



# Statewide Transportation Operation Policy

The Florida Department of Juvenile Justice

Office of Health Services

**Lisa M. Johnson, MD, Chief Medical Director**

*Charlie Crist, Governor*

*Frank Peterman Jr., Secretary*



# Statewide Transportation Operation Policy

## Transport Card

To be completed and placed on the outside of the youth's green bag (Detention Services and Residential Services), to identify whether the youth has medication and/or a chronic illness. Once the youth is transported with the green bag, the bag returns to the facility with Detention Staff.

# Youth Transport Card



STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

## Youth Transport Card

Original Facility Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Youth Name (Last, First)				
Youth DJJ#				
Youth Date of Birth				
Youth currently on medications? If yes, see Medication Distribution Record for next dose due	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Youth with chronic condition or Alert (including psychiatric conditions?) If yes, see Health Discharge/Transfer Summary Note	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Name of Person Completing form: \_\_\_\_\_

Signature: \_\_\_\_\_



# Statewide Transportation Operation Policy

## **Medication Receipt & Transport Disposition Form**

This form is used to identify the transfer of medications through the transport system and should always be found with the medication in the manila envelope if the transport card indicates the youth is on medications.

# Medication Receipt & Transport Disposition Form



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

## MEDICATION RECEIPT, TRANSFER & DISPOSITION FORM

Please complete this form when a youth is discharged from a facility or transported to another facility.

Youth's Name: \_\_\_\_\_ DJJID#: \_\_\_\_\_ DOB: \_\_\_\_\_

Facility/Program Name: \_\_\_\_\_  
 Address, City, State: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Facility/Program Name: \_\_\_\_\_  
 Address, City, State: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Date	Time	Quantity/How Administered	Signature	Name	Title

Name of Medication	Controlled Substance	Quantity	Signature	Name	Title	Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Medication must be provided in a childproof, safety container.

Printed Name of Person Delivering Medication(s): \_\_\_\_\_  
 Signature of Person Delivering Medication: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Printed Name/Title of DJJ Staff Person Accepting Medication(s): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RELEASES OF CUSTODY AND RESPONSIBILITY

Printed Name/Title of DJJ Staff Person Releasing Medication: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name of Person Receiving Medications: \_\_\_\_\_  
 Relationship to Youth:  Youth, if 18  Guardian, or Representative  DJJ  DCF  
 Signature of Person Receiving Medications: \_\_\_\_\_ Date: \_\_\_\_\_

FOR THE PURPOSE OF RELEASE: I understand that these medications are not in a childproof, safety container, and I agree to accept these medications without a childproof, safety container. I understand that if I do not agree to accept these medications without a childproof, safety container, the DJJ representative is not authorized to provide me with any medications. In consideration of agreeing to accept these medications in a non-childproof, non-safety container, I assume full and complete responsibility for the use and storage of medications from this date forward.



# Statewide Transportation Operation Policy

## **Medication Receipt & Transport Disposition Form**

Everyone who takes custody of the medications must sign this verifying that they have received the medications. When a nurse directly receives or checks medication that has been left by direct care staff, the nurse must document the date and time the medications are verified.



# Statewide Transportation Operation Policy

## **Medication Receipt & Transport Disposition Form**

*The Medication and Transport Disposition Form* is to be completed in any situation where the youth must take medications with them on transport, e.g. when the youth goes home via the hub; is transferred from one facility to another for court, or medical appointments, etc. This form is also completed when the youth arrives at Detention.



# Statewide Transportation Operation Policy

## **Medication Receipt & Transport Disposition Form**

Medications can only be accepted if the container is correctly labeled and the capsules, tablets, etc. are identical in appearance. The “originating facility” is the location of the youth at the beginning of transport, i.e., Residential or Detention.





## Statewide Transportation Operation Policy

### **Medication Receipt & Transport Disposition Form**

The Parent/Guardian, Juvenile Probation Officer or Law Enforcement Officer will need to sign at the bottom of the form when they bring the youth to Detention with medications, (the name of the medication, dose and quantity must be documented).



# Statewide Transportation Operation Policy

## **Medication Receipt & Transport Disposition Form**

The Release of Custody Section is used when the youth who requires continued medication is a direct release to the Parent/Guardian. All medication information is inventoried, entered, and signed as previously stated (in slide 5).



# Statewide Transportation Operation Policy

## **Medication Distribution Record Form**

This form is only used when a youth **MUST** receive medications **DURING A TRANSPORT** when no previous medication was administered by a medical person, and a non-licensed individual will be assisting the youth with self-administration.





# Statewide Transportation Operation Policy

## Medication Distribution Record Form

When nursing staff are on duty and administer medications to a youth who will be using the STOP (e.g., when a youth is sent to Detention for Court) then a copy of the Physician Orders and the Medication Administration Record are sent with the youth and medication administration is documented on this form, not the Medication Distribution Record.



# Statewide Transportation Operation Policy

## Medication Distribution Record Form

***REMEMBER:*** If a youth requires a regular over the counter medication during transport, you must obtain an Clinician's order and a (7) day supply in the youth's name to forward to the receiving facility.



## Statewide Transportation Operation Policy

At the conclusion of the trip, medical staff, or assigned juvenile justice staff will review the medication related documents, sign, date and file into the youth's Individual Health Care Record.



# Statewide Transportation Operation Policy

## Office of Health Services

If you have further questions, please contact the Applicable Registered Nurse Consultant for your Region at <http://www.djj.state.fl.us/HealthServices/contacts.html> or the Office of Health Services at 850-921-5970.

***Lisa Johnson, MD, Chief Medical Director***