

**DIVISION CIRCULAR 10  
(N/A)**

**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES**

**EFFECTIVE DATE:** August 11, 2006

**DATE ISSUED:** August 11, 2006

(Replaces Division Circular 10, "Health Care", issued June 22, 2000)

**I. TITLE:** Health Care

**II. PURPOSE:**

To establish procedures to ensure comprehensive health care for individuals with developmental disabilities.

**III. SCOPE:**

This circular applies to individuals receiving services through the Division in developmental centers, community residences, community care residences or private residential facilities funded or regulated by the Department.

Health care requirements contained in the appropriate licensing regulations shall be mandated.

**IV. POLICIES:**

A. Persons receiving services shall have care that ensures their health, safety and well being.

B. The Division encourages preventative medical care.

C. Persons receiving residential services from the Division shall have a complete physical and dental examination at least annually. For a person attending an Adult Training Service Center, who does not live in a residential setting, an annual physical examination shall be required.

- D. The results of physical and dental examinations as well as consultations shall be recorded in the client record.
- E. Competent adults have a right to refuse treatment. The legal guardian of a child or incapacitated adult has the right to refuse treatment.
- F. The use of PRN orders for mechanical restraints shall be prohibited.
- G. In developmental centers and private residential facilities (N.J.A.C. 10:47), the following shall apply:
  - 1. The use of PRN orders for psychotropic medications shall be prohibited except for symptom relief as part of their end of life palliative treatment plan.
  - 2. The use of PRN orders for all other medication shall be reviewed by a physician at least every 30 days. The individual and/or legal guardian shall be notified of any medication changes as a result of the review.
- H. In community residences for individuals with developmental disabilities, the use of PRN orders shall conform to the licensing standards, in accordance with N.J.A.C. 10:44A and N.J.A.C. 10:44C.
- I. All staff responsible to provide care to the individual served shall be aware of any medically necessary limitations and restrictions.
- J. Each person shall have a current individual medical record, which shall be treated as confidential, in accordance with N.J.A.C. 10:41.
- K. Each developmental center shall have the following committees:
  - 1. Emergency Care Committee
    - a. Evaluates medical and nursing emergencies at the facility; makes appropriate recommendations to administration for improved emergency situations; and evaluates procedures and practices related to emergency care.
    - b. Ensures the highest standard of emergency care, as required for an Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) facility.
    - c. Outside consultants not employed by the developmental center shall be invited to become members. If outside consultants

cannot be recruited, staff of nearby developmental centers shall be invited to participate in the committee.

- d. At least every three months a mock medical emergency drill shall be held at each developmental center. Emergency equipment demonstrations shall be held as needed but no less than annually.
- e. The record of each mock medical emergency drill shall be forwarded to the Emergency Care Committee.
- f. All actual emergencies shall be reviewed by the Emergency Care Committee.

2. Infection Control Committee

- a. Responsible for the investigation, control and prevention of infections.
- b. Takes immediate and appropriate action to correct deficiencies relating to infection control that may create a hazardous condition. The committee reviews reports on infections submitted by the Infection Control Nurse and identifies action plans for resolution.

3. Mortality/Morbidity Committee

- a. Reviews all deaths that occur at the developmental center or facility to which an individual was referred for care.

4. Pharmacy/Therapeutic Committee

- a. Advisory group to the Pharmacy Department and Medical Staff and establishes policies and procedures for the control, distribution, administration and evaluation of therapeutic agents.
- b. Provides a medication formulary to medical staff with the best accepted therapeutic agents available to meet the clinical needs for prophylaxis and treatment of diseases and injuries. Rejects those agents that have become obsolete and avoids duplication of therapeutic effect. The committee shall continually review this formulary.

- c. Ensure developmental center conformity with current standards of good hospital pharmaceutical practice utilizing State and Federal regulations.
- L. Each developmental center shall maintain and/or recruit a roster of consultants in all specialties available to treat individuals who reside in the developmental centers. Working relationships should be established with community hospitals and diagnostic facilities.

## V. GENERAL STANDARDS

- A. Definitions: For the purpose of this circular, the following terms shall have the meaning defined herein:

“Chief Executive Officer (CEO)” means the person having administrative authority and responsibility over a State-operated developmental center or private residential facility (N.J.A.C. 10:47) for individuals with developmental disabilities.

“Department” means the Department of Human Services.

“Division” means the Division of Developmental Disabilities.

“Emergency Care Committee” means a committee in a developmental center comprised of key administrative and medical staff assigned to establish and review procedures and incidents relating to health emergencies. This committee reports its findings to the CEO or designee. This committee can be a subcommittee of the Mortality/Morbidity Committee.

“Health Care Staff” means staff of the developmental center or private residential facility (N.J.A.C. 10:47) for individuals with developmental disabilities who provide health care including, but not limited to, physicians, dentists, psychiatrists, nurses, pharmacists, physical therapists, occupational therapists, speech therapists, laboratory technicians, x-ray technicians and direct care staff.

“Interdisciplinary Team (IDT)” – refer to Division Circular 35.

“Mechanical Restraints” – refer to Division Circular 20.

“Medical Record” means that portion of a client record which contains the individual’s medical history as well as treatment plans, medical progress notes, consultations and reports.

“Plan Coordinator” – refer to Division Circular 35.

“PRN” means as necessary.

“Regional Administrator” means an employee of the Division with administrative authority over community programs within a specific geographic region of the State.

“Service Plan” means a written, individualized habilitation plan, consistent with the requirements of N.J.S.A. 30:6D -10 through 12, developed with the individual, and/or his or her legal guardian, and the IDT. It is an outcome-based planning tool that, at a minimum, identifies each individualized program, support and/or service requested by and provided to the individual, for which the individual demonstrates a need. It identifies the person and/or agency responsible for its implementation. The complexity of the Service Plan will vary according to the individual’s interests, preferences, and needs. The Service Plan format must be Division approved but can be chosen from various types of plans, as determined by the requirements of the specific program, service, or support, and can include, but is not limited to, the following types of plans: Individual Habilitation Plan (IHP), Essential Lifestyle Plan (ELP), Self-Determination Plan and Individual Service Plan (ISP).

- B. All entries into the medical record shall be legible, dated and signed. The person making the entry shall be identified by name and title. Progress notes shall indicate the time of entry.
- C. The medical record of each individual shall readily identify the primary health concerns and plans to address them.
- D. In developmental centers and private residential facilities (N.J.A.C. 10:47) with health care staff, the problem-oriented system of medical charting shall be utilized.

## VI. PROCEDURES:

### A. General Health Care:

The requirements of this section shall be *mandatory for developmental centers and private residential facilities* for individuals with developmental disabilities. For *community-based health care*, these requirements serve as *guidelines only*. However, health care requirements contained in the appropriate licensing regulations shall be mandated.

1. At a minimum, an annual complete physical examination shall be performed with findings noted. The physical examination shall require that:
  - a. Vision and hearing be evaluated. For persons with observed problems, visual acuity and audiology studies shall be performed as clinically indicated.
  - b. After age 50, the stool is tested annually for occult blood for colon-rectal cancer and earlier, if clinically indicated.
  - c. An annual breast examination is performed and recorded for all adult women. Mammography and cervical cytology (e.g. Pap smear, etc.) shall be performed, in accordance with standards recommended by the American Cancer Society; unless the physician documents that the tests are medically contraindicated.
  - d. Other tests as clinically necessary (e.g. bone density, colonoscopy, etc.).
2. At least annually, a dental examination is performed and treatment provided, as necessary.
3. Diagnostic studies shall be performed when clinically indicated. These include, but are not limited to:
  - a. Laboratory tests including CBC (complete blood count), chemical profile, urinalysis, stool examination, Hepatitis B profile and lipid levels.
  - b. Electrocardiogram, Electroencephalogram, and chest x-ray.
4. Immunization shall be provided in accordance with the most current guidelines established by the Center for Disease Control and Prevention, including but not limited to, Tetanus, Diphtheria, Hepatitis, Measles, Mumps, Varicella, Rubella, Pneumococcal, Influenza, and Meningitis.
5. A Mantoux skin test for tuberculosis shall be required every year, if the Mantoux test is negative, unless otherwise indicated for those residential agencies licensed under N.J.A.C. 10:44A, 10:44B, or 10:44C, in which the appropriate standard shall apply. If the test result is positive, certification by a physician that the individual is

contagion free shall be obtained initially and at yearly intervals thereafter. The test shall be repeated upon suspected exposure to tuberculosis.

6. Any abnormality discovered during the physical examination shall be treated or referred, as the physician deems necessary.
7. Consultation requests/referrals and reports shall be detailed and complete.
  - a. The consultation request/referral results shall be recorded in the person's medical record.
  - b. The primary health care provider shall ascertain the results of any consultations and shall provide appropriate actions as medically necessary, based upon the consultant's findings and recommendations.
  - c. During the annual review of the Service Plan, the plan coordinator of the IDT shall be made aware of the results of any consultation, in the event a change in the service plan is necessary.
  - d. The individual and/or legal guardian shall be notified of any results of the consultation.
8. There shall be a listing of significant health problems including, but not limited to, allergies, hypersensitivities, pica behavior, and major medical conditions prominently noted in the person's medical record.

B. Refusal of Treatment

1. If the person is uncooperative with any part of a physical or dental examination, this shall be noted in the medical record.
2. Routine procedures may be postponed until the person is amenable to the procedure. Sedation and/or anesthesia may be needed to facilitate certain examinations and treatments.
3. In an instance where the person's health appears to be at risk and further evaluation is clinically indicated:

- a. If the person is competent, every reasonable effort shall be made to counsel the person regarding the need for the evaluation as well as possible risks and benefits.
  - i. These efforts shall be documented in the client record.
  - ii. In the event that the person persists in refusing to allow the examination, he/she shall be asked to sign a statement verifying the refusal against advice of staff.
  - iii. Such refusal shall be documented in the person's medical record.
- b. Unless an emergency exists, the parent or guardian of a minor or incapacitated adult shall be requested to give informed written consent for the utilization of the most suitable, least restrictive form of restraint, sedation or anesthesia to allow the implementation of the examination and treatment.
- c. If the person has not been adjudicated incapacitated but there is an emergent medical need and there is reason to believe that the individual requires a guardian with respect to medical decisions, the CEO or Regional Administrator may refer the matter to the Chief, Bureau of Guardianship Services, for possible application for the appointment of a special medical guardian, in accordance with Division Circular 32.
- d. If the guardian of a minor or incapacitated adult appears to unreasonably withhold permission to conduct the examination, the CEO or Regional Administrator may refer the matter to the Chief, Bureau of Guardianship Services, for possible application for the appointment of a special medical guardian.

C. Requests to no longer reside in a Developmental Center, Private Residential Facility or Residential Program

- 1. If a competent adult receiving services requests to no longer reside in their residential placement or the legal guardian of an incapacitated adult or minor request that the individual no longer resides in their residential placement, a physical examination shall be completed before release.
- 2. A medical summary of the individual's condition shall be prepared and retained on file.



3. If the medical history or examination reveals information contraindicating release, the individual or his/her legal guardian shall be informed of the findings in writing prior to release.
4. If the individual or his/her legal guardian continues to request that they no longer reside in their residential placement, a Release Against Advice document shall be signed by the individual or legal guardian.
5. Based upon the information contraindicating release, the Division may wish to contest the release in court through appropriate channels.

D. Each Developmental Center Shall Develop Communication Procedures to Comply with the Guidelines Contained in this Circular

1. Reporting procedures shall be established to ensure that significant information is passed from off-going to on-coming nursing staff for each shift. That information shall be disseminated to direct care staff.
2. A "morning report" meeting shall be attended by all physicians and key nursing staff to review all significant information relevant to occurrences during evenings, nights, and weekends.
3. Daily rounds shall be conducted by the physician and appropriate staff in the assigned units.

E. Each Developmental Center Shall Develop Procedures for the Infirmary

1. Upon each admission to the infirmary, a description of the condition precipitating admission shall be provided by the treating physician. Within 24 hours, the individual shall receive a physical examination and any physician orders shall be recorded.
2. Daily progress notes shall be made by the physician while the individual is being treated for an acute health condition.
3. Nursing progress notes shall be completed for each shift while the individual is in the infirmary.
4. A discharge summary shall be provided to the residential unit when the individual is transferred from the infirmary.

5. A copy of the individual's medical record may be maintained in the infirmary unit.

F. Each Developmental Center Shall Develop Procedures for Annual Medical Assessment

1. An Annual Medical Assessment shall be developed for each individual and made part of the Service Plan.
2. The assessment shall include strategies for the prevention of problems to which the individual is susceptible.
3. The assessment shall address such concerns as diet, fluid intake, exercise, recreation, medication, weight, nutrition, drug side effects, constipation, aspiration, choking/swallowing difficulties, immunization, personal hygiene, dental hygiene and aberrant behavior.

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Gregory Fenton  
Acting Director