMARY TRANSFER NOTE
FORM 024 PRACTIONER'S ORDERS
FORM 033 SUMMARY OF OFF-SITE CARE CONSULTATION REPORT

V. LABORATORY REPORTS
RADIOLOGY AND OTHER DIAGNOSTIC STUDY REPORTS
DENTAL RECORDS & DENTAL SCREENING FORMS FROM PRIOR ADMISSIONS
MEDICATION VERIFICATION FORMS
MEDICATION/TREATMENT REFUSAL FORMS
PREVIOUS MONTH'S MARS
PREVIOUS MEDCIAL AND MENATL HEALTH SCREENING FORMS

This section will contain but not be limited to the following:

FORM 025 PESCRIPTION MEDICATION VERIFICATION CHECKLISTS
MEDICATION RECEIPT/TRANSFER/DISPOSITION FORM
FROM 027 REFUSAL OF TREATMENT FORM
PREVIOUS MARS

VI. MENTAL HEALTH RECORDS

Information in this section should be filed by the most recent information on top. Admissions are to be separated by a blank piece of paper-preferably colored with admission dates identified (i.e.; 6/15/09-7/30/09). This section should include but not be limited to the following:

CHRONO NOTES
TREATMENT PLANS
PACT-MH/SA SCREENING FORM
SRSI (COMPLETE)
MENTAL HEALTH REFERRAL

Each incident of suicide precautions should be maintained separately in the following order:

ASSESSMENT OF SUICIDE RISK
FOLLOW-UP ASSESSMENT OF SUICIDE RISK
DISPOSITION
SUICIDE PRECAUTION LOGSHEETS

This section will also include the following when applicable:

PSYCHIATRIC EVALUATIONS AND RECORDS
COMPREHENSIVE ASSESSMENTS/EVALUATIONS

OFFICAL

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Detention Center Superintendent Date

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Designated Health Authority Date

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date:** **10/7/09**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure** **# 7.26**
Subject: First Aid Kits and Emergency Equipment			**Reference:** FDJJ Health Service Manual Chapter 6, IX QI Indicator 4.23 & 4.24
Purpose:	To set standards and guidelines that ensure first aid equipment and supplies are approved by the designated health authority (DHA) and are available at all times, including first aid kits in designated areas; to ensure that all staff have access to suicide prevention tools in the event a youth attempts suicide through hanging.		

PROCEDURE

1. The Monroe Regional Juvenile Detention Center (MRJDC) is twenty-four hour secure institution. In the event a youth has a minor injury, cut, burn or abrasion, the officer shall utilize the first aid equipment. **First aid kits shall be approved by the Designated health authority and shall contain, at a minimum, the following:**

Item Name	Quantity
Gloves	2 pairs
CPR Shield	1
Antiseptic Wipes	10
Double Antibiotic Ointment for Burns	1
Triple Antibiotic	1
Ammonia Capsules	2
Medium Band-Aids	24
Knuckle Band-Aids	4
Small Digit Band-Aids	4
Non-Adherent Pads	2
Dressing Gauze Compress	1
Gauze	1 roll
Tape	1 roll
Eye Dressing Kit with Eye Wash	1
Bio-Waste Bag	1
Hand Sanitizer	1

2. In the event a youth, officer or employee of the center is injured or becomes ill, a staff officer will report to the module desk and retrieve the first aid kit.
3. If the first-aid kit is unsealed and used on the module, the officer using the first aid kit will document this on an incident report so that the Medical department will be aware that the kit must be restocked and resealed. This will ensure that needed items are always present and available.
4. The designated health authority (DHA) shall approve all first aid equipment. The kits will be available at all times and inspected monthly by the on duty nurse. A permanent logbook will be kept in the medical clinic to document the weekly schedule of inspections with the date, time, and signature of the medical staff completing the inspection.
5. All first aid treatment, when needed, shall be documented in the module logbook. The use of first aid kits is for minor injuries only. Examples include:

    - Only small cuts that do not require stitches. No deep cuts or punctures
    - Only minor burns that can safely be treated by the use of first aid cream.
    - Only minor abrasions: such as brush burns, or scrapes.

6. Minor bumps; first line of first aid is to apply ice, and then the designated health authority examines the youth. Officers should treat no head injuries, especially if it appears to be severe.

CAUTION SHOULD BE USED WHEN HEAD INJURIES OCCUR TO ASSURE THE YOUTH IS NOT IN DANGER. IF THERE IS ANY DOUBT ABOUT THE SEVERITY OF ANY INJURY, THE OFFICER SHALL TAKE THE YOUTH TO THE DESIGNATED HEALTH AUTHORITY. IN THE EVENT THE DESIGNATED HEALTH AUTHORITY IS NOT IMMEDIATELY AVAILABLE, THE OFFICER SHALL TRANSPORT THE YOUTH TO THE LOWER KEYS MEDICAL CENTER EMERGENCY ROOM.

7. In the event a youth is injured and medical treatment is required the superintendent or designee shall be immediately notified. All appropriate reports as well as a CCC report shall be generated in accordance with the operating procedure pertaining to reports.
8. In the event an officer or employee is injured it is the responsibility of the officer and/or employee to complete an accurate and complete first notice of injury report and an incident report within the first hour of the injury. In the event the injury is severe enough to require emergency medical attention the first notice injury report is required from the shift supervisor within twenty-four (24) hours of the injury.
9. **The center shall store master control a "Knife of Life" and a small pair of wire cutters.**
10. All first aid equipment shall be designated on the evacuation and egress plan, which is posted in common areas.

OFFICIAL

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Detention Center Superintendent Date

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Designated Health Authority Date

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Superintendent: Vincent P Vurro	**Effective Date:** 3/11/2010	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.27**
Subject: Pregnant Girls and Their Neonates			**Reference:** Health Services Manual 2006 Chapter 10 QI Indicator 4.39, 4.40 & 4.41
Purpose:	To ensure pregnant youth and their infants are provided pre-natal care, peri-natal care, and post-birth care. This includes physical health care, psychological and mental health care, family planning issues, and effective parenting education for the mother and those to whom the infant will be in contact with upon release of the mother.		

PROCEDURE

1. All female youth shall be offered gynecological and/or obstetrical care. Screening includes assessing all females for pregnancy and provides prenatal obstetrical care.

2. All female youth will have history & physical-assessment. (Including screening for last PAP and offer if over one year or symptomatic.)

3. Urine dip pregnancy, test will be performed on all females during intake as needed during assessment, unless currently on their menstrual period.

4. When the result of the pregnancy test is disputed, the ARNP will direct the course to follow to confirm pregnancy status.

Obstetrical/Prenatal Services

1. Youth who come to the center and are already identified as pregnant will continue to have their services provided by the private practitioner already seeing them.

2. If the pregnancy is revealed while at the center, individual arrangements will be made for prenatal care.

3. All medications will be stopped and the DHA notified

4. Youth will be scheduled for a Health Related History, Comprehensive Physical Assessment and all required screenings.

5. Initial OB appointment will be scheduled with the specialist

6. Pregnant youth will receive regular specialist visits according to the specialist's schedule for monitoring

7. Pregnant youth will receive a focused evaluation every 30 days provided by the DHA. This is in addition to the specialist's scheduling.

8. Medical staff will provide weekly monitoring of the youth's weight, vital signs and urinalysis.

9. Youth will be informed of the value of Hepatitis B vaccination and other CDC recommended vaccinations for the pregnant teen, if immunizations are not up to date and HIV testing. HIV testing can be arranged through the Recovery Outreach, Community Provider who visits weekly.

10. STD testing will be recommended based on symptoms and screening responses. Testing and treatment will be arranged through the CHD, Community Provider or the OB specialist.

11. Refusals for any of the testing will be acquired in writing and filed in the IHCR.

12. A detailed Alert will be entered into JJIS to include signs of complications of pregnancy and youth's medical conditions.

Nutrition

1. Food service will be notified to provide nutrition that provides for the Caloric requirements for adolescent pregnancy. Medical Staff will confer with Aramark Correctional Services so the appropriate calorie increases are made for the 1st, 2nd and 3rd pregnancy trimesters.

2. In addition to routine services provided, a lactation specialist in conjunction with the private practitioner will provide nursing information to the pregnant female.

3. Information, guidance and assistance with breastfeeding are provided in the hospital when the youth presents for delivery.

4. Medical staff will provide WIC and breastfeeding information as part of health education.

Emergency Care

1. Detention and Medical staff will provide daily observational monitoring of the pregnant youth

2. Signs of complications require an immediate medical evaluation and DHA notification.

3. Signs of complications when there is no medical staff on duty will be managed by arranging for emergency transport to Lower Keys Medical Center and the DHA and Specialist provider will be notified.

4. Danger Signs associated with medical complications related to the female's pregnancy are but not limited to:

Chills & fever	Severe Headache
Dizziness	Blurred Vision
Facial & Body Swelling	Bright Red Vaginal Bleeding
Leaking Fluid from the Vagina	Pain with Urination
Constant Back Pain	Vaginal Discharge
Low Dull Backache	Pelvic Pressure
Sharp Pains in the stomach or side that won't go away	Heavy Pain under the ribs that won't go away

Funding

1. If the youth has medical coverage from a private insurance source, the nurses will assist the youth in arranging for care with a provider who takes their insurance.

2. When the youth is unsure of insurance coverage, the medical staff will seek the assistance from the JPO to assist with identifying or obtaining coverage

3. Community resources will be contacted when no funding source is available for the youth's care.

Medications

1. Each youth will follow the prenatal plan as specified by their obstetrical practitioner. In each case the ARNP will refer any questions regarding medication for a pregnant youth to the OB/GYN practitioner.

2. No OTC or any medications may be administered to a pregnant youth without the order from the physician

Education

Education that pertains to Pregnancy and parenting will be provided by the trained volunteer personnel, as well as nursing staff in the detention center and include:

- The birth process and what to expect for both the mother and infant
- The effect of drugs and alcohol on the developing fetus and neonate
- Nutritional needs of both mother and infant
- Signs and symptoms of physical and psychological abuse to the mother and/or neonate
- Signs of normal developmental milestones in the developing infant
- Basic hygiene measures for the infant (including feeding practices)
- Requirements of the State of Florida with regard to HIV testing and Hepatitis B immunizations for the infant
- What shaken baby syndrome is and how to prevent it
- Anger management
- Time management
- Adoption process if the infant is to be adopted or foster care process and how this works as well as parental rights
- Staff will be provided in-service education on girls' healthcare annually to all non-healthcare staff involved in the supervision or treatment of girls.

Education provided by nursing staff within the detention center will be documented in the Health Education Record and filed in the IHCR.

The Monroe Regional Detention Center has no accommodations for neonates and arrangements will be made for the infant's care prior to delivery. An interdisciplinary team including the pregnant youth will meet and discuss options for the youth and infant.

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Detention Center Superintendent Date

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Designated Health Authority Date

Florida Department of Juvenile Justice

Monroe Regional Juvenile Detention Center

Facility Operating Procedure

Detention Center Superintendent Vincent P Vurro	**Effective Date: August 2011**	**Revised Date:** September 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.28**
Subject: Response to Medical Emergencies, notifying 911 Emergency Services.			**Reference:** DJJ Health Service Manual Chapter 9 QI Indicator 4.24 CORE, www.itrainnow.com
Purpose:	All staff must protect the health of youth. When a situation appears urgent, it is the responsibility of all staff members to call 911 immediately.		

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PROCEDURE

In the event of an emergency (of a potential life threatening nature involving a youth within the facility), it is the responsibility of all staff to do the following:

1. Immediately dial 911 for assistance. Using any phone in the facility by dialing 9 first then 9-1-1 any staff member can access 911 Emergency Services.
2. After placing the call, notify the Shift Supervisor as to the nature of the emergency.
3. The Shift Supervisor should then notify the Designated Health Authority and the Superintendent that a call to 911 was made, describing the incident.

As an employee of the Department of Juvenile Justice it is your primary responsibility to protect the health of youth. When a situation appears urgent, it is the responsibility of all staff members to call 911 immediately.

You do NOT need permission to call 911. You will NOT be faulted for calling 911 too quickly. You will NOT be faulted for calling 911 for a situation that ends up less critical then it seemed. Delays in calling 911 are unacceptable and put valuable lives in danger.

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Detention Center Superintendent Date

Florida Department of Juvenile Justice
Monroe Regional Juvenile Detention Center
Facility Operating Procedure

Superintendent: Vincent P Vurro	**Effective Date:** 5/14/2012	**Revised Date:** October 2012 **Revised Date:** September 2013	**Facility Operating Procedure # 7.29**
Subject: Medical Confinement			**Reference:** Health Services Manual Chapter 14 QI Indicator 4.22
Purpose:	To ensure all youth admitted to Monroe Regional Juvenile Detention Center will receive appropriate health care monitoring when confined for medical issues.		

PROCEDURE:

1. Detention or healthcare staff will identify youth with a need for possible medical confinement upon the youth's admission or when a professional evaluation reveals a condition requiring isolation.

2. The Designated Health Authority or designee is notified.

3. Detention staff will follow the facility's Facility Operating Procedure (FOP) for Medical Confinement.

4. A Practitioner order will be filled out by the DHA, Dr. Covington, or the ARNP on staff for medical confinement.

5. Facility Shift Supervisor, and/or Superintendent or Assistant Superintendent, Regional Office and the Office of Health Services Regional Registered Nursing Consultant are to be notified via DJJ e-mail.

6. The detention Supervisor will add the youth's name to the JJIS alert system when there is no healthcare staff on-site. Healthcare staff will review all alerts daily and revise as necessary.

7. A confinement report will be entered into the Facility Management System (FMS) by the detention Supervisor.

8. The confinement review policies will be followed and the nursing staff will make an entry into the FMS regarding continuation of medical confinement every 24 hours as long as the youth has to remain in this status.

9. The Superintendent will review the report every 24 hours while the youth remains in medical confinement.

10. Youth will be observed throughout his/her stay in medical confinement utilizing the facility's ten (10) minute check (Standard Supervision) system or higher level of supervision, depending on the youth's medical or mental health status at the time of and during the medical confinement.

11. Healthcare staff, at a minimum, will assess youth while in confinement once per shift, or more often as determined by the healthcare staff protocols and Practitioners' orders with supporting documentation in the progress notes.

12. Youth will be released from medical confinement per healthcare staff and removed from the JJIS alert system when deemed appropriate by the DHA or designee.

Causes for medical confinement include, but are not limited to:

- Common, infectious diseases of childhood (e.g. measles, mumps, chickenpox)
- Self-limiting, episodic, contagious diseases (e.g. common cold)
- Viral or bacterial infectious diseases (e.g. meningitis)
- Tuberculosis
- Hepatitis A
- Outbreaks or epidemics caused by any other infectious agent
- MRSA and other emerging antibiotic resistant strains
- Food-borne illnesses (e.g. E. coli)
- Bio-terrorist agents (e.g. Anthrax, Small pox)
- Pediculosis/Scabies outbreaks
- Chemical exposures
- Self-limiting physical injury protection-sprains, strains, fractures (MD & Superintendent consultation)
- Follow-up instructions from outside providers
- Skin rashes and draining wounds
- Any other medical condition that is determined by medical staff to require medical isolation

OFFICIAL

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Detention Center Superintendent Date

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Designated Health Authority Date