



# Office of Health Services Technical Assistance Bulletin

## Practical Applications of Medical, Mental Health and Substance Abuse Policies and Procedures



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Serving the Children of DJJ Providing Quality Medical, Mental Health & Substance Abuse Services

### Medical

**Non-licensed staff assisting in the delivery of, or assisting with, self administration of medications** should remember to show youth the medications prior to handing the medication, keep control of the medication at all times and have the youth initial the Medication Administration Record (MAR).

Health Services Manual (HSM) Chapter 11, pages 11-23 & 11-28: Under no circumstances shall a non-licensed health care staff member make any entries on the *Medication Administration Record* other than his or her initials and the proper documentation of a youth's refusal.

**Note: The Department strongly recommends that all persons providing medications to youth, including licensed health care providers, have the youth initial the MAR on receipt of the medications. If the Designated Health Authority and the facility Superintendent or Program Director both deem that this process is not necessary in a given facility, then this must be documented in the Facility Operating Procedure. The Designated Health Authority's approval of this procedure shall indicate that he or she takes full responsibility for any adverse outcomes arising from this practice. It is still MANDATORY that a youth sign or initial the MAR when a non-licensed health care provider or a non-health care staff person provides or assists in the self-administration process for medications.**

### Mental Health and Substance Abuse

Each facility must have a **Suicide Kit** (knife for life & wire cutters) as noted in the Health Service Manual and the Mental Health Manual.

MHSAM, Chapter 7—In the event of a *suicide attempt* and/or an incident of *serious self-inflicted injury*, it is essential that staff respond immediately. The facility superintendent or program director is responsible for establishing facility operating procedures and staff training which include the following:

Any staff who discovers a youth attempting suicide or an incident of *serious self-inflicted injury* shall act immediately to intervene, which shall include at a minimum:

- Immediately survey the scene to assess the level of the emergency;
- Notify other staff (radio or call for backup support) and alert other staff to call;
- Medical personnel and/or emergency medical services (911);
- If the *suicide attempt* or self-inflicted injury is life threatening, or could be life threatening, immediate action is required. Single officer cell entry is permitted to save a life. *(Continued, page 2)*

### DJJ Welcomes Lisa Johnson, MD as Chief Medical Director



In October 2009, Lisa M. Johnson, MD, began her tenure as the Chief Medical

Director for the Florida Department of Juvenile Justice. She directs the Office of Health Services and is responsible for the oversight of the medical, mental health, and substance abuse services for nearly 8,000 youth. Dr. Johnson specializes in both family and adolescent medicine.

Dr. Johnson comes to the Department after serving as the Assistant Professor of Adolescent Medicine and the DJJ Designated Health Authority for the University of South Florida (USF) where she provided direct clinical care and medical oversight for the USF-DJJ partnership that covered six DJJ Detention Centers in the Central Region. Prior to her tenure at USF Dr. Johnson was the Senior Medical Officer for Family and Adolescent medicine for the Bahamas Public Health Department in 2006-2008. *(Continued, page 2)*

**Overarching Goals**—The long term vision and planning for the Office of Health Services is to extensively improve the quality of medical, dental, mental health, substance abuse and developmental disability services provided to the youth in our care through increased resources, improved staffing, early troubleshooting for problem areas and improved collaborations with other state Agencies.

## Mental Health and Substance Abuse, *continued*

**Note: A life threatening or potentially life threatening suicide attempt or self-inflicted injury includes, but is not limited to: incidents involving hanging, strangulation, suffocation, cutting, or poisoning. The need for immediate life saving measures is indicated by any of the following: respiratory arrest or distress (youth has stopped breathing or has difficulty breathing or there is a noise associated with breathing), skin or lip color changes, non-responsiveness to verbal commands or tactile stimulus (does not respond to voice or touch, or responds but speech is not clear or coherent), youth is conscious, but is not exhibiting voluntary movement, loss of consciousness (youth is not awake or is awake but is not alert or fully responsive), profuse bleeding.**

Immediate action includes, but is not limited to:

- ☑ Enter the youth's cell and begin life-saving measures;
- ☑ Remove any materials obstructing the youth's airway if incident involves hanging, strangulation or suffocation;
- ☑ Utilize the *suicide response kit* and first aid kit per established protocol;
- ☑ Initiate first aid or cardiopulmonary resuscitation (CPR) as required.

The staff person discovering the youth shall never presume that the youth is dead or beyond assistance and shall continue appropriate life saving measures until relieved by arriving medical personnel.

All staff who come into contact with youths must be trained in standard first aid and cardiopulmonary resuscitation (CPR), and receive semi-annual "mock drill" training to ensure a prompt response to all suicide attempts and/or incidents of serious self-injury.

All facilities/programs shall maintain a *suicide response kit* and a first aid kit as follows:

- ☑ In facilities with a control station/office, each control station/office must contain a *suicide response kit* and first aid kit.
- ☑ In facilities with subcontrol stations/offices, each subcontrol station/office must contain a *suicide response kit* and first aid kit.
- ☑ In small facilities with only a check-in station/office, the check-in station/office must contain a *suicide response kit* and first aid kit.

Facility operating procedures must be in place to ensure the *suicide response kit* and first aid kit are **properly safeguarded** and maintained as follows:

- ☑ Each *suicide response kit* shall contain emergency rescue tools ("knife for life", wire cutters, needle nose pliers). The *suicide response kit* must be sealed when not in use. Once the seal is broken, the *suicide response kit* must be inventoried, each emergency rescue tool recovered and then re-sealed.
- ☑ Each first aid kit shall contain a one-way CPR mask, microshield or face shield, non-latex gloves and first aid supplies. The first aid kit must be sealed when not in use. Once the seal is broken, the first aid kit must be inventoried, missing items recovered or replenished and re-sealed.
- ☑ All staff who come into contact with youths must know the location of the *suicide response kit* and first aid kit and be trained in their use.

[Visit us at www.djj.state.fl.us/HealthServices/index.html](http://www.djj.state.fl.us/HealthServices/index.html)

### **Lisa Johnson, MD, *continued***

Dr. Johnson is a native of Miami and earned an undergraduate degree in Biology from Florida Memorial College in 1991. In 1997, she received her Doctor of Medicine degree from Universidad Tecnologica de Santiago in Santa Domingo, Dominican Republic. Her extensive training includes completion of the Family Medicine Residency Program at the University of Pittsburgh Medical Center. She served as the Chief Resident in her final year of residency and was presented with the Resident Teacher Award. She also completed a fellowship in adolescent medicine at Children's Hospital of Pittsburgh, and, in that role, she worked extensively with adolescents from diverse cultural and socioeconomic backgrounds.

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