

**CHAPTER 63M-2
HEALTH SERVICES**

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63M-2.001 Purpose and Scope.

Chapter 63M-2, F.A.C., establishes the statewide requirements for the department’s health care treatment services for youth in its care and custody. Its purpose is to:

- (1) Assure health care services provided in facilities and programs are rendered in accordance with state and federal health care regulations and rules, and professional standards of care;
- (2) Promote delivery of quality health care services for delinquent youth under department care and custody that ensures the right to the same degree of medical care as they would receive in the community;
- (3) Assist medical health care staff in developing and consistently implementing necessary and appropriate health care services in department facilities and programs; and,
- (4) Establish health care services within the continuum of services, which promote adolescent health, well-being and development.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New 3-16-14.

63M-2.002 Definitions.

- (1) Adverse Drug Events: an illness or injury resulting from a medical intervention related to a drug.
- (2) Authority for Evaluation and Treatment (AET): Form HS 002, that when signed by a parent or legal guardian, gives the Department the authority to assume responsibility for the provision of routine mental and physical healthcare to a youth within its physical custody.
- (3) Cheeking: a term used to describe patients who hide their medications in their cheek or under their tongue to prevent swallowing them.
- (4) Chief Probation Officer (CPO) – The department employee who is responsible for managing community-based program operations and staff within each of Florida’s twenty judicial circuits.
- (5) Chronic medical condition: any illness, disability or condition that is permanent or persists longer than six months, with the exception of allergies, hearing/speech/visual impairment, Developmental Disability, or Mental Retardation.
- (6) Clinical responsibility: the oversight of the medical care of all youth within a department facility. This includes the overall clinical direction, policies, and protocols for the medical services provided.
- (7) Community Provider: a Health Care Provider outside of the department commitment system.
- (8) Comprehensive Physical Assessment (CPA) (HS 007): a comprehensive physical assessment (exam) performed by a physician (MD), osteopathic physician (DO), physician’s assistant (PA), or advanced registered nurse practitioner (ARNP). The purpose of this assessment is the establishment of a data point, which is used to facilitate the following:
 - (a) Identification and treatment of acute, chronic, and functional medical and dental problems;
 - (b) Promotion of growth and development;
 - (c) Prevention of communicable diseases; and,
 - (d) Provision of health education.
- (9) Controlled Substances: all substances defined as “Controlled” in section 893.03, F.S.
- (10) Core Health Profile: a section of the individual health care record, which contains standardized forms that are filed in designated sub-sections of the Individual Health Care Record (IHCR).

(11) Corrective action: refers to an analysis of the problem's root cause with a subsequent adjustment in the system in order to prevent future mistakes from taking place.

(12) Designated Health Authority (DHA): The DHA shall be a Physician (MD) who holds an active, unrestricted license under chapter 458, F.S., or an osteopathic Physician (DO) who holds an active, unrestricted license under Chapter 459, F.S., and meets all requirements for practice in the State of Florida. The Physician must be either Board Certified in Pediatrics, Family Practice or Internal Medicine (with experience in adolescent health) or Board-Eligible and have prior experience in treating the primary health care needs of adolescents. A Psychiatrist who holds an unrestricted license under chapter 458 or 459, F.S., may serve as the DHA of a facility that provides specialized mental health services, as long as the Psychiatrist has current experience in medically treating the physical health care needs of adolescents. The DHA shall be either a state employed or contracted Physician accountable for ensuring the delivery of administrative, managerial and medical oversight of the facility health care system. Corporate physicians, who do not perform clinical/administrative duties onsite, shall not be the Designated Health Authority. The DHA shall ultimately be responsible for the provision of necessary and appropriate health care to youth in the care of a detention center or residential commitment program.

(13) Detention Center: a temporary hardware-secure state-operated, county or municipal facility for juveniles, which compares to a jail in the adult system.

(14) Episodic care: the health care component intended to provide medical services in response to unexpected illnesses, accidents or conditions that require immediate attention or an immediate professional assessment to determine their severity. Episodic care also includes responses to those complaints that can result in severe pain or suffering, even if the youth's life does not appear to be in danger.

(15) Facility: for the purposes of this chapter, a Detention Center or Residential Commitment Program.

(16) Facility Management System (FMS): The computer based system used by state-operated juvenile detention centers as the primary source of documentation and reporting for facility operations. Forms and reports generated by FMS are considered to be both the official and original documentation for the area concerned.

(17) Facility Operating Procedures: facility/program-specific procedures implemented as guidelines for providing care to youth.

(18) Facility Superintendent: the person responsible for the operation of a designated regional juvenile detention center.

(19) First Aid: any one-time treatment, and follow-up visit for the purpose of observation, of minor injuries such as cuts, scratches, first degree burns and splinters. Ointments, salves, antiseptics, and dressings to minor injuries are considered to be first aid.

(20) Five Rights of Medication Administration: these five rights are specifically defined as:

(a) Right Youth;

(b) Right Medication;

(c) Right Route;

(d) Right Dosage;

(e) Right Time.

(21) Health-Related History (HRH) (HS 014): the form required to document a standardized, comprehensive medical and health-related questionnaire.

(22) Heat Index: The temperature the body feels when heat and humidity are combined.

(23) Individual Health Care Record (IHCR): The permanent departmental file containing the unified cumulative hard-copy collection of clinical records, histories, assessments, treatments, diagnostic tests which relate to a youth's medical, mental health, substance abuse, Developmental Disability, behavioral health and dental health which have been obtained to facilitate care or document care provided while the youth is in a detention center and residential commitment program.

(24) Juvenile Assessment Center: section 985.135, F.S. establishes juvenile justice assessment centers which are designed to serve as a point of intake and screening for juveniles referred to the Department.

(25) Juvenile Justice Information System (JJIS): The department's electronic information system used to gather and store information on youths having contact with the department.

(26) Juvenile Probation Officer (JPO): A person meeting the definition in section 985.03(30), F.S., and rule 63D-8.001, F.A.C.

(27) Licensed Health Care Professional: for the purposes of this chapter, a Registered Nurse (RN), Licensed Practical Nurse (LPN), and an Advanced Registered Nurse Practitioner (ARNP) licensed under chapter 464, F.S.; a Medical Doctor (MD), and a

Physician Assistant (PA) licensed under chapter 458, F.S.; an Osteopathic Physician (DO) licensed under chapter 459, F.S.; and a Dentist (DMD, DDS) licensed by chapter 466, F.S.

(28) Medical Grade: One of five (5) categories or grades that can be assigned to a youth as part of the medical classification system. The specific Medical Grades are defined as follows:

(a) Medical Grade 1:

1. Youth has no identified chronic health conditions; and,
2. Youth has no serious, chronic infectious, communicable disease; and,
3. Youth has no periodic monitoring requirements.

(b) Medical Grade 2:

1. Youth has only one chronic condition, which has not required medical/nursing intervention within the last 12 months (except for routine periodic evaluations at the intervals required in this rule); and,
2. Youth has no serious, chronic, infectious communicable disease (youth may or may not be prescribed oral medications); and,
3. Youth being treated with prescription medication greater than 30 days.

(c) Medical Grade 3:

1. Youth has been diagnosed with two or more chronic conditions (regardless of the actual or expected need for medical/nursing intervention), or
2. Youth has been diagnosed with a serious chronic, infectious communicable disease, or
3. Youth requires nursing/medical intervention and/or evaluation no more frequently than once every 30 days (youth may or may not be prescribed oral medications).

(d) Medical Grade 4:

1. Youth is physically disabled (visual, hearing, mobility), or
2. Youth is prescribed parenteral medications (medications which are administered by injection), or
3. Youth requires nursing/medical intervention and/or evaluation at a frequency greater than once every 30 days, or
4. Youth is pregnant or is within six weeks post-birth, or
5. Youth is receiving anti-tuberculosis medications.

(e) Medical Grade 5: Youth is prescribed any medication for diagnosed mental and/or emotional disorders.

(29) Methicillin-Resistant *Staphylococcus Aureus* (MRSA): MRSA infection is an infection with a strain of *Staphylococcus aureus* bacteria that is resistant to antibiotics known as beta-lactams. These antibiotics include methicillin, amoxicillin, and penicillin.

(30) Non-licensed: For the purposes of this rule, persons who do not hold a medical or nursing licensure from the Division of Health Quality Assurance of the Department of Health but who function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through delegated tasks or activities. These delegated tasks or activities shall be provided under the clinical supervision of a nurse or higher licensure level.

(31) Periodic Evaluation: a follow-up focused medical evaluation for youth by a physician (MD), osteopathic physician (DO), advanced registered nurse practitioner (ARNP) or physician's assistant (PA) for youth with chronic conditions or communicable diseases, at specified time intervals.

(32) Over-The Counter medications (OTCs): Any drug that routinely does not require a prescription.

(33) Perpetual Inventory: A dose-by-dose inventory process for the daily distribution of prescribed medication and sharps. Sharps are to be counted as each sharp is utilized and disposed of.

(34) Practitioner's Orders: Prescribed and authorized treatments and medications written for implementation by duly licensed practitioners authorized by their respective practice acts to do so. For the purposes of this rule, the term refers to orders written by Physicians, Physician Assistants, Advanced Registered Nurse Practitioners, and Dentists.

(35) Probation: An individualized program in which the freedom of the child is limited and the child is restricted to non-institutional quarters or restricted to the child's home in lieu of commitment to the custody of the department as per rule 63D-8.001, F.A.C.

(36) Program Director: The onsite administrator of a Residential Commitment Program, whether state or privately operated, who is accountable for the onsite operation of the program.

(37) Progress Note: Interdisciplinary documentation of medical and mental health care encounters that explain the forward course of action, events and time of any health care activity.

(38) Protective Action Response – Department-approved verbal and physical intervention techniques and application of mechanical restraints used in accordance with the DJJ Administrative rules 63H-1.001-1.016, F.A.C., the Protective Action Response Escalation Matrix, and PAR training curricula.

(39) Residential Commitment Program: A low-risk, moderate-risk, high-risk, or maximum-risk residential delinquency program for committed youth.

(40) Restricted Housing: All situations involving segregation, isolation, or separation of a youth for any reason, including disciplinary, medical or mental health reasons. Thus, this term includes disciplinary confinement, room restriction, secure observation, controlled observation, or any other form of housing which is separate from that of the general population.

(41) Service agreements: Written agreements that are utilized on a routine basis by providers who render health care services, and whose provision of services is rendered without a contractual agreement with the department.

(42) Sharp: Any object routinely used in medical procedures, including but not limited to, hypodermic needles, scalpels, blades, broken glass, broken capillary tubes, breakable culture dish, and exposed ends of dental wires.

(43) Sick Call: The official method for a youth to request health care services for an illness or injury. This is the health care delivery system component intended to provide care in response to complaints of illness or injury of a non-emergent nature but which require some form of assessment and/or decision-making.

(44) Significant Change: Any increase or decrease in dosage beyond a small increment or beyond the normal dosage range for youths of similar age.

(45) Transitional Health Care Planning: the process of planning and information exchange to maintain continuity of care for a youth who is discharged, released to the community from a facility, or transferred between facilities.

(46) Treatment Protocols: the precise and detailed plan for a course of medical treatment developed by the Designated Health Authority that describes a patient's treatment regimen; a detailed plan for the delivery of health care treatment, procedures, tests, medications and dosages. These treatment protocols are limited in scope and responsibility depending upon whether the protocol is written for implementation by licensure level or non-licensed direct care staff.

(47) Working Inventory: Inventory that is permitted to be kept in an area outside of regular stock for immediate access by nursing staff, including but not limited to, syringes, needles, phlebotomy equipment, suture kits, and all other potentially dangerous sharps and other devices.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0031 Designated Health Authority.

(1) The Designated Health Authority has the clinical responsibility for all program physical health and medical services occurring within the confines of the facility. Final clinical judgments regarding medical treatment received in the facility shall rest with this single individual.

(2) The role and function of the Designated Health Authority shall be clearly articulated in a written contract or agreement between the facility or program and the Designated Health Authority.

(3) The contract shall clearly indicate:

(a) At a minimum, the DHA must be onsite once per week, with a week defined as the seven-day period beginning on Sunday and ending on Saturday. However, at no time will more than nine days pass between onsite visits.

(b) Conducting onsite Medical Evaluation and Treatment.

(c) Availability for consultation by electronic means twenty-four hours per day, seven days per week, for acute medical concerns, emergency care, coordination of off-site services and other responsibilities.

(d) Assisting in the development of the Facility Operating Policies, and Procedures for Medical and Dental episodic (non-emergent illnesses and injuries) and emergency care, including annual review/revision of episodic and emergency Protocols, Policies and Procedures.

(e) Specification of other duties, as agreed upon by the program and the designated health authority.

(4) The Designated Health Authority may delegate clinical duties only to:

(a) Another physician (MD or DO);

(b) An Advanced Registered Nurse Practitioner (ARNP), with education, experience and certification in Family Health or Pediatrics, or

(c) A Physician Assistant (PA).

(5) The Designated Health Authority shall be responsible for communicating regularly with the facility Superintendent/Director and/or Assistant Superintendent/Director on all matters relative to the medical needs of the youth in the facility.

(6) Unless the Designated Health Authority is a psychiatrist, the following duties and activities shall not be the responsibility of the Designated Health Authority:

- (a) The development or review of Facility Operating Procedures or other protocols related to psychiatric services;
- (b) The management of psychiatric conditions;
- (c) The prescribing of psychotropic medications.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14, Amended 5-8-17.

63M-2.0032 Role of Superintendent/Facility Director in Healthcare Services.

(1) The Facility Superintendent or Program Director is responsible for:

(a) Ensuring that the Designated Health Authority is clearly informed of all of the department's health care requirements at the time of the negotiation of the agreement/contract. This responsibility can be delegated to the Facility Superintendent or Program Director Designee and shared with supervisors at the Regional level;

(b) Ensuring a licensed general hospital is available to provide emergency services on a 24-hour per day basis.

(c) Ensuring adherence to delivery of physician on-call medical services, consultative medical referrals, regularly scheduled physician hours, access to a licensed health care professional and clinic hours, treatment protocols, access to Emergency Medical Services and 24-hour episodic care, and emergency drills.

(2) There shall be communication, at a minimum of every other week between the Facility Superintendent/Program Director and the licensed health care professional staff to review important medical issues pertaining to youth at the facility.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0033 Nursing Staff Requirements

(1) Licensed nurses are required to practice within the Florida Nurse Practice Act and the applicable Florida Board of Nursing Rules (chapter 464, F.S., and division 64B9, F.A.C.).

(2) All detention and residential facilities shall have onsite nursing coverage to be provided by Registered Nurses (RNs) or, at a minimum, Licensed Practical Nurses (LPNs).

(3) The licensed healthcare professional that is providing the direction to the LPN is responsible for reviewing all medical cases daily with the LPN, and be available on-call for consultation. Based upon the results of this clinical consultation, onsite assessment and management of medical cases must be provided by the licensed healthcare professional.

(4) Each detention and residential facility shall have on-call medical coverage for nights and weekends when no nurse is onsite. There shall be a staff person on every night or weekend shift responsible for accessing medical services or personnel. For specialty facilities and intensive medical facilities, a higher level of nursing coverage may be indicated and shall be clearly articulated per a contractual agreement with the department.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0034 Non-Licensed Staff Providing Health Services.

(1) Aspects of medical care may be delegated to non-licensed staff that have been appropriately trained and experienced to perform those specific tasks of care. Competency to safely perform these tasks shall be verified by the Registered Nurse who has delegated the tasks to the non-licensed staff as per chapter 64B9-14, F.A.C., Delegation to Unlicensed Assistive Personnel.

(2) Non-licensed staff may assist in, at a minimum, these tasks:

- (a) Self-administration of medications only when nursing staff is not present;
- (b) Accompanying youth to medical appointments;
- (c) Assisting the licensed nurse in the monitoring of youth who are placed on medical alert; and,
- (d) Providing First Aid/Emergency Care.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0035 Protocols and Procedures.

(1) All newly employed health care personnel, whether state-employed or contracted health care staff, shall receive a clinical orientation to department health care policies and procedures, given by a Registered Nurse or designated licensed health care professional.

(2) The facility Designated Health Authority shall review and approve treatment protocols for the onsite licensed nursing staff and non-licensed staff to utilize when administering care in response to commonly encountered complaints. These protocols must be within the scope of practice and level of expertise and training of the staff conducting the Sick Call process.

(3) Treatment protocols shall be specifically developed for:

- (a) Registered Nurses;
- (b) Licensed Practical Nurses; and,
- (c) Non-licensed staff.

(4) When utilizing treatment protocols, the Designated Health Authority or Physician Designee, PA or ARNP shall be contacted when deemed necessary based upon clinical judgment.

(5) Documentation of the implemented treatment protocol shall be recorded by one of the following:

- (a) On the treatment protocol copy;
- (b) Sick Call Request Form (HS 032, February 2010);
- (c) For non-licensed staff, the Report of Onsite Health Care by Non-Health Care Staff Form (HS 049, December 2006), which is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03796>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(d) Chronological Progress Notes.

(6) The Designated Health Authority, the Psychiatrist (if applicable), and the Dentist (if applicable), must sign and date all of their respective written treatment protocols, each time a new protocol is developed and/or an existing one is changed at a time other than the annual review.

(7) Nursing staff must review, sign and date a cover page on which all Facility Operating Procedures, treatment protocols, and other procedures are listed. Any changes in these documents that are made during the year must be reviewed, signed, and dated by each nurse on the individual documents.

(8) An annual review of all Facility Operating Procedures and treatment protocols is required. This is demonstrated by the signature and date of the DHA, facility Superintendent.

(9) Facility-operating procedures shall be facility-specific. Corporate policies and procedures shall include language that articulates how the individual facility shall implement the corporate policy or procedure.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0036 Service Agreements.

(1) The facility Superintendent or Program Director shall be responsible for ensuring that service agreements are in place with health care providers that are routinely and/or frequently utilized by the program. Ancillary service contracts or written agreements may be executed with health care professionals in the community to provide additional health care as needed.

(2) Service agreements must contain, at a minimum:

- (a) A general description of the services to be rendered;
- (b) Fees or fee schedules; and,
- (c) The lines of communication between health care providers and facility administrative staff.

(3) The facility Superintendent or Program Director shall be responsible for ensuring that health care providers that function under service agreements are kept informed of changes in departmental rules that affect their provision of health care services.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0037 Verification of Credentials.

(1) The facility Superintendent, Program Director or designee are responsible for verification of credentials prior to contract execution for all health care providers at that facility.

(2) A copy of the following documentation shall be maintained in the health care provider's service agreement file at the facility and at the respective regional office:

- (a) Current license;

- (b) Resume; and,
- (c) Current Basic, Advanced, or Pediatric Advanced Cardiac Life Support Certification that includes training on the automated external defibrillator.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New 3-16-14.

63M-2.0038 Students or Interns.

- (1) For students or interns in health care profession and licensure training programs, the same training requirements for licensure verification apply to the preceptor/supervising instructor from the academic institution.
- (2) All student observation experiences must be pursuant to a written agreement with the academic institution.
- (3) The students or interns must be under direct supervision by their respective preceptors/teachers at all times.
- (4) The student or intern may directly observe the clinical interaction only with the youth's verbal consent.
- (5) Departmental background screening is required for all students who enter a facility for observation, clinical rotation, internship, or any other educational or professional experience.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New 3-16-14.

63M-2.0039 Interdisciplinary Risk Reduction/Quality Improvement.

- (1) All facilities and programs shall implement a method of identifying and solving potential and actual problems in health care delivery to committed youth.
- (2) Meetings shall be held no less than quarterly, whereby all disciplines that provide or oversee the provision of physical and mental health care, programming/operations and behavior management are represented. Additional meetings shall be held as needed when an adverse or sentinel event occurs or the potential for such an event is recognized.
- (3) Simple Root Cause Analysis or another problem-solving methodology shall be conducted for review of actual adverse or sentinel events.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History–New 3-16-14.

63M-2.0041 Healthcare Admission Screening.

- (1) Each facility shall screen every youth upon admission to determine if the youth has an acute injury, illness, chronic medical condition, physical impairment (e.g., speech, hearing, visual), mental disability, or developmental disability that requires medical or mental health evaluation and treatment, and/or medication needs to be met.

(a) An oral screening shall be on the Oral Health Assessment Form (HS 050, February 2007), which is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03797>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize a form of their choice as long as the form includes all information required on the Oral Health Assessment Form that is incorporated by reference into chapter 63M-2, F.A.C.

(b) All youth shall be screened for possible Sexually Transmitted Diseases by completing the Sexually Transmitted Infections Screening Form (HS 029, October 2006), which is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03798>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize a form of their choice as long as the form includes all information required on the Sexually Transmitted Disease Screening Form that is incorporated by reference into chapter 63M-2, F.A.C.

(c) All youth shall be screened for possible communicable diseases by utilizing the Infectious and Communicable Disease Form (HS 018). The Infectious and Communicable Disease Form (HS 018, October 2006) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03799>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(d) In detention facilities, a Medical and Mental Health Admission Screening must be conducted and documented in the Facility Management System (FMS).

(e) In residential commitment programs, the Facility Entry Physical Health Screening document (HS 010) shall be utilized. The Facility Entry Physical Health Screening form (HS 010, May 2007) is incorporated into this rule and is available electronically at

<http://www.flrules.org/Gateway/reference.asp?No=Ref-03800>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(f) In a Juvenile Assessment Center, the Probation Medical and Mental Health Clearance Form (HS 051) shall be utilized when law enforcement delivers a youth to the department upon apprehension. The Probation Medical and Mental Health Clearance Form (HS 051, July 2010) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03801>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(2) A licensed nurse, advanced registered nurse practitioner (ARNP), physician assistant (PA) or physician (MD) shall review the admission screening within 24 hours of a youth's admission to a detention center or residential commitment program if the screening was not conducted by a licensed nurse.

(3) Youth are to be re-screened by the receiving facility whenever they are moved from one facility to another with an anticipated stay of 24 hours or more.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0042 Medical Emergencies upon Admission or During Screening.

(1) During the admission and screening process, immediate emergency medical assessment and/or transfer by Emergency Medical Services (EMS) to the nearest hospital is required if a youth presents with an incapacitating medical illness or condition. In all situations, the staff shall not wait for a response from the Designated Health Authority, PA, or ARNP prior to calling 911 and contacting EMS.

(2) The Designated Health Authority is to be contacted at the next possible opportunity when a youth requires emergency transfer during admission and screening.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0043 Routine Notification of the Designated Health Authority upon Admission.

(1) In situations where a youth does not require immediate emergency transfer, the Designated Health Authority or designee must be notified of all youth admitted with a medical condition. This notification may be by telephone or verbally.

(2) The notification shall be documented in the youth's individual health care record (IHCR).

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0044 Tuberculosis (TB) Control and Screening.

(1) All facilities shall implement routine screening for all youth for latent and active tuberculosis within 72 hours of admission, as well as environmental controls in the case of a youth with active Tuberculosis, in accordance with the Centers for Disease Control and Prevention recommendations.

(2) The medical evaluation and treatment of latent or active TB shall be the responsibility of the Designated Health Authority or designee.

(3) The Designated Health Authority or designee shall be responsible for the reporting all youth with confirmed TB disease to the Department of Health.

(4) If anti-tuberculosis medication is prescribed, it shall be noted on the youth's Infectious and Communicable Disease form (HS 018).

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0045 Medical Alert System.

(1) Each facility shall implement a Medical Alert system. The Medical Alert system is required for non-licensed staff to use in making safety and security decisions as they relate to youth behavior and monitoring needs.

(2) Non-licensed staff shall also identify youth for inclusion in the Medical Alert system based on information obtained during intake screening, upon return from an off-site medical appointment or as the need may arise.

(3) A diagnosis of HIV/AIDS shall not be placed on the Medical Alert list per chapter 381, F.S.

(4) All youth with Medical Grades of 3-5 shall be placed on the facility's Medical Alert System.

(5) The following medical conditions and issues warrant placement of a youth on Medical Alert:

- (a) Allergies/Anaphylaxis;
- (b) Medication interactions;
- (c) Head trauma/injury;
- (d) Pregnancy;
- (e) Chronic medical conditions;
- (f) Hearing, speech, visual, or physical impairment;
- (g) Developmental disability or mental retardation; and,
- (h) Medication side effects.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0046 Healthcare Orientation of Committed Youth.

(1) All facilities shall conduct an orientation for youth to the health care delivery services upon admission, or at the next available opportunity after admission.

(2) The healthcare orientation shall be provided by a nurse, or at a minimum, by a non-licensed staff knowledgeable with the health care delivery system.

(3) Each facility shall make provisions for orientation of youth who are hearing or visually impaired.

(4) Orientation must be provided in Spanish or other languages that youth use as a primary language.

(5) For youth with cognitive deficits, the school district personnel (or teachers employed by the facility) shall provide information as to how to present this information to youth who are impaired.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0047 Health-Related History (HRH).

(1) The Health Related History (HS 014) shall be completed no later than seven (7) calendar days following the date of admission and prior to the youth engaging in strenuous exercise or being subjected to extreme outdoor weather conditions including, but not limited to, high heat indices and frigid temperatures. The Health Related History (HS 014, August 2009) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03802>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(2) The Health Related History shall be conducted or reviewed by a nurse through interview of the youth and then made available to the Designated Health Authority or Physician Designee, PA, or ARNP, prior to conducting or reviewing the Comprehensive Physical Assessment (CPA).

(3) When a youth re-enters the department's custody or is placed in another facility, a nurse, together with the youth shall review the Health-Related History. Corrections and revisions shall be made at this time and documented on the page reserved for this purpose.

(4) Nursing assessments, including a summary of the health-related issues of the youth shall be documented. Medical Alerts based on the history are to be implemented as applicable.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0048 Comprehensive Physical Assessment (CPA).

(1) The Comprehensive Physical Assessment (HS 007) shall be completed no later than seven (7) calendar days following the date of admission and prior to the youth engaging in strenuous exercise or being subjected to extreme outdoor weather conditions including, but not limited to, high heat indices and frigid temperatures. For youth with a Comprehensive Physical Assessment completed prior to admission, see subsection 63M-2.0048(8), F.A.C.

(2) Youth in detention who are released pending placement in a Residential Commitment Program are to have a CPA completed prior to release from detention, or documentation of a current CPA completed.

(3) The standard Comprehensive Physical Assessment (CPA) form shall be used by all practitioners. The Comprehensive Physical Assessment (HS 007, October 2007) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03803>, or may be obtained by contacting: DJJ, Office of Health Services,

2737 Centerview Drive, Tallahassee, FL 32399. When a community practitioner completes the CPA, (physician, PA, or ARNP), all efforts shall be made to provide them with the approved form for documentation. If this cannot be done, the DHA, his/her physician designee, PA or ARNP shall augment that assessment to ensure that all of the CPA's required components are clearly documented on the alternate form.

(4) A new CPA, or a focused medical examination documented in the chronological progress notes, shall be completed as clinically indicated when a youth's condition warrants.

(5) The first Medical Grade is assigned at the time of the first CPA. The Medical Grade is to be updated or changed whenever the youth's health status changes to such an extent that it is warranted.

(6) Registered Nurses and Licensed Practical Nurses may only increase a Medical Grade; they are not permitted to decrease grades. These changes shall be documented in the progress notes as well as the Problem List (HS 026), Medication Administration Record (HS 019) and Practitioner's Orders. The Problem List (HS 026, October 2006) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03804>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(7) For youth with a Medical Grade 1, the Comprehensive Physical Assessment is current if performed within the last two years. For Medical Grades 2-5, the Comprehensive Physical Assessment is current if performed within the past 12 months.

(8) A Comprehensive Physical Assessment completed prior to the youth's current admission may be used as follows:

(a) A current CPA with no changes in the youth's medical condition. The current CPA shall be reviewed as the youth is examined and signed off as reviewed by the physician, PA, or ARNP.

(b) A current CPA with a change in the youth's medical condition. The clinician shall conduct a focused medical evaluation of the youth and document in the progress notes of the Individual Health Care Record.

(9) The facility director or superintendent or their designee must ensure that all youth receive a CPA within the above-defined timeframes.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.005 Consent and Notification Requirements.

The following are the requirements for the authorization of health care services to youth in the physical custody of the department.

(1) The Authority for Evaluation and Treatment (AET) is the means by which the department obtains the consent of the parent or guardian for basic health and mental health evaluation and treatment. Covered services and exclusions are described on the form. The AET is not required for emergency services. Under no circumstances shall emergency services be withheld pending provision of a signed AET. The AET (HS 002, February 2010) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03805>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(a) The department's Juvenile Probation Officer (JPO) or Facility Superintendent is responsible for ensuring that the AET is signed and dated by the parent or guardian at the first available opportunity.

(2) The AET remains valid for as long as the youth is in custody or under supervision, or for one year after signing, whichever comes later.

(a) The AET is no longer in effect once a youth turns 18 years of age.

(b) When a youth with developmental disabilities turns 18 years of age while in department custody, the regional counsel must be consulted to determine that the party authorized to provide consent has been identified and shall proceed as in subparagraph 63E-7.001(3)(a)5., F.A.C.

(3) The AET may be revoked in whole or in part. Revocation or modification shall be documented as follows:

(a) The JPO must ensure that the original or a legible copy of the signed AET is provided for inclusion in the youth's Individual Health Care Record (IHCR).

(b) If a subsequent AET is obtained, it shall be filed directly on top of the prior AET in the IHCR. The JPO shall maintain a copy of the AET.

(4) The signed AET or a current copy shall accompany the youth when he or she is taken off-site to a health care provider. The AET authorizes the provider to make information available to the department, which may be necessary to provide health care to the youth. If health care is authorized by a court order, then the court order shall accompany the youth and be presented to the provider.

(5) When emergency medical services are provided, the facility superintendent, program director or designee must immediately attempt to notify the parent or guardian once the need for necessary treatment is established. The contact attempts will be documented in the chronological progress notes.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History—New 3-16-14.

63M-2.0051 Routine Consent – Authority for Evaluation and Treatment (AET).

(1) Because a signed AET is essential to providing routine health services to youth, the following procedure shall be employed to obtain this critical authorization:

(a) If the parent or guardian is available at detention screening or during the youth's detention stay, the assigned JPO, or staff at the detention center must explain the AET and obtain the required signature.

(b) If the parent or guardian is not available during detention screening, the assigned JPO shall schedule an intake conference with the parent or guardian for the purpose of completing the AET.

(c) The department representative introducing the AET to the parent or guardian must review the basic components of the document with the parent or guardian.

(d) If a youth arrives at a detention center or residential commitment program without a signed AET, the facility administrator or designee must immediately contact the respective Chief Probation Officer or designee for assistance.

(e) For detained youth who have not been committed to the department, and for whom an AET has not yet been obtained, the detention superintendent or the person in charge of the detention center or facility, or his or her designee, shall authorize a Healthcare Admission Screening as per rule 63M-2.0041, F.A.C., to determine if the youth is in need of medical care or isolation. For additional, non-emergency care and treatment, consent shall be obtained as follows:

1. Authorization for additional examination and treatment, including the continued provision of currently prescribed medication, standard vaccinations, specified over-the-counter medications, and other routine services shall be provided as authorized by the youth's parent or guardian in a signed Authority for Evaluation and Treatment (HS 002, February 2010).

2. Where a signed AET has not been obtained, and the person with the power to consent to examination or treatment cannot be contacted after a diligent search, and has not expressly objected to consent, the Detention Facility Superintendent or Assistant Facility Superintendent may consent to ordinary and necessary medical treatment, including immunizations, and dental examination and treatment as set forth in section 743.0645, F.S. The assigned JPO shall conduct the diligent search as set forth in the form Affidavit of Diligent Effort (HS 056, January 2012), which is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03806>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The assigned JPO shall complete the Affidavit of Diligent Effort and attach to the youth's Limited Consent for Evaluation and Treatment (HS 057, December 2013), which is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03807>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The Facility Superintendent providing the consent for the youth shall sign the Limited Consent for Evaluation and Treatment.

3. Where the youth is in the dependency system and is served by the Department of Children and Families, the following process applies:

a. Where the youth has not been removed from the parent's home, the JPO shall obtain the parent's consent to ordinary medical treatment by executing the Limited Consent for Evaluation and Treatment (HS 057, December 2013).

b. Where parental rights have not been terminated and the youth is in out-of-home care, such as a foster home, group home, or unlicensed caregiver, the JPO shall contact the Department of Children and Families or its contracted service provider to locate the parent to consent to ordinary medical treatment by executing the Limited Consent for Evaluation and Treatment (HS 057, December 2013). Parental consent is not required where the court order placing the youth in out-of-home care specifically gives authority to consent to ordinary medical treatment to the Department of Children and Families or the out-of-home caregiver. Where these circumstances exist, either the Department of Children and Families or the out-of-home caregiver may consent to ordinary medical treatment by executing the Limited Consent for Evaluation and Treatment (HS 057, December 2013).

c. Where parental rights have been terminated and the youth is in the custody of the Department of Children and Families, the Department of Children and Families or its contracted service provider may consent to ordinary medical treatment by executing the Limited Consent for Evaluation and Treatment (HS 057, December 2013).

(f) For youth committed to the department; prior to admission to a residential commitment program of a youth under 18 years of age or a youth 18 years of age or older who is incapacitated as defined in section 744.102(12), F.S., the youth's JPO shall provide the residential commitment program with an original or a legible copy of the signed AET or a court order addressing the provision of routine physical and mental healthcare. However, when a youth is 18 years of age or older and not incapacitated, or otherwise emancipated as provided in section 743.01 or 743.015, F.S., no AET or court order is required since the youth is responsible for authorizing his or her own physical and mental health care.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.0052 Special Consent.

(1) Additional consent is required in special circumstances through the Parental Notification of Health Related Care: General (HS 020, January 2014) and is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03808>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. Informed consent is required for the following:

- (a) Hospitalization;
- (b) Surgery;
- (c) Dental services other than evaluations;
- (d) Any procedure or service of an invasive nature;
- (e) Any procedure where the benefit to the child is uncertain; and,
- (f) Any procedure or service that the parent or guardian has previously prohibited.

(2) New medications, or a significant change to medications, excluding psychotropic medications, require parental consent through the Parental Notification of Health Related Care: Medications (HS 021 January 2014) and is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03809>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(3) New Vaccinations and Immunizations require parental consent through the Parental Notification of Health Related Care: Vaccinations/Immunizations (HS 022, February 2010) which is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03810>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(4) When the person authorized to consent withholds, revokes or limits consent for any recommended treatment, the program's Designated Health Authority, based on his or her clinical judgment, shall determine whether failure to provide the treatment will potentially result in serious or significant health consequences for the youth or threaten his or her life or jeopardize the health of other youth and staff in the program. If the Designated Health Authority so determines, the program director shall explain the situation to the person withholding, revoking or limiting consent, encouraging him or her to consent to the needed treatment; however, if consent is still denied, the program director shall contact the department's regional general counsel to request that he or she obtain a court order authorizing the treatment.

(5) Informed consent is not required for emergency services.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 6-20-14.

63M-2.006 Sick Call.

(1) Sick Call shall be conducted only by a licensed nurse or higher licensure level.

(2) Sick Call shall be regularly scheduled in each facility.

(3) All youth with a complaint, illness, or injury shall have the opportunity to access care through the Sick Call process.

(4) Review and triage of Sick Call requests shall be conducted as follows:

(a) A licensed nurse, or higher licensure level, shall review, triage promptly, and screen for urgency all Sick Call requests such that emergency conditions are not delayed for the next regularly scheduled sick call session.

(b) When a licensed health care professional is not on site, the shift supervisor shall review all sick call requests as soon as possible, within four (4) hours after the request is submitted. Issues requiring attention prior to the next scheduled Sick Call shall be addressed as per rule 63M-2.009, F.A.C.

1. A Registered Nurse, or higher licensure level health care staff, after review of the Sick Call requests, shall make an assessment while conducting Sick Call, and determine whether a nursing or medical intervention is appropriate.

2. If a facility utilizes a Licensed Practical Nurse (LPN) without the presence of a Registered Nurse, the LPN shall conduct the Sick Call. The LPN shall review all sick call requests daily (either telephonically or in person) with someone at the level of a Registered Nurse or a higher licensure level.

(5) After appropriate evaluation of the Sick Call requests has been completed:

(a) For residential commitment programs, a list of youth who have requested to be seen at the next Sick Call shall be generated and provided to the nurse.

(b) For detention facilities, the staff shall utilize JJIS and FMS to enter the Sick Call requests generated by the youth. This entry must then generate a notice to the nurse for his/her timely review. Every facility shall have a backup method for notification to the nurse in situations where the computerized system is unavailable.

(6) Youth identified as having the same complaint and seen by the nurse three times within a two-week period shall be referred to the Physician, ARNP or PA.

(7) A youth who has received medical evaluation and treatment by the ARNP or P.A. more than once for the same complaint that has demonstrated no improvement after two medical evaluations shall be referred immediately to a physician (onsite, off-site or Emergency Room).

(8) The RN, ARNP or P.A. shall immediately notify the DHA (physician) when he or she cannot determine the nature and/or severity of a youth's medical or clinical condition. The Designated Health Authority has the final authority for determining the next medical course of action.

(9) When a non-licensed staff person has a concern regarding a youth's need to be seen as early as possible in Sick Call, whether or not the youth has made a Sick Call Request, the staff shall notify the nurse as soon as possible.

(10) The Sick Call documentation shall be as follows:

(a) Youth in Residential Commitment Programs shall complete the Sick Call Request Form (HS 032). The Sick Call Request Form (HS 032, February 2010) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03811>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(b) For youth who need assistance completing the form, a staff person shall be available. The staff person must communicate to the youth that this then gives them access to the youth's personal information. The staff person shall maintain the youth's confidentiality.

(c) The completed Sick Call Request forms shall be placed in a secure location inaccessible to youth to be provided to the nurse.

(d) The completed Sick Call Request form is to be filed with the progress notes in the Individual Health Care Record in reverse chronological order.

(e) Detention facilities shall utilize the established Facility Management System (FMS) and the Juvenile Justice Information System (JJIS) to coordinate and document Sick Call. A copy of the completed electronic Sick Call Request form shall be placed in the youth's Individual Health Care Record.

(f) When the youth is evaluated and treated by the facility's Physician, PA or ARNP, the Chronological Progress note section shall be utilized to provide documentation for the Individual Health Care Record. The documentation shall include subjective findings, objective findings, the medical assessment of the youth, and the plan of care for treatment of the youth.

(g) Sick Call complaints shall be listed on The Sick Call Index form (HS 030), and filed in the section reserved for the Core Health Profile in the Individual Health Care Record. The Sick Call Index (HS 030, October 2006) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03812>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(11) An aggregate Sick Call/Referral Log (HS 031) must be utilized at each residential program. The Sick Call/Referral Log (HS 031, October 2006) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03813>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize a form of their choice as long as the form includes all information required on the Sick Call/Referral Log.

(12) Detention facilities shall utilize the sick call log generated by the JJIS system.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 6-20-14.

63M-2.008 Periodic Evaluations.

- (1) A periodic evaluation by a Physician, PA or ARNP shall be conducted for youth in a facility who:
 - (a) Have at least one chronic medical condition, or
 - (b) Have a communicable disease, or
 - (c) Are prescribed medications for at least three (3) consecutive months.
- (2) Periodic evaluations shall be conducted, at a minimum, once every three (3) months.
- (3) A periodic evaluation is required prior to renewing a prescription for a medication that has expired.
- (4) Periodic evaluations for pregnant youth shall be conducted no less than every four weeks until the eighth month of pregnancy. Pregnant youth shall receive a periodic evaluation every two weeks in the eighth month, and weekly thereafter.
- (5) Each facility shall have a method of scheduling and tracking periodic evaluations.
- (6) Periodic evaluations conducted onsite shall be documented in the chronological progress notes in the Individual Health Care Record. The documentation shall include subjective findings, objective findings, the medical assessment of the youth, and the plan of care for treatment of the youth.
- (7) Periodic evaluations conducted off-site shall be documented on the Summary of Off-Site Care Form (HS 033), and filed in the Individual Health Care Record in the chronological progress notes, in reverse chronological order. The Summary of Off-Site Care Form (HS 033, October 2006) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03814>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.009 Episodic Care.

- (1) Medical issues that require immediate attention shall be defined by the DHA or physician designee.
- (2) Any complaint of severe pain, including dental pain, shall be treated as an emergency with immediate referral to the onsite nursing staff, ARNP, PA or Physician.
- (3) Non-licensed staff shall immediately report any youth who appears incapacitated to their supervisor and the onsite health care staff.
- (4) If a program utilizes a Licensed Practical Nurse (LPN) without the presence of a Registered Nurse onsite, then the LPN shall review all episodic or emergency cases daily (either electronically, telephonically or in person) with either the Registered Nurse or a higher licensure level health care staff.
- (5) When licensed health care professional staff is not onsite, a designated non-licensed staff person shall contact the on-call licensed health care professional and/or access off-site services promptly.
- (6) All staff members shall have access to contact Emergency Medical Services (EMS) by calling "911" immediately under any circumstances that require immediate medical attention or evaluation.
- (7) Episodic care provided by a non-licensed staff person must have a follow-up evaluation by a licensed health care professional the next time this person is onsite, or sooner, if warranted.
- (8) The Designated Health Authority or physician designee shall be notified when a youth requires emergency transfer off-site for evaluation, treatment and/or hospitalization.
- (9) Non-licensed staff members who provide first aid and/or emergency care are authorized to provide care only within their training and maintain required certifications as per chapter 63H-2, F.A.C.
- (10) First aid supplies shall be kept and maintained onsite as determined by the Designated Health Authority.
- (11) All licensed health care professionals shall maintain, at a minimum, current certification in Basic Cardiopulmonary Resuscitation (with AED training, as applicable).
- (12) Training records and proof of staff certifications shall be maintained per division 63H, F.A.C.
- (13) Emergency drills, both announced or unannounced, shall be conducted for each shift, on a quarterly basis at a minimum, and simulate an episodic care event that calls for immediate First Aid and/or administration of CPR techniques and the initiation of the emergency procedures to follow when a life-threatening emergency does occur. Documentation of these drills shall also be maintained per facility.
- (14) A list of emergency telephone numbers and cell-phone numbers must be posted or located accessible to all staff, on all shifts and be inaccessible to youth.

(15) Episodic care subsequent to a Protective Action Response (PAR) shall be conducted pursuant to paragraph 63H-1.007(2)(d), F.A.C.

(16) All episodic care provided shall be documented in the chronological progress notes in the Individual Health Care Record. Episodic care provided by non-licensed staff may be recorded on the Report of Onsite Health Care by Non-Health Care Staff Form (HS 049, December 2006), which is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03815>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(17) All episodic care provided shall be documented on the Episodic Care (First Aid/Emergency) Care Log (HS 009, October 2006) The Episodic (First Aid/Emergency) Care Log is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03816>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize a form of their choice as long as the form includes all information required on the Episodic Care (First Aid/Emergency) Care Log that is incorporated by reference into chapter 63M-2, F.A.C.

(18) The staff member who notifies the Designated Health Authority of the episodic event shall document the notification in the chronological progress notes.

(19) PAR Medical Review documentation is as follows:

(a) The Post-PAR interview and PAR Medical Review shall be documented on the progress note in the youth's Individual Health Care Record. The individual performing the Post-PAR interview will also sign and date the PAR Report.

(b) If an off-site medical review is conducted, the relevant sections of the youth's Individual Health Care Record and Medication Administration Record shall accompany the youth to the review.

(c) After an off-site medical review, the top of each page returned by the reviewer must be dated and labeled with "PAR Medical Review." The documents will then be placed in reverse chronological order in the Progress Notes in the youth's Individual Health Care Record.

(d) The facility Superintendent or Program Director shall review the PAR Incident report, Post-PAR interview and the PAR Medical Review.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.010 Girls Gender Responsive Medical Services.

(1) The Designated Health Authority or physician designee, PA or ARNP shall be responsible for appropriate gender responsive and age-related health care and services in addition to routine medical care and services.

(2) Gender responsive medical care shall include all of the following conditions:

(a) Gynecological and menstrual conditions, including STI testing and treatment;

(b) Contraceptive management;

(c) Prenatal and postnatal care for pregnant girls, including a six-week postpartum follow-up visit;

(d) Lactation support for breastfeeding;

(e) Childbirth education, parenting skill education, family planning, infant care education;

(f) Anorexia, Bulimia, and additional specialized female adolescent complex medical conditions;

(g) Specialized nutritional management;

(h) Aftercare Planning;

(i) Education about girls' health, hygiene and grooming needs.

(3) The Designated Health Authority or physician designee shall be responsible for the early identification of pregnancy and the medical management oversight of prenatal and postnatal care.

(4) All female youth shall be screened for pregnancy at the time of admission into a facility. This screening shall include any history of pre-existing medical conditions, medication therapy, alcohol use or substance abuse.

(5) Any female youth that identifies her menstrual cycle as more than two weeks late shall have a urine or blood pregnancy test performed.

(6) Once a youth is identified as being pregnant, the Designated Health Authority or physician designee, PA or ARNP shall be immediately notified and medication held until explicit instructions are given regarding continuation of the current medication regimen.

(7) The Designated Health Authority shall be notified and provided with screening information within twelve hours of determining a newly admitted youth is pregnant.

(8) Prenatal care shall be provided by an Obstetrician and/or Perinatologist once it is determined that the youth is pregnant. The Designated Health Authority shall collaborate with the Obstetrician and/or Perinatologist in the oversight and management of the youth's pregnancy.

(9) If the pregnant youth is experiencing medical complications related to her pregnancy, the Designated Health Authority shall be immediately notified and medical care provided.

(10) All staff working in facilities and programs which serve girls shall be provided education and training on gender specific health care issues of the adolescent female. A licensed nurse shall provide in-service education on girls' health care, at a minimum, on an annual basis to all non-licensed staff.

(11) The Designated Health Authority or Physician Designee shall be responsible for the medical management oversight for neonatal medical care for the infant. Collaboration with community health care providers shall be utilized when necessary to obtain neonatal specialized health care services.

(12) The Provider shall provide daycare services for these infants. By providing daycare services, the Provider is responsible for complying with all Florida Statutes and regulations concerning the care of infants in this setting. The Provider shall comply with all Florida Statutes with regards to the transportation of infants.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.021 Pharmacy Permits and Licenses.

(1) All Detention and Residential Program facilities are required to obtain and maintain the appropriate Board of Pharmacy permits/licenses as per chapter 64B16-28, F.A.C. Each facility is responsible for complying with all federal and state laws, rules and regulations governing this permit practice.

(2) A Pharmacy and Therapeutics Committee (PTC) shall be established and meet at least quarterly in facilities as defined in rule 64B16-27.300, F.A.C., Standards of Practice – Continuous Quality Improvement Program. Each facility shall identify the Pharmacy and Therapeutics Committee members in the facility's medication management operating procedures, based upon the requirements as stated in rule 64B16-27.300, F.A.C.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.022 Verification and Procurement of Medications Prescribed Prior to Admission.

(1) Facility and/or Program staff must continue all currently prescribed medications to youth prior to entering the department's custody.

(2) A duly licensed Physician, PA or ARNP must make all changes in medication regimens subsequent to an appropriate assessment. Under no circumstances may staff in a facility discontinue an appropriately prescribed medication that the youth is receiving upon admission.

(3) Upon admission to a facility, the youth and parent or guardian (if available), shall be interviewed about the youth's current medications. Refer to required forms HS 051 (Probation Medical and Mental Health Clearance Form for Detention Centers) or HS 010 (Facility Entry Physical Health Screening for Residential Commitment Programs).

(4) Medication verification shall also take place during the completion of the Health-Related History, and/or the Comprehensive Physical Assessment.

(5) Only medications from a licensed pharmacy, with a current, patient-specific label intact on the original medication container may be accepted into a Department facility.

(6) Medications may not be administered unless all of the following have been met:

(a) The youth reports that he or she is taking a prescribed oral medication;

(b) Either the youth or the parent/guardian has brought the valid, patient-specific medication container to the facility;

(c) The substance in the medication container has been verified as the correct medication; and,

(d) The medication is properly labeled.

(7) After medication verification, the Medication Receipt, Transfer, & Disposition Form (HS 053, September 2010) shall be completed, with copy of the form provided to the parent/guardian (when parent/guardian is available). The Medication Receipt, Transfer & Disposition Form (HS 053, September 2010) is incorporated into this rule and is available electronically at

<http://www.flrules.org/Gateway/reference.asp?No=Ref-03817>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The original form shall be a part of the Individual Health Care Record.

(8) If the prescription medication cannot be verified as authentic, the prescription and contents shall be verified by:

- (a) Calling the pharmacy that dispensed the medication, or
- (b) Calling the outside provider who prescribed the medication.

(9) Further medication verification requires DHA or physician designee, PA, or ARNP notification and a medical evaluation of the youth completed, with documentation in the Chronological Progress Notes.

(10) A Practitioner's Order from the DHA or Physician Designee, PA or ARNP is required to resume the specified medications. The Practitioner's Orders Form (HS 024, October 2006) shall be utilized, is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03818>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize a form of their choice as long as the form includes all information required on the Practitioner's Order Form that is incorporated by reference into chapter 63M-2, F.A.C.

(11) Trained, non-licensed staff must verify the medications when youth are admitted to a facility and licensed nurses are not on duty.

(12) The Designated Health Authority or physician designee, PA or ARNP shall be notified when a youth with a medication has been admitted into the facility within 24 hours.

(13) Any contact made with the youth's prescribing community practitioner(s) prior to admission shall be documented in the youth's Individual Health Care Record. This documentation shall include, at a minimum, the effectiveness of the currently prescribed medications, and side effects and/or precautions.

(14) Any medication that is not successfully verified will be destroyed and documented as such per rule 63M-2.027, F.A.C.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.023 Transfer of Youth's Medications.

(1) Medication Acceptance (to be utilized when youth is being transported):

For youth being transported through the Statewide Transportation Offender Program, there shall be, at a minimum, a 7-day supply of medications for transport to accompany the youth. A medication pack card shall be utilized when available for transport with the youth that includes the remaining doses of medication.

(2) When nursing staff are not on site, medication verification shall be completed by trained non-licensed staff for those youth who arrive from home for transport. This shall be completed by review of medication labels, determining last dose(s) provided, (by verifying with the parent/guardian when available), and determining if medication is scheduled to be taken during the transport of the youth. The Non-Licensed Staff Medication Record (HS 054, September 2010) shall be utilized to document when the non-licensed staff delivers medication to the youth. The Non-Licensed Staff Medication Record (HS 054, September 2010) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03819>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(3) The residential commitment program shall provide a transport packet to detention center staff when a youth is delivered to the detention center for transport. The transport packet must include:

- (a) Photo of youth;
- (b) Expanded face sheet;
- (c) Authority for Evaluation and Treatment;
- (d) Parental Notification of Health Related Care: General;
- (e) Medication (minimum 7 day supply);
- (f) Medication Administration Record (current medication order if applicable);
- (g) Suicide risk form/Mental Health Alert;
- (h) Current Health Related History and Comprehensive Physical Assessment;
- (i) Current Immunization record; and,
- (j) Youth Transport Card (HS 055, September 2010), which is incorporated into this rule and is available electronically at

<http://www.flrules.org/Gateway/reference.asp?No=Ref-03820>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399; and,

(k) The completed Medication Receipt, Transfer & Disposition Form (HS 053, September 2010) for transfers from one Residential Commitment Program to another.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.024 Receipt and Storage of Medications.

- (1) All medications shall be identified and secured in the locked area designated for storage of medications.
- (2) All medications received from youth and parent/guardian shall be labeled with the youth's identifying information, and then secured in a designated area for medication storage. For controlled medications received from the youth, the perpetual inventory shall begin after receipt of the controlled medications.
- (3) Prescription medications ordered from pharmacies shall be monitored to determine timely delivery.
- (4) The prescribing practitioner, Designated Health Authority, physician designee, PA or ARNP shall be notified when a prescribed medication has not been received from the pharmacy within 24 hours of the order request.
- (5) Each facility shall have access to an alternate back-up pharmacy.
- (6) All non-controlled medications (prescription and over-the counter) shall be stored in a separate, secure, locked area that is inaccessible to youth.
- (7) All controlled substances, including narcotics, shall have a perpetual inventory and shall be kept in a medication storage area behind a double-lock system.
- (8) Internal medications shall be stored separately from externally applied medications. Eye drops shall be stored in a separate plastic bag or container.
- (9) Refrigerated medications shall be kept in a refrigerator for medications only. No food or specimens shall be stored in this refrigerator, unless utilized as an adjunct to medication administration. A daily refrigerator log shall be utilized for temperature documentation.
- (10) Each youth's medications shall be individually designated and clearly identified as belonging to a particular youth.
- (11) Facilities that utilize stock prescription medications shall keep all records of the receipt of these medications for at least 2 years.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.025 Inventory and Storage of Sharps.

- (1) Sharps shall have a perpetual inventory, be securely stored and inventory checked weekly.
- (2) The Designated Health Authority and the facility superintendent or program director shall be notified when any discrepancies are found in the perpetual and/or weekly inventory counts.
- (3) A working inventory shall be kept in the area where sharps are to be used.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.026 Inventory of Medications.

- (1) Medication inventory shall include, at a minimum, the following components:
 - (a) A perpetual, daily running inventory of medication utilization for all stock prescription medications.
 - (b) Shift-to-shift inventory counting of controlled substances shall be conducted under the supervision of a licensed nurse. When no controlled substances are provided, a shift-to-shift count is not required. Supervisory level non-health care staff trained in the delivery and oversight of medication self-administration are allowed to assist with conducting the count. Only when a licensed nurse is not onsite is the trained non-health care staff permitted to conduct the count without a licensed nurse. This process shall be included in the facility's operating procedure regarding medication management.
 - (c) Reporting criteria and methods of managing and investigating inventory discrepancies, including unexplained losses of controlled substances. Facilities shall notify the appropriate department branch regional staff of the unexplained loss.
- (2) Each dosage of a controlled substance administered to a youth, shall be documented on the youth's Controlled Medication Inventory Record (HS 008). The shift-to-shift inventory count of each controlled substance shall also be documented on the youth's Controlled Medication Inventory Record (HS 008). The completed Controlled Medication Inventory Record (HS 008) shall be filed in the youth's Individual Health Care Record. The Controlled Medication Inventory Record (HS 008, April 2010) is incorporated

into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03821>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize a pre-printed pharmacy controlled medication record as long as the form includes all information required on the Controlled Medication Inventory Record that is incorporated by reference into chapter 63M-2, F.A.C.

(3) The DHA or Physician Designee, and Superintendent or Program Director shall be notified immediately for any discrepancies with the daily controlled substance inventory count.

(4) Discontinued and abandoned controlled medications shall be counted until disposed. The youth's Controlled Medication Inventory Record (HS 008) shall be attached to the record of medication disposal.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.027 Disposal of Medications.

(1) The Designated Health Authority or physician designee shall be responsible for verifying the proper destruction and disposal of medications in accordance with chapter 64F-12, F.A.C.

(2) Each facility must perform the following:

- (a) Inventory Accountability;
- (b) Monitoring pharmaceutical expiration dates;
- (c) Quarantine of unusable medication; and,
- (d) Disposal of medications.

1. A licensed health care professional shall be responsible for the disposal of medications. Non-controlled medications for disposal shall be inventoried prior to disposal and disposed of in the presence of a witness. The witness shall be a licensed health care professional or facility supervisor or designee.

2. All DJJ facilities shall follow Federal Regulations (CFR) Section 1307.21; (CFR) Section 1910.2030) and the Florida Department of Environmental Protection for the disposal of medications and biohazardous waste.

3. When a Reverse Distributor is not utilized for medication disposal, controlled medications shall be disposed of according to the method determined by the facility's Pharmacy and Therapeutics Committee.

4. Controlled medications shall be disposed of and destroyed beyond reclamation, per division 64B16, F.A.C, by a Pharmacist, Nursing staff, and administrator or designee.

5. All medication disposals shall be documented, and the documentation retained.

(3) Quarantined medications shall be destroyed at least monthly.

(4) Any non-expired pharmaceutical product subjected to improper storage conditions, contaminated in any way, or deemed to be unusable shall be destroyed.

(5) A youth's parent or guardian shall be provided the prescription medications upon the youth's release from the facility.

(6) Any medication remaining at the facility 30 days after the youth's release shall be destroyed.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.030 Routine Medication Administration.

(1) All prescription and OTC medications shall be administered by licensed nursing staff when they are on duty.

(2) Medication delivery, including the security and control of the medications shall be the sole responsibility of the licensed nursing staff during the administration of the medications.

(3) A prescription medication shall not be removed from its original packaging or prescription container and placed in another container for subsequent administration until the time of medication administration.

(4) The same staff member shall prepare and administer the medications.

(5) The Five Rights of Medication Administration shall be verified during every medication delivery.

(6) Documentation of each individual dosage of medication administered to youth shall be maintained on the youth's Medication Administration Record (MAR) (HS Form 019). The Medication Administration Record (HS 019, October 2006) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03822>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399. The facility may utilize their Pharmacy vendor pre-printed Medication Administration Record as long as the form includes all information required on the Medication Administration Record that is incorporated by reference into chapter 63M-2, F.A.C.

(7) A separate MAR form shall be used for each month. The previous months' MARs shall be filed in the youth's Individual Health Care Record.

(8) The youth's allergy and medical alert status shall be verified during every medication delivery.

(9) Prescription medication expiration dates shall be examined during each medication delivery. Outdated medications shall not be administered to a youth.

(10) The youth's photograph shall be attached or adjacent to the current MAR and visible for medication administration.

(11) Each medication shall be listed once on each MAR page, utilizing as many MAR pages as necessary to list all of the prescribed medications.

(12) Prescription medications and directions for use shall be documented on the MAR exactly as on the prescription container.

(13) The licensed nurse shall be responsible for monitoring the medication delivery and reporting any discrepancies to the Superintendent or Program Director and DHA or physician designee.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.031 Youth Self-Administration of Oral Medication Assisted by Trained Non-Licensed Staff.

(1) Pursuant to chapter 64B9-14, F.A.C. (Delegation to Unlicensed Assistive Personnel), a Registered Nurse may delegate non-licensed trained staff (the Unlicensed Assistive Personnel) to serve as assistant to the Registered Nurse or Licensed Practical Nurse with the youth's self-administration of medication(s).

(2) Non-licensed staff shall provide medications to youth for self-administration only when there is no licensed health care professional staff onsite.

(3) Each facility shall implement training of non-licensed staff members and validation of his or her ability to assist with the delivery, supervision, and oversight of the youth's self-administration of medication.

(4) Training of non-licensed staff to assist youth with self-administration of oral medications shall only be conducted by a Registered Nurse or higher licensure level. A Registered Nurse or higher licensure level shall determine the trained non-licensed staff member's competency.

(5) The Registered Nurse must supervise the trained staff member by periodically performing direct observation of skills, inspecting the Medication Administration Record(s) and the required documentation assigned to the staff member.

(6) The non-licensed staff member assisting youth with self-administration of medications shall not perform any additional facility duties during medication delivery.

(7) The non-licensed staff member shall assist youth with self-administration of medication within one hour of the scheduled time of the ordered medication.

(8) Self-administration of medications by non-licensed staff shall include, at a minimum, the following:

(a) Assist no more than one youth at a time with medication;

(b) Wash his or her hands prior to medication delivery;

(c) Remove the prescription container from the storage area, holding the container;

(d) Maintain control of the medication container at all times;

(e) Direct the individual youth to approach the area for medication administration when called;

(f) Compare the youth with the photograph attached to the MAR and confirm the youth's identity verbally;

(g) The youth and staff member together identify and verify the medication the youth is to take by checking the label and comparing the label to the Medication Administration Record. The staff member shall not permit youth to take any medication that has a discrepancy between the medication prescription label and the MAR.

(h) Confirm the allergy status of the youth and question the youth about any possible side effects or adverse reactions to the medication.

(i) Remove the medication from the container while the youth observes and hand the youth the exact amount of ordered medication. When the medication is a liquid, the staff member shall pour the exact volume of liquid ordered into a measured container and hand it to the youth.

(j) Shall directly observe that the youth actually swallows the medication.

(k) Both the youth and the staff member shall initial that the dosage was given.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.032 Youth Refusal of Medication.

(1) A youth's refusal to take a dosage of a prescribed medication shall be documented in the Chronological Progress Note section, in addition to "R" for Refusal (as indicated on the MAR form).

(2) The youth shall initial the MAR indicating refusal of medication. If the youth will not initial the refusal notation, this shall be included in the Chronological Progress Notes.

(3) A youth's refusal of three consecutive dosages of a prescribed medication excluding injectables requires notification to the DHA or prescribing Physician.

(4) A youth's refusal of prescribed injectable medications requires immediate notification to the DHA, physician designee or the prescribing psychiatric practitioner.

(5) Each facility shall conduct a review of medication refusals that required DHA or prescribing physician notification. The review shall be conducted by the Designated Health Authority, or physician designee, PA or ARNP and when applicable, the prescribing psychiatric practitioner.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.033 Youth Hoarding of Medication and Swallowing Difficulties.

(1) The licensed nurse or non-licensed staff assisting with medication delivery shall verify whether a youth has swallowed his/her medications.

(2) Licensed health care professional staff shall notify the DHA/DMHA when a youth is found to be "cheeking" or not swallowing his or her medication(s).

(3) A practitioner's order or general authorization must be provided by the Designated Health Authority or physician designee in order for a youth's medications to be crushed and sprinkled or mixed with food.

(4) Licensed Health Care professional staff is responsible for notifying the Designated Health Authority or physician designee, PA or ARNP of a youth with swallowing difficulties or developmental disabilities, to obtain an order for an alternate method of providing oral medications. The alternate method shall be noted on the MAR.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.034 Administration of Parenteral Medications.

(1) Non-licensed staff shall not administer parenteral medications, or routinely administer any medication that is injected subcutaneously, intradermally, intramuscularly or intravenously.

(2) A non-licensed staff person may administer a percutaneous injection of a pre-packaged medication to a youth to prevent or treat an allergic reaction. The staff member must be trained in the use of this product in order to be permitted to administer the medication.

(3) Approval from the facility Superintendent or Program Director and the Designated Health Authority or Physician Designee is required for any youth to self-administer his/her own parenteral medication(s). Self-administration of parenteral medication by the youth shall only be under the supervision of the trained staff member who has control of the vial of medication. The Designated Health Authority shall approve all procedures for self-administration under these circumstances.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.035 Medication Evaluations and Serum Drug Level Monitoring.

(1) The Designated Health Authority or physician designee, PA or ARNP, or psychiatrist is responsible for ordering the appropriate laboratory testing, including serum drug testing, for medications prescribed prior to a youth entering a DJJ facility.

(2) Licensed health care professional staff is responsible for scheduling follow-up visits with the youth's prescribing practitioner for monitoring, laboratory testing and review of the results.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.036 Adverse Drug Events and Medication Errors.

(1) All youth shall be monitored routinely for adverse drug events, and potential adverse drug events, including medication errors.

(2) Nursing and facility staff shall be notified of potential adverse drug effects and drug interactions through the Medical Alert system.

(3) Licensed health care professional staff shall monitor each youth daily, prior to administering medications, for potential medication side effects. For instances where licensed health care professional staff are not onsite and non-licensed staff members assist youth with medication administration, see paragraph 63M-2.031(8)(h), F.A.C.

(4) Licensed health care professional staff shall document side effect monitoring on the MAR on at least a weekly basis.

(5) Each facility shall monitor and identify all medication errors.

(6) The Designated Health Authority or physician designee, and the facility superintendent or Program Director shall review the medication error reports at least every two weeks. These findings shall be reviewed and summarized during the quarterly Pharmacy and Therapeutics Committee CQI meetings as per rule 64B16-27.300, F.A.C.

(7) The Designated Health Authority and Superintendent or Program Director shall review the Corrective Action Plan and analysis of the causative events pertaining to a medication error to determine any existing trends.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.037 Education of Youth on Medications.

(1) All youth who are prescribed medications shall receive instructions and education related to those medications.

(2) Medication education for a youth by an onsite licensed health care professional shall be recorded in the Individual Health Care Record.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.040 Environmental and Exercise Precautions.

(1) All facilities shall address medical risks and complications associated with elevated heat index, exercise tolerance, and cold exposure.

(2) Facility staff shall instruct youth who are in distress during any type of activity to immediately stop the activity. The staff must notify health care personnel, or call "911" and assist the youth until emergency response arrival.

(3) The Designated Health Authority or physician designee, PA or ARNP shall determine whether the facility's full exercise regimen is appropriate for a youth with a chronic medical condition.

(4) No postpartum female shall participate in physical exercise until six (6) weeks postpartum with clearance by the facility OB/GYN or Nurse Midwife.

(5) All physical activity restrictions or limitations shall be communicated in writing to the facility Superintendent or Program Director.

(6) All facilities shall provide youth with periodic rest intervals and access to water and/or electrolyte replacement fluid during exercise.

(8) The Designated Health Authority or Physician designee, PA or ARNP shall inform the Superintendent or Program Director of youth who may be medically compromised by adverse environmental and exercise conditions.

(9) Anytime the health care staff determines that the health or physical safety of a youth has been compromised or is potentially compromised, they shall remove the youth from all physical activities without prior approval from program staff.

(10) Licensed health care professional staff shall intervene anytime a youth is in pain and unable to participate in physical activities.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.050 Infection Control – Regulations and Training.

(1) All facilities shall conduct surveillance, screening and management of specific illnesses or potential infectious conditions.

(2) Each facility must develop and administer a comprehensive program of education and prevention regarding blood borne pathogens.

(3) An Exposure Control Plan shall be written.

(4) The elements of the Exposure Control Plan contain, at a minimum, the following:

(a) Risk Assessment; and,

(b) Methods of Compliance.

(5) The Exposure Control Plan shall be kept on the premises of each facility and shall be made accessible to all employees.

(6) Each facility shall conduct training regarding the Exposure Control Plan, to include the prevention of transmission of blood-borne pathogens within 90 days of hiring of staff and annually thereafter. A record of the training shall be kept in the employee personnel file.

(7) All youth shall receive infection control training, to include the prevention of blood-borne pathogens, within seven days of admission into the Juvenile Detention system. The youth training shall be documented in the Individual Health Care Record.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.051 Needle Stick Injuries/Exposure.

(1) All facilities shall establish needle stick post-exposure intervention and treatment.

(2) If an exposure meets criteria for post-exposure treatment, the post-exposure chemoprophylaxis (PEP) must be offered and initiated immediately after the exposure.

(3) For a youth or staff exposure to bodily fluids or exposure to another person's blood, the Superintendent or Program Director shall arrange for a confidential medical evaluation and a follow-up post-exposure analysis and counseling as required by the OSHA Standard 29CFR 1910.1030.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.052 HIV Counseling and Testing.

(1) All youth determined at risk for HIV infection shall be offered counseling, testing, and referral for medical treatment as indicated.

(2) The facility shall provide or facilitate the HIV counseling and testing. If the facility cannot provide the counseling and testing, the facility shall collaborate with the local County Health Department or other community providers for these services.

(3) HIV counseling shall only be conducted by a certified HIV counselor.

(4) Pursuant to Sections 381.004(3) and 384.30, F.S., any test for the detection of HIV cannot be ordered without an informed consent from the individual being tested. The consent may be obtained and recorded on the Human Immunodeficiency Virus Youth Consent Form (HS 015, April 2010) which is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03823>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(5) The facility shall facilitate confirmation of positive HIV test results when indicated, and provide medical follow-up.

(6) Parental notification of a youth's HIV testing without the youth's permission is prohibited per chapter 381, F.S.

(7) HIV test results shall be disclosed only to the youth and the entities identified pursuant to chapter 381, F.S.

(8) All pregnant youth shall be provided an HIV test unless, after counseling by the Physician, PA or ARNP as to the risks of transmission of HIV to the fetus, she refuses testing. When this occurs, she must sign a waiver (refusal) to decline the test. This shall be filed in the IHCR.

(9) HIV results shall be sealed in an envelope marked "confidential" and filed in the Individual Health Care Record.

(10) Youth who are HIV positive shall have an initial evaluation by a physician (if not previously obtained) who specializes in the management of infectious diseases in adolescents and children.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.053 Lice (Pediculosis) and Scabies.

(1) All facilities shall conduct evaluation, identification, treatment, and containment of pediculosis (lice) or mites (scabies), including product-specific treatment and environmental control practices.

(2) Treatment protocols and facility procedures shall be developed and approved by the Designated Health Authority regarding lice and scabies.

(3) Orders and/or plans of care for multiple youth provided by a County Health Department may be substituted for facility procedures during a lice or scabies outbreak or to reduce the possibility of an outbreak.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.054 Methicillin Resistant Staphylococcus Aureus (MRSA).

- (1) Each facility's DHA or designee shall be responsible for infection control requirements in accordance with the CDC for the identification, evaluation, treatment and containment of Methicillin-Resistant Staphylococcus Aureus (MRSA).
- (2) Youth with open skin infections shall be referred to the DHA, or designee, PA or ARNP for a medical evaluation.
- (3) A MRSA infection shall be considered in the differential diagnosis of all youth presenting with skin and soft tissue infections consistent with a staphylococcal infection.
- (4) The DHA or designee or PA or ARNP shall determine the necessity for wound incision and drainage, use of warm compresses, and the need for antibiotic therapy.
- (5) The DHA shall re-evaluate a youth at least one week after completion of antibiotic therapy for recurrent skin lesions and/or wound assessment to determine the need for further re-culture and treatment.
- (6) Standard Precautions and/or Contact Precautions shall be used for all care for the prevention of cross-contamination of infection.
- (7) Each facility shall implement environmental sanitation for maintaining infection control and preventing the spread of MRSA infection to others.
- (8) Any youth with a skin infection shall receive infection control education that includes prevention and cross-contamination of infection.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.055 Health Department Reporting of Infectious Disease.

- (1) Any infectious disease outbreak shall be investigated and reported to the local County Health Department. The index case (youth) shall be interviewed as a part of the investigation.
- (2) The Designated Health Authority or Designee, PA or ARNP shall verify that information about communicable diseases has been provided to the Superintendent or Program Director.
- (3) Facilities that have three or more cases of any infectious disease shall report these cases, as required, to the local county health department.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.061 Record Documentation, Development and Maintenance.

- (1) All Individual Health Care Records shall remain confidential.
- (2) The Individual Health Care Record consists of two sections:
 - (a) Section 1: Core Health Profile; and,
 - (b) Section 2: Interdisciplinary Health Record. The Interdisciplinary Health Record contains the additional subsections of the Individual Health Care Record that include the current Practitioners orders and Chronological Progress Notes, historical medical documentation, and treatment records and documents of ancillary care.
- (3) A youth's official case file shall include health care records along with the management file.
- (4) All handwritten documentation in the Individual Health Care Record shall be recorded legibly in blue or black ink. No correction fluid or erasure will be used in the IHCR. Corrections shall be made by crossing through with a single line and the deleted section initialed.
- (5) Health care documents shall be filed in a chronological organized manner.
- (6) Each detention center shall be responsible for the initial development of a youth's Individual Health Care Record when a youth is admitted to the facility, unless all of the following criteria are met:
 - (a) Has no known health problems, is receiving no prescribed medications and denies health problems during the Facility Entry Physical Health Screening; and,
 - (b) Experiences no health care problems or concerns during the detention stay and receives no health-related screenings or evaluations other than the initial Facility Entry Physical Health Screening; and,
 - (c) Is released from detention with no charges pending and/or is released on community control or other form of non-residential departmental supervision; and,
 - (d) Has been in the custody of the detention center no longer than 3 days; and is not committed to the department for residential placement.

(7) When a youth is admitted to a residential commitment program and has not had an Individual Health Care Record initiated, the receiving residential commitment program shall be responsible for obtaining the Health-Related History (HRH) and Comprehensive Physical Assessment (CPA) from the Juvenile Probation Officer (JPO).

(8) The youth's JPO is responsible for ensuring that the youth receives his/her HRH and CPA prior to placement in a residential program.

(9) All documents contained in the Individual Health Care Record shall become a permanent part of the youth's record.

(10) Each facility shall maintain an Individual Health Care Record for each youth.

(11) The IHCR shall be maintained intact with the original documentation except:

(a) When off site providers retain the original notes in their files;

(b) When Medicaid is billed for services and requires the original records for billing;

(c) When the original form has otherwise been lost.

In these situations, original, clean, legible copies are acceptable and shall be retained in the record as if they were the originals. "COPY" shall be written or stamped on the document in an area that does not obscure any necessary information.

(12) The IHCR shall be transported with the youth between department facilities and shall be documented on the Custody of Health Care Record. The Custody of Health Care Record (HS 005, October 2006) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03824>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.062 Core Health Profile.

The Core Health Profile shall include:

(1) Individual Health Care Record Checklist and Internal Quality Control (HS 017, October 2006), which is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03825>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399;

(2) Personal and Health-Related Information (HS 023, October 2006), which is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03826>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399;

(3) Problem List (HS 026);

(4) The Authority for Evaluation and Treatment (AET) (HS 002);

(5) Parental Notification of Health-Related Care (HS 020), (HS 021), (HS 022);

(6) The Sick Call Index (HS 030);

(7) The Immunization Tracking Record (HS 016, October 2006), or the Immunization Record as per the Florida State Health Online Tracking System (Florida SHOTS) through the Department of Health Bureau of Immunization, as authorized by Section 381.003, F.S. The Immunization Tracking Record (HS 016, October 2006), is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03827>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399;

(8) Facility Entry Physical Health Screening (HS 010);

(9) Health-Related History (HRH) (HS 014);

(10) Comprehensive Physical Assessment (CPA) (HS 007);

(11) Infectious and Communicable Disease Form (HS 018); and,

(12) Health Education Record (HS 013).

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.063 Interdisciplinary Health Record.

This section of the IHCR shall include:

(1) Practitioner's Orders;

(2) Chronological Progress Notes;

(3) Summary of Off-Site Care (HS 033);

(4) Medication Administration Record (MAR) (HS 019);

- (5) Prior Medical/Physical Assessments and Histories;
- (6) Prior Facility Entry Physical Health Screenings;
- (7) Laboratory Tests;
- (8) Radiological Tests;
- (9) Mental Health/Behavioral Health Care; and,
- (10) Dental Care.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.064 Storage, Security and Control of the Individual Health Care Record.

(1) The Individual Health Care Records shall be stored separately from other files that contain non-health-related records and notes. The storage area must be locked and inaccessible to youth.

(2) Only licensed health care professionals or facility/provider/departmental staff delegated with authority to assist youth with off-site medical care, medication management, etc., shall have access to Individual Health Care Records.

(3) The Designated Health Authority or physician designee, Facility Superintendent, or Program Director shall provide delegated access to Individual Health Care Record.

(4) Health records and health information will not be stored in an individual's desk.

(5) All health records will be returned to the health record storage area when not in use.

(6) Health records shall never be left outside of the clinic area unattended and unsecured.

(7) All documents shall be filed in the IHCR as soon as possible after a service is rendered.

(8) The health records of transferred youth shall be opened upon arrival at the receiving facility for review by health care staff.

(9) Any health-related material requested by any of the Offices or Branches in the department shall be made available to the requesting entity in a timely manner.

(10) Parents or legal guardians have the right to request and review copies of the Individual Health Care Records for their child with the following exceptions:

(a) Psychotherapy Notes;

(b) Statutorily protected information.

If there is any question, the issue shall be referred to the Regional General Counsel's Office.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.070 Health Education.

(1) Health education programs shall pertain to health issues of adolescents. These topics shall include, at a minimum, the following:

(a) Seat belt usage;

(b) Alcohol and drug related problems;

(c) HIV/AIDS;

(d) Sexually Transmitted Disease/Infections;

(e) Tobacco products, including smoking cessation;

(f) Dental hygiene and dental care;

(g) Basic Personal Hygiene;

(h) Immunizations;

(i) Infection control;

(j) Prevention of sexual and other physical violence;

(k) Nutrition;

(l) Physical fitness;

(m) Breast and testicular self-examinations;

(n) Parenting skills;

(o) Prenatal, postpartum and parenting education as applicable.

(2) Documentation of health education shall be made on the Health Education Record (HS 013) or the Chronological Progress Notes. The Health Education Record (HS 013, October 2006) is incorporated into this rule and is available electronically at

<http://www.flrules.org/Gateway/reference.asp?No=Ref-03828>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.081 Youth Release to the Community.

(1) The assigned JPO, facility nursing staff, and the facility case manager shall work together to ensure that all medical information requiring parental follow-up is communicated to the responsible parent/guardian prior to the youth's exit from the facility.

(2) The youth's Juvenile Probation Officer, parent/guardian, the facility case manager and conditional release provider as applicable shall be notified regarding pending or unresolved health care issues upon the youth's release to the community.

(3) For youth who will not be in the physical custody of the department, the parent or guardian is responsible for arranging the youth's health care services upon release.

(4) Transitional health care planning shall begin within 45-60 days prior to the youth's anticipated release to the community from a residential commitment program.

(5) A Parental Notification of Health-Related Care form (HS 020) shall be sent in advance to the parent or guardian by the facility with any information on upcoming appointments.

(6) Fourteen (14) days prior to discharge, the residential commitment program shall again review the need for any upcoming appointments and notify the parent or guardian.

(7) Final medical follow-up information shall be provided to the parent or guardian on the Health Discharge Summary Transfer Note (HS 012, October 2006) when the youth is released. The Health Discharge Summary Transfer Note (HS 012, October 2006) is incorporated into this rule and is available electronically at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03829>, or may be obtained by contacting: DJJ, Office of Health Services, 2737 Centerview Drive, Tallahassee, FL 32399.

(8) Medical conditions reportable as per state regulations require instructions to the youth and parent for medical follow-up with the local county health department.

(9) Efforts to make medical appointments with community providers shall be documented in the Individual Health Care Record by the facility releasing the youth.

(10) Specific instructions given to the youth about follow-up health care shall be noted in the Health Education Record (HS 013).

(11) The youth's medication shall be provided to the youth and parents or guardians at the time of release from the program. The medication must be in an individually labeled, youth-specific, prescription container generated by a pharmacy vendor.

(12) Prescription medications shall not be released solely to the youth.

(13) Verification of the parents or guardian's acceptance of the youth's medication shall be documented in the Individual Health Care Record.

(14) The youth's parent or guardian shall be provided with a 30 day paper prescription from the facility DHA, designee, PA, or ARNP for any non-narcotic medications that a youth will continue after release.

(15) The prescription copy shall be placed in the youth's Individual Health Care Record.

(16) When required, a DNA specimen shall be obtained as per section 943.325, F.S., using the FDLE kit prior to the youth's release into the community.

(17) A summary of health-related needs shall be included in the program's exit conference for the youth.

(18) Statutorily protected health-related information shall not be provided to parents unless the youth has given permission.

(19) The Individual Health Care Record and Case Management File comprise the youth's official file, and are to be stored together.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.082 Transfer from Residential Commitment Program.

(1) All health care services being rendered to the youth shall be continued and communicated to the receiving program.

(2) Upon transfer to another residential commitment program or facility, the youth shall be informed of current health care needs and required medical follow-up.

(3) Duplication of screenings, risk assessments, and laboratory tests at the receiving residential commitment facility or program shall be avoided unless clinically indicated, with the exception of the Facility Entry Physical Health Screening (HS 010).

(4) All medications and MAR's shall be transferred with youth to the subsequent residential commitment program.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-16-14.

63M-2.090 Facility-Based Community Corrections.

(1) This rule section applies to programs operated or contracted by the department that provide greater than four (4) hours of continuous care for youth. The minimal requirements of this rule section do not supplant the more extensive requirements of this rule chapter that apply to youths who are residentially-committed or detained. The parent(s) or legal guardian of youth in facility-based community corrections programs are responsible for their child's health services.

(2) Each facility-based community program shall have in place procedures for the provision of medical care for youth in need of health care services while youth are physically present at the program. These procedures include:

(a) Medical/Physical intake screening: Each facility shall develop a health screening process at the time of admission. Staff shall interview the youth using either the DJJ Facility Entry Physical Health Screening form (HS 010), or their own screening form which, at minimum, screens for acute illness/injury and chronic health conditions that may require attention while physically present at the program (e.g., diabetes, pregnancy, heart conditions, asthma, Crohn's disease, food and environmental allergies). Where there is question or concern related to a youth's medical condition, the parent(s)/legal guardian shall be contacted. The department's Problem List (HS 026) shall document any identified chronic health condition(s) and shall be maintained in the youth's confidential case file.

(b) Non-emergency care: Each program shall have at least one first aid kit that shall be secured in a designated location inaccessible to youth. For youth experiencing non-life-threatening illness or injury that requires medical attention beyond first aid, the program shall have appropriate transportation in the event the youth's parent(s) or legal guardian are not available to provide transportation. Non-licensed staff members who provide first aid or emergency care shall maintain required certifications as per chapter 63H-2, F.A.C., and are authorized to provide care only within their training. Any complaint of severe pain, including dental pain, shall be treated as an emergency, with immediate referral by contacting the parent(s) or legal guardian, or through access to emergency medical care. Documentation of referral or of onsite first aid shall be maintained in the youth's confidential case file.

(c) Emergency care: When care is needed beyond onsite first aid, staff shall refer the youth to outside medical services. Signs and symptoms of the need for emergent, off-site care include, but are not limited to, tremors, severe sweating, injury, physical illness, distress, difficulty moving, intoxication, fainting or unresponsiveness. All staff shall have immediate access to contact Emergency Medical Services (EMS) by calling "911" under any circumstances that require immediate medical attention or evaluation. Drills shall be conducted as follows to ensure access to emergency care:

1. Emergency drills, both announced and unannounced, shall be conducted for each shift, on at least a quarterly basis. The drills shall simulate an episodic care event calling for immediate first aid or the administration of CPR techniques, and the initiation of emergency procedures to follow when a life-threatening emergency occurs. CPR and AED techniques shall be demonstrated at least annually. All staff from all shifts who have direct contact with youth must participate in at least one emergency CPR drill annually.

2. Documentation of drills shall be maintained by the facility.

(d) Medication management: When a youth is currently prescribed a medication that may be required to be provided while the youth is onsite, the program shall verify the prescription and obtain consent to provide the medication. The parent(s) or legal guardian is responsible for supplying the youth's medication. Facility staff are responsible for ensuring any prescribed medications are obtained from the parent(s) or legal guardian. Pursuant to chapter 64B9-14, F.A.C., (Delegation to Unlicensed Assistive Personnel), a Registered Nurse may delegate non-licensed trained staff to assist the Registered Nurse or Licensed Practical Nurse with the youth's self-administration of medication(s).

1. Facilities may utilize non-licensed staff to provide medications to youth for self-administration only when there is no licensed health care professional staff onsite, and only as authorized by chapter 64B9-14, F.A.C.

2. Training of non-licensed staff to assist youth with self-administration of oral medications shall only be conducted by a Registered Nurse or higher licensure level.

3. The Registered Nurse must supervise the trained staff member by periodically performing direct observation of skills, inspecting the Medication Administration Record(s)/Medication Distribution Log (MAR/MDL) and the required documentation assigned to the staff member.

4. All medications shall have the pharmacy label with the youth's identifying information and directions for the medication. The medication shall be secured in an area designated for medication storage.

5. Information and directions from the prescription bottle shall be transferred to the MDL/MAR. If directions are unclear, the pharmacy will be contacted for clarification.

6. The non-licensed staff member assisting youth with self-administration of medications shall not perform any additional facility duties during medication delivery.

7. The non-licensed staff member shall assist youth with self-administration of medication within one hour of the scheduled time of the ordered medication.

8. Self-administration of medications by non-licensed staff shall include, at a minimum, the following:

- a. Assist no more than one youth at a time with medication;
- b. Wash his or her hands prior to medication delivery;
- c. Remove the prescription container from the storage area, holding the container;
- d. Maintain control of the medication container at all times;
- e. Direct the individual youth to approach the area for medication administration when called;
- f. Compare the youth with the photograph attached to the MAR/MDL and confirm the youth's identity verbally;
- g. The youth and staff member together identify and verify the medication the youth is to take by checking the label and comparing the label to the MAR/MDL. The staff member shall not permit youth to take any medication that has a discrepancy between the medication prescription label and the MAR/MDL;
- h. Confirm the allergy status of the youth as described in paragraph (2)(a) and ask whether the youth is experiencing any of the side effects or adverse reactions indicated by the manufacturer;
- i. Remove the medication from the container while the youth observes, and hand the youth the exact amount of ordered medication. When the medication is a liquid, the staff member shall pour the exact volume of liquid ordered into a measured container and hand it to the youth;
- j. Directly observe that the youth swallows the medication; and
- k. Both the youth and the staff member shall initial that the dosage was provided on the MAR/MDL.

9. The facility shall maintain a medication inventory process which shall include, at a minimum, the following components:

- a. A perpetual and shift-to-shift inventory of all controlled substances.
- b. A weekly accounting of the stored prescription and non-prescription medications.
- c. Reporting criteria and methods of managing and investigating inventory discrepancies, including unexplained losses of controlled substances. Facilities shall notify the appropriate department branch regional staff of the unexplained loss.

Rulemaking Authority 985.64(2) FS. Law Implemented 985.64(2), 985.145, 985.18 FS. History--New 3-7-19.