

Bergen County Special Services

Final Policy

Section: Adults

Number: 1000

Title: Health Standards and Requirements

The Board of Education requires that all individuals with disabilities enrolled in the District's adult programs submit to physical examinations in accordance with minimum state standards for day programs. These standards and requirements must be met for admissions to all programs and on an annual basis thereafter in order to continue to receive day programming and related services.

LIMITED EXEMPTION FOR RELIGIOUS BELIEFS

An individual who presents a statement signed by his or her legal guardian(s) stating that the required examinations interferes with the free exercise of his or her religious beliefs shall be examined only to the extent necessary to determine whether the individual is 1) ill or infected with a communicable disease; 2) under the influence of a drug; 3) disabled; 4) fit to participate safely in a BCSS day program and /or related services.

HEALTH REQUIREMENTS

1. Each individual enrolled in BCSS day programs shall at a minimum have one physical examination, documented on the Department of Human Services, Division of Developmental Disabilities, and Medical Form for Adults, prior to admissions and annually thereafter.
2. A copy of the Medical Form for Adults shall be kept in the client file.
3. The Medical Form for Adults must be signed and dated by the physician conducting the examination.
4. If a completed, signed physical examination is not on file on the annual due date, the BCSS nurse will reach out to the family representative(s) and/or community residence representative reminding them that an annual physical is required. If needed, the BCSS nurse will assist with referrals to community health care providers. If the physical is not received 30 to 60 days of the annual due date, the individual is subject to suspension from program until the required documentation is received and reviewed by the BCSS Nurse.

The results of any physical examination conducted by nursing staff shall be reported to the individual's guardian(s) and/or community residence when any condition is identified that requires immediate or extended follow up by a physician or community health provider.

EMERGENCY INFORMATION

Each adult program shall maintain emergency information for each program participant. Emergency forms will consolidate pertinent emergency, health and medical information. This information should be reviewed and updated annually, taking into account changes documented by parent(s)/legal guardian(s), community residence personnel, physicians, community health care providers and the Individual Service Plan (ISP).

The emergency information should include the following:

1. Individual's Name
2. Individual's Date of Birth
3. Individual's DDD MIS Number
4. Emergency Contact Information
5. Guardianship Status, if available
6. Diagnosis
7. Medications, if applicable
8. Individual Medical Restrictions/Special Instructions/Dietary Restrictions and Specialized Instructions and Allergies
9. Medical Contact Information (i.e. Primary Care Physician and Hospital of Choice)
10. Healthcare Contact Information if available
11. Support Coordinator/DDD monitor contact information if available.

PROCEDURES REGARDING ILLNESS OR MEDICAL RESTRICTIONS OF AN INDIVIDUAL RECEIVING SERVICES

1. If an individual comes to the day program in apparent ill health or becomes ill during program hours, BCSS requires that the individual not remain in program. The individual receiving service must leave the program for symptoms including, but not limited to: fever, vomiting, diarrhea, body rash, sore throat and swollen glands, severe coughing, eye discharge, yellowish skin or eyes.
2. The caretaker(s) will be contacted and advised to pick up the individual receiving service. All actions taken will be documented in the individual record. In the event, the guardian(s) cannot be reached, BCSS nursing staff will reach out to alternative contacts on the emergency information/emergency authorization consent form. BCSS will expect families to have at least one emergency contact that will be able to pick up the individual and transport them home or to a physician's office. For those individuals residing in community placements, BCSS will expect provider agencies to provide cell phones for emergency contact. Additionally, BCSS will expect provider agencies to be able to respond to a request to pick up an ill individual in a reasonable

amount of time and/or cooperate with other group home locations that may be able to pick up the individual.

3. In the event the individual receiving service comes to the day program in apparent ill health for two (2) consecutive days, they may be sent home and temporarily suspended. BCSS will advise DDD personnel of the illness and all action taken and maintained in the individual record.
4. In the event an individual receiving services needs emergency treatment at a hospital or other facility during day programming hours, day program staff shall remain with the individual until the guardian(s), family member(s) and group home/supervised apartment staff arrives.
5. Medical clearance is required by BCSS upon discharge from a physician's care, medical facility and/or hospital. BCSS requests that the physician(s) or facility provide clearance and list restrictions if any.
6. If an individual is suspected of having a contagious condition, including but not limited to those detailed in Appendix 6, Table of Contagious Condition, the individual shall be removed from the program until a physician's written approval/clearance is obtained. Any medical clearance shall be documented in the individual record. BCSS nursing staff/administration shall ensure those individuals that may have been exposed and their guardian(s), family member(s) and/or group home/supervised apartment personnel are notified of related signs and symptoms in a timely manner.
7. BCSS nursing staff and Manager(s) shall ensure that staff is informed of medically necessary limitations and restrictions for any individual receiving services.
8. BCSS nursing staff shall train staff in preventative measures for infection control.

DIETARY RESTRICTIONS, TEXTURE REQUIREMENTS AND SEIZURE CARE

All BCSS staff will adhere to any special dietary restrictions and/or texture requirements as specified by guardian(s), family member(s) and/or physician(s). Information regarding special diets, restrictions and/or requirements will be provided to staff under the supervision of BCSS nursing staff.

The results of any feeding evaluation or similar pertinent evaluations shall be maintained in the individual record. Staff may receive training or guidance in the following areas:

1. Feeding techniques
2. Consistency of foods
3. Pace of eating and amount of food ingested per mouthful
4. The level of supervision needed by those individuals for whom specialized feeding needs have been determined.
5. Staff may also receive guidance on how to assist an individual to safely pace their ingestion of food. This may not be documented by a physician; however, it may be recommended by BCSS nursing staff or Manager to ensure safety during mealtimes.

BCSS staff will receive guidelines for seizure care, which includes, but is not limited to:

- a) Protecting the injured party from self-injury by placing him or her in a horizontal position; loosen the person's clothing.
- b) Turning the injured person's head to one side to keep the airway open and permit saliva to flow out of the mouth.
- c) Restraining the person gently, if necessary, to prevent self-injury.
- d) If the injured person starts to vomit, turning his or her head so the vomitus is expelled from the mouth and is not inhaled or otherwise chokes the person.
- e) For seizures that are unusual, prolonged, or multiple, lasting for more than five (5) minutes or resulting from injury or incurring by someone who is diabetic or pregnant, staff should call 911 immediately.

BCSS nursing staff will document seizure activity in the Seizure Log and ensure that the information is included in the individual record. Additionally, BCSS nursing staff shall notify guardian(s), family member(s) and group home/personnel of the seizure activity for any individual receiving services.

COMMUNITY PARTICIPATION

BCSS personnel shall ensure the safety and wellbeing of all individuals receiving services when planning and participating in community activities.

1. BCSS staff shall inform nursing staff, secretary and/or manager of all community activities a minimum of 24 to 48 hours before the planned event. Nursing staff will make a determination on level of participation based on administration of medication, physician's orders and/or dietary requirements. Additionally, nursing staff will inform guardian(s), family member(s), group home/supervised apartment personnel or physician(s) of any changes in the time medication was given.
2. During times of inclement/extreme weather, all BCSS personnel shall ensure the safety and wellbeing of individuals receiving services. Nursing staff or Manager will advise staff of the following:
 - a) Precautions to be taken;
 - b) Cancellation and/or modification of activities, if indicated;
 - c) Signs, symptoms and first aid procedures of weather related conditions such as heat stroke, frost bite, etc.;
 - d) Length of time in the sun/heat based on medications taken; and
 - e) All individuals receiving services are provided with liquids throughout the day to prevent dehydration.

LIFE THREATENING EMERGENCIES

All BCSS staff shall adhere to procedural guidelines under Danielle's Law and as specified in BCSS Board

Policy 2800 and Regulation R2800: Life Threatening Emergencies – Procedural Guidelines under Danielle's Law.

1. All BCSS staff are responsible to immediately contact 911 in the event of a life threatening emergency.
2. If a staff member is unsure whether a medical condition, such as an elevated temperature, seizure or other condition has become a life threatening emergency, he or she shall call 911.
3. Every 911 call and every failure to make a 911 call in the event of a life threatening emergency shall be reported to the Division as an unusual incident report (UIR).
4. Examples of life threatening emergency shall include, but not be limited to:
 - a) Unconsciousness;
 - b) Persistent chest pain or discomfort;
 - c) Not breathing or having trouble breathing;
 - d) No signs of blood circulation;
 - e) Severe bleeding; and
 - f) Seizures that are unusual, prolonged or multiple, last for more than five (5) minutes, result in injury or occur in someone who is pregnant or diabetic.

AIDS/HIV

No individual with disabilities may be excluded from program solely because he or she is infected with HIV or lives with or is related to a person infected with HIV.

An individual with an uncoverable and/or uncovered weeping skin lesion(s) may not attend or visit the program, whether or not the person has been screened for HIV.

SAFEGUARDING EQUIPMENT

For the purpose of this policy “safeguarding equipment” means devices which restrict movement used to provide support for the achievement of functional body position or proper balance; devices used for specific medical, dental or surgical treatment; and devices to protect the individual receiving services from symptoms of existing medical condition, but not limited to, seizures, ataxia and involuntary self-abuse.

Policies and procedures for the utilization of safeguarding equipment and mechanical restraints are detailed in Division Circular #20: Mechanical Restraint and Safeguarding Equipment.

The need for a particular device to be used as safeguarding equipment shall be documented in the individual record. Safeguarding equipment shall be applied by staff trained in their use and applications. Safeguarding equipment shall be prescribed by a licensed physician.

Devices such as helmets, mitts, vests, and body harnesses may be used as either a mechanical restraint for control purposes or safeguarding equipment, depending upon circumstances. For example, a helmet used to prevent injury due to seizures is a safeguarding device. Use of a helmet to prevent injury due to self-injurious behavior is for control purposes.

Use of Safeguarding Equipment

1. The use of safeguarding equipment in program or on the bus shall be prescribed by a licensed physician.
2. The need for a particular device to be used as safeguarding equipment shall be documented in the individual's record.
3. Use of safeguarding equipment necessary to achieve proper body position and balance shall be applied in accordance with Division Circular # 20.
4. The physician's prescription shall document the need for safeguarding equipment and the specific device to be applied. The physician shall indicate the specific medical condition for which the safeguarding equipment is to be used and the length of time permitted for its use. The prescription shall be included in the client record.
5. Once the need for safeguarding equipment has been included in the client record, the need shall be reviewed by the individual's IDT.
6. If the use of the safeguarding device cannot be integrated into the IHP, the IDT shall meet to revise the plan to provide for the individual's safety and habilitation needs.
7. The need for safeguarding equipment shall be reviewed as part of the IHP no less than annually.
8. The continued need for a safeguard device shall be authorized by a physician on an annual basis and included in the individual record.

REPORTABLE ILLNESSES

BCSS nursing staff will follow Bergen County Department of Health Services guidelines for reporting certain diseases and conditions in a timely manner (see New Jersey Administrative Code Title 8, Chapters 57 and 58.) Additionally, BCSS nursing staff will adhere to recommended exclusions listed by the Bergen County Department of Health Services.

BCSS nursing staff will consult with the Bergen County Communicable Disease Nurse at (201) 634-2657/2616.

BCSS nursing staff will consult with the Bergen County Public Health Epidemiologist at (201) 634-2843.

Examples of respiratory illnesses to report:

1. Measles;
2. Mumps;
3. Rubella (German Measles);
4. Pertussis (Whooping Cough);
5. Meningococcal disease; and
6. Varicella (Chicken Pox).

Examples of gastrointestinal illnesses to report:

1. Shigellosis;

2. E. coli infection;
3. Salmonellosis;
4. Campylobacteriosis;
5. Giardiasis; and
6. Hepatitis A.

Other infections agents to report:

1. Norovirus;
2. RSV (Respiratory Syncytial Virus);
3. Fifth Disease;
4. MRSA;
5. Hand, Foot and Mouth Disease;
6. Head Lice; and
7. Scabies.

FIRST AID

Each BCSS program site shall have a first aid kit to include:

1. Antiseptic;
2. Rolled gauze bandages;
3. Sterile gauze bandages;
4. Adhesive paper or ribbon tape;
5. Scissors;
6. Adhesive bandage (Band-Aids); and
7. Standard type or digital thermometer.