

FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Rule Development Workshop

June 5, 2018

63M-2.090 Facility-Based Community Corrections

(1) The Department's Office of Probation and Community Intervention contracts and oversees facility-based community corrections programs. The parent(s) or legal guardian of youth in such 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, 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 by through access to emergency medical care. Documentation of referral or of on-site first aid shall be maintained in the youth's confidential case file.

(c) Emergency care: When care is needed beyond on-site 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. Non-licensed staff shall provide medications to youth for self-administration only when there is no licensed health care professional staff on-site.

2. 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.

3. 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.

4. 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.

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

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

7. 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 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. 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.

8. 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 security, accountability and storage process for all prescription and non-prescription medications that will be provided to youth while at the facility.

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.

(e) Infection control: Facilities shall have an infection control procedure to address federal and state regulation for potential bloodborne pathogens and OSHA requirements in accordance with 29 C.F.R. §1910.1030.

(f) School health: If the facility is structured as a school setting, it must also comply with applicable public-school health procedures.