

POLICY 1600

Program Health Policy

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1600 PROGRAM HEALTH POLICY

The Clermont County Board of Developmental Disabilities (CCBDD) recognizes the responsibility to provide for a healthy, protective, and safe environment for all individuals in its programs. This will be accomplished by applying Federal, State, and Local Health and Safety laws, rules, and regulations.

1600.01 HEALTH FACILITIES AND SUPPLIES

Programs operated by CCBDD will provide an area designated for health and medical needs. These rooms shall contain hand-washing facilities, personal protective equipment, first aid supplies, and a medication cart. Additional supplies may be needed specific to sites where individuals/staff occupy, as deemed necessary by a program nurse and/or administrator/designee.

1600.02 CONDITIONS OF HEALTH, ILLNESS, AND INJURY

A. MEDICAL EVALUATIONS

1. Optimal health for an individual should be a priority. Regular check-ups with licensed health care professionals LHCP (i.e., physicians, dentists, physicians' assistants, nurse practitioners, hearing and eye specialists, nutritionists, and others with prescriptive authority as per Ohio Revised Code) are a parent/guardian/care provider's responsibility. Health maintenance and/or episodic care is recommended on a regular basis and as needed. A current physical examination (within six months) by a (LHCP) must be completed prior to enrollment and submitted for review as part of

the enrollment process. Subsequent exams may be requested as identified by the program nurse/professionals or per the individual's program plan (IEP, IP, etc.). School Age individuals are requested to have updated medical evaluations at a minimum of every three years.

2. Students who receive vision services must have an updated vision report on file every three years. Anyone who has a history of hearing/visual problems shall be referred to the responsible party with a recommendation for further evaluation by a specialist.

B. IMMUNIZATIONS/TESTING

1. All students must follow the current immunization requirements as specified by the Ohio Department of Health. Refer to CCBDD Policy 500: School Age Program.

C. ILLNESS/INJURY AT PROGRAM FACILITIES

Individuals arriving with or developing observable signs and symptoms of illness/injury/uncharacteristic mental status will be assessed by a program nurse and/or other designee and responsible parties contacted. CCBDD will adhere to all standards from the Ohio Department of Health and the Ohio Board of Education. Other "guidelines" below include but are not limited to symptoms facilitating a reasonable decision to be made by the responsible party for the individual to remain/return home from school, work, or programming:

- Uncharacteristic behavior, atypical mental status changes which may pose a health or safety risk to self or others. These may include but are

not limited to such as extreme lethargy, aggression, psychosis, mania, suicidality, etc.

- Uncontrolled or excessive exposure of blood, drainage, or body fluids that may pose a risk to others.
- Unusual swelling, warmth, discoloration, tenderness, or disfigurement of a body part

1. A program nurse and/or designee may request/require at their discretion the individual return or remain at home. Individuals that remain home or are sent home for specified health concerns/suspected or communicable illness must be symptom-free for 24 hours, free of fever without fever reduction medication for at least 24 hours or evaluated by a LHCP before returning to board programs. If the parent/guardian/care provider cannot be reached, the individual may be restricted from full participation in program activities as deemed appropriate.
 - a. Individuals that develop a medical or mental health condition which the program nurse/interdisciplinary team determine may pose a health/safety/infection control risk to self or others may furthermore be evaluated for alternative services.
 - b. Transportation for an ill or injured individual shall be arranged in a timely manner unless emergency medical services (EMS) are required.
2. CCBDD recognizes that some individuals may require "PRN" (as needed) medications or tasks to support behavior and/or to control conditions such

as prolonged seizure activity/chronic pain/respiratory conditions. Should these medications/tasks be administered, causing the individual's health/safety to be compromised and/or would require additional rest/monitoring/behavior support, the nurse/designee may request the individual be sent home.

3. For School Age Services, a copy of the daily attendance will be available to the nurse for the purpose of medications/treatment administration, potential crisis scenarios and/or infection control surveillance.
 - a. If a student is absent from the school age program, parents/guardians/care providers must contact the school and provide the reason for the absence. (See CCBDD Policy 500 for specific School Age procedures).
4. Emergency care/serious illness/hospitalization/injury/lengthy absence and/or out-patient surgery can result in changes that may pose significant risks to an individual's health and safety if planning and communication are not effective. A release signed by the LHCP or their designee, explaining orders/limitations/special instructions must be received in the program's office and reviewed by a nurse/designee before the first day of resumed attendance. If the statement is not received, and/or does not provide required information to ensure that the nurse/designee can safely and adequately meet the needs of the individual or feels there is a potential risk of health or safety to the individual/others, the nurse/designee may request the individual remain home, until clarification is received.

5. To promote continuity of care for individuals who receive routine nursing services, parents/guardians/care providers should notify the nurse/designee of late arrivals, early dismissals, or field trips prior to the individuals leaving the facilities.
6. Office personnel of any program must be informed when the responsible party is in the facility to pick up or return individuals so that the individual's teacher/program staff is immediately notified of the late arrival/early dismissal.

D. URGENT/EMERGENCY SITUATIONS

1. The Emergency Information Forms must be updated annually and as needed for all program individuals. CCBDD programs shall only be responsible for information provided by the responsible party of each individual. Any changes in information which could impact the health/safety of an individual must be provided by the responsible party/designee to appropriate program staff in a timely manner.

In the case of serious illness/injury, if the responsible party cannot be reached, action as specified on the Emergency Information Form and/or the Emergency Action Plan (EAP) will be followed. If there is no form on file/or information is not current, a program nurse/designee may exercise any necessary judgment in the interest of the individual's health or safety. Ultimately, failure to complete these forms may result in an interruption of programming.

2. The parent/guardian/care provider shall complete and submit emergency information as requested from the program. The forms will be available to appropriate program/team members. To provide care efficiently, several emergency numbers and names are to be listed on these forms to contact the responsible party. The emergency information must provide for either consent or refusal to consent for emergency medical treatment. Responsible parties who do not consent to emergency medical treatment must indicate the procedure to be followed in the event of a medical emergency involving an individual.
 - A. For School Age Students, who have known emergency risks, i.e. seizures, respiratory/cardiac conditions, etc. which could result in an emergency, nursing will collaborate with parents/guardians to develop an Emergency Action Plan (EAP). The EAP will outline the potential emergency, signs, and symptoms if known and what actions staff should take. All EAP's will be distributed to classrooms and therapists to be kept in an easily accessible location.
3. In the event of an emergency requiring Emergency Medical Services (EMS), the emergency information will be shared with EMS and hospital personnel.
4. Emergency first aid and basic life support should be administered by a program nurse or a staff member holding a valid first aid and/or CPR certificate. All medical emergencies, including illness and injuries to program individuals, will be treated by staff and shall be reported to appropriate authorities, including the responsible party by the end of the

program day, but no greater than twenty-four (24) hours of the occurrence by the program administrator's designee. All applicable forms will be completed and filed according to the program's procedure, based on the nature of the occurrence.

5. When an injury is beyond basic first aid, and requires emergency treatment, the Crisis Plan should be followed.
6. The responsible party of the individual will be contacted as soon as possible.
7. In the event of program individual's serious illness/injury/uncharacteristic and/or prolonged seizure activity (over 5-10 minute duration) while in the community, or in transit to and from these activities or CCBDD programs, attending staff shall be responsible for securing medical assistance in the most expeditious manner possible. The attending staff will also be required to complete all reports as-outlined in CCBDD procedures.
8. CCBDD is not responsible for students who require medical care while in transit to and from school. School districts have the responsibility for providing first aid care to their students during transit on their buses. Parents/guardians/care providers of school age students must coordinate care of their students with their local school district.
9. CCBDD is not a health care provider or facility. Legislation and rules from the Ohio Department of Health do, however, require nurses employed or under contract with CCBDD to honor a valid Do Not Resuscitate (DNR)

order. For this reason, DNR orders must be reviewed from both the point of view of the licensed health care provider and the CCBDD staff member.

A. A Do Not Resuscitate (DNR) order is issued by a licensed physician after consultation with the patient. There are two types of DNR:

a. DNR Comfort Care-Arrest. This order addresses the wishes of individuals who still want extraordinary treatment of their illness but have made the decision that if they reach a point of respiratory or cardiac arrest, they want all resuscitative efforts stopped. Under these circumstances, the Board program would have the individual transported to a medical care facility.

b. DNR Comfort Care. This order is for an individual who has made the decision not to seek aggressive management of the individual's disease. The individual's wish is to have the treatment plan geared toward comfort measures only. None of the following components of CPR are to be provided by licensed health care providers: administration of chest compressions; insertion of artificial airway; administration of resuscitative drugs; defibrillation/cardioversion; provision of respiratory assistance; initiation of resuscitative intravenous line; and initiation of cardiac monitoring.

B. An individual (or their parent/guardian care provider) with a DNR shall provide the CCBDD program and its nurses with a

valid/updated copy of the DNR. The DNR will be accepted by the program nurse/s after reviewing the document and ensuring that its provisions are clearly understood and that the program is ready to meet the needs of the individual. The DNR document and its information shall be reviewed annually and as needed. It is the responsibility of the individual/parent/guardian/care provider to inform CCBDD in writing if/when the DNR is updated and or revoked.

- C. Legislation does not require non-licensed health care providers to honor the DNR, and therefore CCBDD staff may provide individuals with assistance within the scope of their training. A non-nurse staff, pursuant to guidance by a licensed health professional or CCBDD nurse, who fails to assist an individual with a DNR order, will not be held accountable for failing to honor the DNR order.

1600.03 COMMUNICABLE DISEASES AND INFECTION CONTROL

CCBDD recognizes that control of the spread of diseases/infections of all kinds is essential to the well-being of all individuals and staff in its programs. Any suspicious cases of communicable conditions will be reported immediately to the program nurse and/or program administrator/designee. Determination will be made by the Program Nurse/designee as to the acuity/seriousness of the presenting illness/symptom; decisions will then be made on behalf of the individual's well-being and risk/communicability to peers and staff. The program nurse/designee reserves the right to determine whether an

individual must be sent home based on his/her judgment and in accordance with this policy.

- A. To help with controlling the spread of infections, CCBDD will follow the rules and guidelines of the Ohio Department of Health.
 - Individuals may require exclusion from programming if drainage from any lesion or site presents infectious or bloody and cannot be contained or covered. The individual must also be able to demonstrate appropriate infection control measures for respiratory/airborne illnesses as determined by the nurse/program administrator/designee.
- B. To help control the spread of infections, Standard Precautions will be utilized at facilities and/or anywhere services/support are rendered. Personal Protective Equipment (PPE) shall be made available to all individuals/employees/staff. All equipment or objects which may have become soiled with any body fluids will be cleaned daily or as needed. No sharing of personal care items will be permitted. See CCBDD Policy: 1700 Occupational Safety and Health and the Exposure Control Plan regarding infection control practices and compliance.
- C. CCBDD considers both the individual and staff person's right to privacy and the health and well-being of others in the program. Staff who have been informed of the health status of an individual/staff must be aware of their responsibilities regarding confidentiality, which are specified in CCBDD Policy 2400: Confidentiality & Privacy.
- D. Individuals/staff with blood borne diseases such as HIV/AIDS, Hepatitis, etc., will be permitted to attend CCBDD programs provided:

1. Their health allows for participation with physician approval.
 2. There is no secondary infection constituting a risk of health and safety or transmission.
 3. There is no neurological condition which causes a lack of control of body secretions which would have a potential to transmit the infection.
 4. There is no aggressive behavior which could create the potential for transmitting disease (i.e., biting, scratching, inappropriate menstrual habits, etc.).
 5. Individual evaluations of each case may be made by the CCBDD Superintendent, the Superintendent's designated program personnel, the private physician, and the responsible party in consultation with public health officials.
- E. CCBDD shall adhere to all HIPPA and FERPA laws.
- F. Prevention of disease is best done through health education, health practice, and immunization programs. CCBDD will follow all recommendations of the Ohio Board of Health.

1600.04 MEDICATIONS

Medication may be administered by individuals able to self-administer/self-administer with assistance or by the program nurse/s or delegated certified staff in accordance with OAC 5123:2-6. (see CCBDD Policy 1800: Medication Certification, Delegation of Nursing and Quality Assessment Monitoring.

The following policy shall be followed concerning the administration of medication:

1. Medication(s) should be given outside program hours if possible.
2. For individuals not able to self medicate/self medicate with assistance, only medication(s) ordered by the individual's LHCP will be given during programming and the dosage of any medication(s) may not be changed without their order.
3. Medication(s) will be administered by a program nurse or delegated certified staff at programs only after a nurse receives a written fax, or electronic order, (including after-visit summaries). The order shall be completed by the LHCP and responsible party and filed with the nurse. Verbal notification to a nurse of a new and/or changed order (medication and procedures) is suggested PRECEDING to the LHCP order being sent. This will ensure that the nurse is aware the order is arriving and that she/he may facilitate prompt implementation of the LHCP's orders. Special arrangements may be made for unusual circumstances (including accepting a LHCP verbal order) as determined by the Program Nurse. All verbal orders must be validated with a written order as quickly as possible, but no later than one working day after receiving the verbal order. Failure to do so may cause interruption in administration of the order/task which could ultimately impact program participation when necessary.
4. For individuals with ongoing regimens, the prescription orders must be renewed annually, per school year, IP spans, etc. Individuals not in compliance will be excluded from receiving medication(s)/tasks until the orders are received by the program nurse/appropriate designee.

Over-the-counter topical products such as sunscreen, lip balm and lotions can be applied without an order, with permission unless contraindicated by the LHCP. These items are to be provided by the responsible party.

5. Discontinued medications not picked up by the responsible party in a timely manner will be destroyed by the program nurse and a witness, per procedure.
6. Medication/s received, must be in legible, labeled, non-expired and in the original containers from the pharmacy. Over-the-counter (OTC) medication received must be non-expired, in manufactured bottles/containers and packaging must be legible. Medications shall be in a secured and limited access place. They are to be passed only by the nurse, certified staff with delegation by the program nurse, or individual (if self-medicating or self-medicating with assistance).
7. Medications ordered to be given during program hours will be transported to and from the facilities per arrangements between the responsible party and the program nurse, ensuring that these medications are secured.
8. A Medication Administration Record (MAR) will be kept and signed by whomever administers a medication, treatment, or procedure. This record will also have documentation with the amount of medication received and sent home.
9. The MAR and LHCP orders will be filed according to Program Procedure.
10. To protect *all* program individuals, self-administered medications will be evaluated to ensure they are being kept in a secure location. The individual

will have access to that medication, as they request or require it, if it is determined that they are unable to secure their medication. Medications must be clearly marked with the individual's name and the type and dosage of each medication. Individuals may be asked to sign for the medications that are in the possession of CCBDD for the purpose of securing the medication and tracking the quantity when necessary. Nursing services will not be responsible for self-administration of medications.

11. Epinephrine Auto Injectors are used in life threatening emergencies to prevent anaphylactic shock. Their use is covered under the Good Samaritan Act of Ohio. Individuals who may require the use of an Epinephrine Auto Injector must have a written physician's order on file. Staff working with the individual will be trained on the use of an Epinephrine Auto Injector. Following the administration of the Epinephrine Auto Injector to the individual, EMS will be contacted.
12. For guidelines utilized for administration of chemical restraints/as needed Psychiatric Medications, see Nursing Procedure for Chemical Restraint/PRN Psychiatric Medications.

1600.05 Medical Procedures/Nursing Tasks

CCBDD recognizes that some individuals require specialized nursing care during program hours. CCBDD nurses shall follow all rules as set forth by the Ohio Board of Nursing regarding the administration of medications, treatments and executing regimens authorized by a LHCP. Examples of these include but are not limited to routine

gastrostomy tube feedings, catheterization, nebulizer treatments, oxygen administration, magnet use/protocol for vagus nerve stimulators (VNS), etc.

The nurse may delegate medications and treatments to certified staff in accordance with OAC 5123:2-6 and OAC 4723-13. (see CCBDD Policy 1800: Medication Certification, Delegation of Nursing and Quality Assessment Monitoring).

- A. Medical treatments/procedures will be performed as ordered at programs only after a nurse receives a written fax or electronic order, (including after-visit summaries). The order shall be completed by the LHCP and responsible party and filed with the nurse.
- B. If an individual requires frequent suctioning to maintain the patency of their airway due to ongoing health issues, an order shall be completed by a LHCP. The absence of an order to suction will not preclude a program nurse from doing so in an emergency situation to clear an airway.
- C. All orders must be renewed yearly and provided to the nurse, then filed in the individual's accumulative file. Changes in the regimen require updated orders to be completed by a LHCP and provided to the program nurse.
- D. Supplies required for performing procedures are to be furnished in advance of need by the responsible party and sent to the facilities per arrangements between the responsible party and the program nurse/staff. These supplies must meet health and sanitation requirements; in the event these supplies are not available, the individual may be sent home at the discretion of the nurse/program supervisor.

- E. Individuals entering a CCBD program requiring frequent medical intervention and monitoring or who develop a fragile medical condition will be assessed by a program nurse prior to entering or returning to the program. The program nurse will make appropriate recommendations to the Interdisciplinary/Administrative team as to the level of nursing/staff care and/or requests for additional care to meet the health and safety needs of the individual. If such concerns cannot be accommodated at the time of entry or return to the program, a delay of attendance or alternate programming shall be considered until health and safety needs can be met in accordance with nursing best practice, policy, procedure, rules, and law.