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| <b>CHAPTER</b><br>Health/Medical                             | <b>CHAPTER</b><br>03                            | <b>SECTION</b><br>002  | <b>SUBJECT</b><br>25 |
| <b>SECTION</b><br>Health Care                                |   | <b>DESCRIPTION</b><br>Health Care Guidelines for Surveillance and Prevention Communicable Diseases for Persons Served                    |                      |
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**APPLICATION:**

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| <input checked="" type="checkbox"/> CMH Staff                  | <input type="checkbox"/> Board Members                      | <input checked="" type="checkbox"/> Provider Network | <input checked="" type="checkbox"/> Employment Services Providers |
| <input type="checkbox"/> Employment Services Provider Agencies | <input checked="" type="checkbox"/> Independent Contractors | <input checked="" type="checkbox"/> Students         | <input checked="" type="checkbox"/> Interns                       |
| <input checked="" type="checkbox"/> Volunteers                 |   |  |   |

**POLICY:**

Lapeer County Community Mental Health (LCCMH) will make every effort to ensure the health and well-being of persons served by LCCMH and LCCMH providers; to prevent the spread of communicable diseases; and to assist with the surveillance of infectious conditions.

**STANDARDS:**

Due to the nature of the psychiatric, developmental or living conditions, some persons served by LCCMH will need to be medically checked periodically to test for tuberculosis and/or hepatitis infections. Persons served seen on a regular basis by LCCMH staff and interacting daily with other persons served by LCCMH, will need regular testing.

**PROCEDURES:**

The following criteria are applicable to all persons enrolled in the Stepping Stone Skill Building Activity Program for adults with developmental disabilities, the Psychosocial Rehabilitation Program for adults with mental illnesses, and the Assertive Community Treatment Program:

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1. Individuals showing symptoms of Hepatitis or Tuberculosis, or who have been exposed to a contagious person, may be requested to have testing. Reporting and consultation with the Health Department is required with Class I and II communicable diseases. Surveillance and documentation of suspected or confirmed cases is the responsibility of the Health and Safety Committee Nurse.
2. Persons served with symptoms (such as cough, fever, vomiting / diarrhea, open sores, puss or weeping eyes etc.) of any active infectious or contagious condition (that is a condition capable of being transmitted by direct or indirect contact) will not attend program and Adult Foster Care / families or guardians will be requested to seek medical attention. A person served will be sent home if it is decided by the program supervisor the individual's condition could jeopardize the health of the person served or other persons exposed to the contagion.
3. Persons served will have a physical examination yearly by his or her personal physician. Medications, allergies, secondary medical diagnoses (seizure disorder, cerebral palsy, hypertension, etc.) diet restrictions, physical limitations, special instructions and special precautions should be included as part of this examination. The medical condition and needs will be reviewed at the annual person-centered planning meeting, or more often if necessary. Medication assistance will not occur in programs without a physician's order or prescriptions. Medication assistance or administration is only provided by physician order or a current prescription on file for the medication, including over the counter medications. Please refer to Policy 03.001.10 Medication Assistance with Administration and Self-Administration and Policy 03.001.20 Psychotropic Medications.
4. A person served should return to program when they are symptom free for at least 24 hours. If a person served is out of program due to illness or injury, a note from the attending physician stating he or she is medically able to return to the program, may, at the discretion of the program supervisor, be required before an individual returns to program. The note will need to include an explanation of any restrictions or special instructions. Prior to sending persons back to program, parents, guardians or home care providers will call the program supervisor to determine if a physician's note is required.
5. Physical examination results, diagnostic test results, vaccination report, and other pertinent health information need to be in the person's file. If, upon the annual or quarterly review of the record of the person served, by the case

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manager, there are no up to date copies of diagnostic test results, the case manager will request the Adult Foster Care(AFC) / family or guardian to bring the testis up to date. Such filing is the responsibility of the case manager.

6. Seasonal flu vaccinations for persons served are available through their primary care physician. This is a recommended, but optional, vaccine for persons served in program.

**REFERENCES:**

Policy 03.001.10 Medication Assistance with Administration and Self-Administration

Policy 03.001.20 Psychotropic Medications

These guidelines are consistent with those of the Michigan Department of Health and Human Services and the Lapeer County Health Department.

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This policy supersedes  
#01/10001 dated 01/25/2010.  
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