

Bergen County Special Services

Adult Services Program Policy

Title: Health Standards and Requirements

The Board of Education requires 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, considering 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, swollen glands, severe coughing, eye discharge, yellowish skin/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 decide 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: Danielle's Law

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.

STEPHEN KOMNINOS' LAW

Effective May 1, 2018, BCSS staff working in adult programs will adhere to the requirements of The Stephen Komninos' Law. This law strengthens protections for participants with developmental disabilities in reporting abuse, neglect and exploitation. Specifically, it requires that guardians of individuals served be notified either in-person or by telephone within two hours of all minor, moderate or major injuries that are reported to the Division.

1. BCSS staff will be trained on their reporting responsibilities through the Unusual Incident Report Management System. Staff will follow the Department's policies for reporting all incidents, including reporting incidents timely, and immediately reporting all incidents and/or suspicions of abuse, neglect or exploitation.
2. BCSS staff will cooperate with Incident Verification Unit representatives and provide answers to questions they may have regarding incident or injury.

Stephen Komninos' Law requires drug testing for job candidates prior to any offer of employment. Additionally, BCSS staff are subject to random drug testing and testing for cause.

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.

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.

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 to report:

1. Norovirus;

2. RSV (Respiratory Syncytial Virus);
3. Fifth Disease;
4. MRSA;
5. Hand, Foot and Mouth Disease;
6. Head lice;
7. Scabies; and
8. COVID-19

PANDEMIC REOPENING AND RECOVERY

Screening and Personal Protective Equipment (PPE)

1. An adequate amount of personal protective equipment (PPE) shall be available, accessible, and provided for use by staff and individuals receiving services.
2. All staff are required to wear a face covering that covers their nose/mouth and use appropriate PPE while working with clients.
3. All staff will receive training on the safe donning and doffing of PPE and will be reminded frequently to not touch their face covering.
4. All individuals receiving services will be required to wear face coverings, however, the inability to tolerate wearing a face mask will not in and of itself preclude the client from returning to the program and participating in in-person services. Factors such as the guardian's decision regarding participation and return to program, underlying health conditions, provider's ability to maintain safety in other areas (i.e. social distancing, barriers, sneeze guards) will play a role in any final decision.
5. All clients should be strongly encouraged to wear a face covering unless medically contraindicated. This process will include education, increased time with mask, role modeling, implementation of preferred activities and social praise. Every effort will be made to provide accommodations and extensive training; however, if the client is unable to cooperate with any personal protective equipment, the program administrator and nurse will assess the safety impact this has on others; and ultimately the program's ability to protect public health.

Screening of BCSS Staff

1. All BCSS Staff will complete the BCSS Staff Health Self Report Tool on line at least one hour before reporting to the program site.
2. The BCSS Staff Health Self Report Tool requires the staff member to indicate if they have symptoms based on the Appendix 1: Sample COVID-19 School Screening Tool developed by

the CDC and the New Jersey Department of Health. Additionally, the BCSS Staff Health Self Report Tool requires the staff member to indicate if they have been in close contact with a confirmed COVID-19, someone in the household is diagnosed with COVID-19, or if the staff member has traveled to an area with high community transmissions. A link to check the Travel Advisory List is provided.

3. A staff member who reports a COVID-19 symptom is excluded from work until such time as they can provide the district with written documentation from a health care provider stating the person is “cleared to return to work”.
4. A staff member who tests positive for COVID-19 is permitted to return to work after the established quarantine period of 14 days, as long as they provide written documentation from a health care provider stating the person is “cleared to return to work”.
5. Standard quarantine for “possible exposure”, which is defined as “close contact” with six feet for 10 minutes or longer or direct contact with infectious secretions with a person who tested positive; “household contact” with a person who tested positive; travel to NJ from high impacted area) is 14 days from last known contact.
6. A negative COVID-19 test result in and of itself is not enough to permit the staff member to return to work. The negative COVID-19 test result must be accompanied by written documentation from a health care provider stating the person is “cleared to return to work”.

Screening Individuals Receiving Services

1. All parents/guardians, family members and caretakers will receive a letter advising them of their responsibility to check their adult daily for symptoms ascribed to COVID-19. Symptoms include temperature of 100 degrees or higher, sore throat, chills/shivers, muscle pain, headache, gastrointestinal symptoms (diarrhea, nausea, vomiting), fatigue, runny nose, cough, shortness of breath, difficulty breathing and new loss of taste or smell. If any one of these symptoms are present, the client should not report to the day program, and the parent/guardian, family member, and/or caretaker should contact the Program Nurse for instructions.
2. The letter additionally advises parents/guardians, family members and caretakers of procedures to follow in the event their adult/client tests positive for COVID-19, has had close contact with a person known to be affected with COVID-19 and/or show symptoms in program.
3. Each individual receiving services will have their temperature checked by a thermal scanner set up immediately inside the front entrance of the 296 facility and the back entrance of the Wood Ridge facility.
4. BCSS staff members will visibly check clients for symptoms as their temperature is taken. Health checks will be conducted safely and respectfully, while maintaining social distance.
5. For those individuals arriving after the start of program hours, the transportation provider or driver must call the main office and report their arrival. A BCSS staff member will report to the waiting vehicle and check the temperature of the waiting client. No driver will be permitted to enter the building and clients will not be permitted to enter the building until they have been screened and had their temperature taken.

6. When signs/symptoms of COVID-19 are observed the Program Nurse will document symptoms on a daily log. Any temperature of ≥ 100 degrees F or higher will be noted on the daily log and shared with parents/guardians/family members/caretakers. These logs will be maintained and available to DDD upon request

Procedures for Symptomatic Clients and Staff

1. Staff and clients observed to have symptoms will be safely and respectfully separated from others and escorted to a designated isolation space.
2. Individuals served will remain in the isolation area with continued care and monitoring until picked up by an authorized parent/guardian, family member or caretaker.
3. Program Nurse will continue to monitor the individual and if symptoms are felt to be immediately life threatening, 911 shall be called.
4. Staff members monitoring the individual will wear a face covering and any other applicable PPE. Social distancing will be maintained.
5. BCSS will require the individual to be picked up within one hour of call from Program Nurse.
6. The guardian or caretaker picking up the individual shall be advised to contact a health care professional and have the individual evaluated for COVID-19. Guardian and caretakers will be advised that in the event the individual tests positive for COVID-19, the program must be informed immediately.
7. If the individual served presents with a fever of 100 degrees or higher, and presents with other symptoms, the program will require a negative test for COVID-19 and a doctor's note before their return to the day program.
8. In the event a positive diagnosis for COVID-19 is confirmed, the Program Nurse will call the local health department for guidance and cooperation related to any contact tracing that may be needed.

Procedures for Positive Diagnosis for COVID – 19

1. Individual served and staff may be asked to leave or not report to day program if they test positive for COVID-19 or exhibit one or more of the symptoms of COVID -19 based on CDC guidance that is not otherwise explained. Symptoms can include a fever of 100 F or greater, cough, shortness of breath or difficulty breathing, chills, repeated shivers, muscle pain headache, sore throat, new loss of taste or smell, fatigue, congestion or runny nose, nausea or vomiting and diarrhea. If a BCSS staff member becomes aware that an individual served has tested positive for COVID-19, the staff member shall notify the Supervisor and Program Nurse immediately.
2. In the event a positive diagnosis for COVID-19 is confirmed, the Program Nurse will call the local health department for guidance and cooperation related to any contract tracing the

may be needed.

3. BCSS Adult Programs will follow the local health department's guidance on program closure.
4. BCSS Adult Programs will immediately notify individuals served, parents/guardians, family members, caretakers and community residence personnel and BCSS staff if they have been in close contact with the individual positively diagnosed.
5. All rooms and equipment used by the infected individual will be cleaned and disinfected in accordance with CDC guidelines. If uncertain about the extent or areas of the potential exposure, all areas of the building will be cleaned and sanitized.
6. If a staff member or an individual test positive for or exposure to COVID-19 and has been confirmed by a health care professional, the individual or staff member cannot return until the criteria for lifting transmission-based precautions and home isolation have been met and they have been cleared to end isolation by a health care professional. The individual must provide a doctor's note before readmission.

Contract Tracing

Contract tracing is the process used to identify those that come into contact with people for contagious diseases, including COVID-19. Contact tracing is used by health departments to prevent the spread of infectious disease. The contract tracing process involves identifying people who have had an infectious disease and their contacts (people who may have been exposed) and thereby working with them to interrupt the disease transmissions. For COVID-19, this includes asking cases to isolate and contacts to quarantine at home voluntarily.

All procedures will adhere to applicable federal and state law and regulations regarding privacy and the confidentiality of records.

Contract tracing for COVID-19 typically involves:

1. Interviewing people with COVID-19 to identify everyone with whom they had close contact during the time they may have been infectious;
2. Notifying contacts of their potential exposure;
3. Referring contacts for testing;
4. Monitoring contacts for signs and symptoms of COVID-19; and
5. Connecting contacts with services they might need during the self-quarantine period.

To prevent further spread of disease, COVID-19 contacts are encouraged to stay home and maintain social distance (at least 6 feet) from others until 14 days after their last exposure to a person with COVID-19. Contacts should monitor themselves by checking their temperature twice daily and watching for symptoms of COVID-19.

The Program Nurse will consult with the local health department in the development, review and revision of district contract tracing policy and procedures. The Program Nurse, Coordinator, Assistant to the Coordinator are the designated staff liaisons responsible for providing notifications.

The Program Nurse in consultation with the Coordinator and Assistant to the Coordinator shall establish a process of open communication that allows staff, individuals served, families and caretakers to self-report symptoms and/or expected exposure.

A staff member shall immediately notify the Program Nurse, Coordinator and Assistant to the Coordinator when he/she observes symptoms consistent with COVID-19 or becomes aware that an individual who has spent time in a district facility tests positive for COVID-19. The Program Nurse will immediately notify local health officials, staff and families of a confirmed case while maintaining confidentiality when the COVID-19 test is positive

The Program Nurse or his/her designee may make information available and/or conduct virtual information sessions to educate the larger adult program community on the importance of contract tracing.

Hygiene Etiquette and Practices

1. BCSS staff will provide ample training opportunities for clients in proper handwashing techniques as per CDC guidelines.
2. BCSS staff will develop and implement schedules to ensure ample opportunities to engage in hand washing throughout the program day. At a minimum hand washing shall occur upon arrival to day program, before eating, after toileting and after spending time engaged in hands on activities, recreational activities outside, after lunch and before going home. Clients will be supervised to ensure appropriate technique and thorough cleaning. BCSS staff will provide training, supervision, demonstration, role modeling and hand over hand assistance as needed.
3. BCSS will ensure adequate hand sanitizers are placed throughout the building and staff will ensure proper and frequent use by clients.
4. When physical assistance is required from staff for an individual's personal care needs proper PPE (i.e. face covering, gown, gloves, etc.) must be worn. The PPE shall be changed after caring for an individual's personal care needs like toileting. Staff shall change the individual's clothes when soiled. Any soiled clothes should be placed in a plastic bag immediately.

