



## 2015 MUI Rule Training for Direct Service Professionals

**Ohio**

Department of  
Developmental Disabilities

# ***Purpose of Training***

***This training is intended for Direct Service Professionals and covers the following topics:***

- ***MUI Rule Definitions***
- ***Reporting Requirements***
- ***Patterns and Trends***
- ***Health and Safety Alerts***
- ***Abuser Registry***
- ***Rights***

# ***What is O.A.C. 5123:2-17-02?***

*The MUI Rule establishes the requirements for addressing major unusual incidents and unusual incidents and implements a continuous quality improvement process in order to prevent or reduce the risk of harm to individuals.*

# ***Unusual Incidents Requirements***



# ***UI Definition***

"Unusual incident" means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care or service plan, but is not a major unusual incident.

Unusual incident includes, but is not limited to: dental injuries; falls; an injury that is not a significant injury; medication errors without a likely risk to health and welfare; overnight relocation of an individual due to a fire, natural disaster, or mechanical failure; an incident involving two individuals served that is not a peer-to-peer act major unusual incident; and rights code violations or unapproved behavior supports without a likely risk to health and welfare.

# ***Who Must Write Incident Reports?***

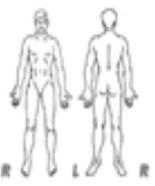
Any person who provides any type of service to an individual with developmental disabilities includes, but is not limited to:

- Direct Care Staff (residential & workshop)
- SSAs
- Bus Drivers/Bus Monitors
- Job Coaches
- Work Supervisors
- Nurses
- Volunteers

# Requirements of an Incident Report

Provider Name & Address		
DCCC - Possible or Determined MJ Report Form		
Individual's Name	DOB:	
Address:	City/County:	
Date of Incident:	Time of Incident:	AM/PM
Location of Incident (Home in bathroom, at the mall, bathroom at work)		
Description of Incident (How, What, Where, When):		
Injury - Describe Type & Location		
Immediate Action to Ensure Health & Welfare of Individuals		
Name of PPO(s)	Relationship to Individual	
Witnesses to Incident	Others Involved	
Type of Coverage	Policy No.	Policy No.
Supplier - Advertiser		
SEA (required for independent providers)		
Contract - Contract Number		
SHIP or Policy (SHIP) or the individual's name & responsible for the individual's care		
LT (Name, badge number, jurisdiction and contact information required for law enforcement)		
CPSA (Name and contact information required for Chiropractic Services)		
County - State		
Administrator (Required for CP)		
Supervisor (if applicable)		

Additional Information or Administrative Follow-Up		
A. Further Medical Follow-up		
B. Administrative Action		
Signature:	Title:	Date:
Body Part Injured <input type="checkbox"/> Head or Neck <input type="checkbox"/> Neck or Chest <input type="checkbox"/> Upper Teeth <input type="checkbox"/> Abdomen <input type="checkbox"/> Hand / Arm <input type="checkbox"/> Back / Shoulder <input type="checkbox"/> Feet / Legs <input type="checkbox"/> Genes <input type="checkbox"/> Other _____		
		
Causes and Contributing Factors:		
Preventive measures: (For Provider's internal use)		
Administrator Review: _____	Date: _____	

- Individual's name;
- Individual's address;
- Date of incident;
- Location of incident;
- Description of incident;
- Type and location of injuries;
- Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;

# ***Requirements of an Incident Report***

- *Name of Primary Person Involved-PPI (Alleged Perpetrator) and his or her relationship to the individual;*
- *Names of witnesses;*
- *Statements completed by persons who witnessed or have personal knowledge of the incident;*
- *Notifications with name, title, and time and date of notice;*
- *Further medical follow-up; and*
- *Signature and name of person completing the incident report.*

# ***Unusual Incidents***



*Requires the provider to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals.*

# *Immediate Actions*

*Always document what actions were taken following the incident*

- Assessed for injuries
- Called 911
- Initiated first aid
- Separated the individuals
- Notified law enforcement
- Notified the county board/IA



# *Prevention Plan*

- All UI's require Causes and Contributing Factors
- All UI's require a prevention plan
- All UI logs need prevention plans
- A good prevention plan may prevent an MUI
- Determine if it is a UI trend

# ***MUI Means...***

*The alleged, suspected, or actual occurrence of an incident when there is reason to believe the health or welfare of an individual may be adversely affected or an individual may be placed at a likely risk of harm, if such individual is receiving services through the developmental disabilities service delivery system or will be receiving such services as a result of the incident. There are three categories of major unusual incidents that correspond to three administrative investigation procedures delineated in appendix A, appendix B, and appendix C to this rule.*

## ***Key Points:***

- Alleged, suspected or actual occurrence***
- Reason to believe a person is at risk of harm based on facts present not opinion***
- Receiving services or will be as a result of incident***

# *Physical Abuse*

- Physical force
- Reasonably be expected to result in harm

***Examples:** Hitting, slapping, pushing, dragging or throwing an object when the allegation indicates that it could reasonably result in harm.*

# *Physical Abuse Trends 2014*

1,484 Allegations were reported and 391 (26%) were substantiated. Break down by PPI Type is as follows:

- *Family- 128 ( 33%)*
- *Employees - 99 (25%)*
- *Others- 69 (18%)*
- *Unknown- 54 (14%)*
- *Friend- 39 (10%)*
- *Guardian- 2 (less than 1%)*

Cause/Contributing Factors:

- Control, mean, unrealistic expectations, retaliation, intimidation for covering up theft

# ***Verbal Abuse***

Verbal abuse which means the use of words, gestures, or ***other communicative means*** to threaten, coerce, intimidate, harass or humiliate an individual.

# ***Verbal Abuse Trends 2014***

834 Allegations were reported and 309 (37%) were substantiated. Break down by PPI Type is as follows:

- Employees-177 (57%)
- Others-53 (17%)
- Family-39(13%)
- Friend- 24 (8%)
- Unknown-12 (4%)
- Guardian-3 (less than 1%)
- Payee-1 (less than 1%)

Cause/Contributing Factors:

- Control; unrealistic expectations
- Staff are in challenging situation with little support
- Staff are scheduled an excessive amount of hours

# ***Sexual Abuse***

- Unlawful sexual contact
- Unlawful sexual conduct
- Public indecency, voyeurism, importuning, etc.

# ***Sexual Abuse Trends 2014***

327 Allegations were reported and 75 were substantiated (23%). Break down by PPI:

- Others-33 (44%)
- Family-21 (28%)
- Unknown-7 (9%)
- Friend-9 (12%)
- Employees-3 (4%)
- Guardian-2 (3%)

# *Misappropriation*

- With intent
- Deprive, defraud, or otherwise obtain real or personal property
- As prohibited in Ohio Revised Code 2911 and 2913

# ***Misappropriation Trends 2014***

1,512 Allegations were reported and 857 were substantiated (57%). Break down by PPI:

- Unknown-440 (51%)
- Employees-209 (24%)
- Guardian-2 (less than 1%)
- Others-110 (13%)
- Family-69 (8%)
- Payee-27 (3%)

# *Neglect*

- A duty
- Failing to provide treatment, care, goods, supervision or services
- Necessary to maintain the health or welfare of the individual
- What is Reasonable Risk? Harm more likely than not could occur

# ***Neglect Trends 2014***

2,033 Allegations and 1,230 Substantiated Cases (61%).

Break down by PPI:

- Employees-989 (80%)
- Others-98 (8%)
- Family-110 (9%)
- Guardian-26 (2%)
- Unknown-7 (less than 1%)



# ***Neglect***

- Failing to provide supervision made up **65%** of all substantiated neglect cases.
- Failing to provide treatment was **35%** of all substantiated 2014 cases.

## ***What is Systems Neglect?***

*When a individual is neglected and the neglect is not the result of a particular person/people, a system neglect is identified. A systems issues is a process that involves multiple components playing a role in the neglect.*

# ***Causes & Contributing Factors Supervision Neglects***

Supervision Levels are not met by:

- Scheduling Problems; Impaired Staff
- Employee-No Shows, Planned sleeping and/or leaving
- Not following supervision levels (i.e., community, mealtimes).
- No training or lack of training on supervision levels (1:1, 24-7 eyes on, etc.) Risk of Harm?

# ***Causes & Contributing Factors Treatment Neglects***

- Criminal activity – not feeding/medication
- Medical attention – will not call 911
- Dietary Texture and pacing while eating
- Failure to follow ISP
- Failure to follow Doctor's orders
- Lack of training on treatments (i.e., turning schedule, monitoring treatments).

# ***Medical Emergency***

Medical emergency. "Medical emergency" means an incident where emergency medical intervention is required to save an individual's life

*Examples include: choking relief techniques such as back blows or cardiopulmonary resuscitation, epinephrine auto injector usage, or intravenous for dehydration.*

# ***Medical Emergencies-2014***

705 Medical Emergencies were filed in 2014 which is an increase from 686 in 2013.

- Abdominal Thrusts were used on 320 occasions and back blows were used 69 times, accounting for 55% of all medical emergencies. These interventions were successful in all but 21 incidents when the individual died due to choking
- 79 were due to dehydration, which is the 2<sup>nd</sup> highest category



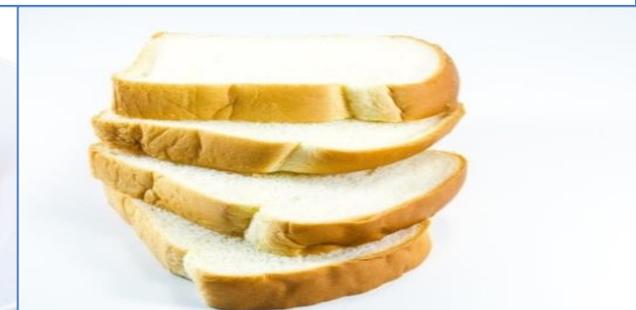
# Choking Prevention

*Check out the Health and Safety Tool Kit  
for more resources at [dodd.ohio.gov](http://dodd.ohio.gov)*



## Common Choking Hazards

Take Extra Precaution when eating/serving these foods



# Choking Prevention

## Basic safe swallow strategies for ALL people to follow

- Sit upright 90 degree angle during all intake (sitting upright in a chair at a table is typically 90 degrees) and up to 30 minutes after
- Take slow, teaspoon size bites
- Swallow all food prior to new a new bite
- Drink more often to help flush the food out of the mouth and down the throat
- Don't encourage someone to eat if they are not alert to task of eating
- Add extra moisture to dry meat (i.e. gravies, condiments)

# Steps to Take

It is important to remember the steps to take when someone chokes.

Always follow your First Aid training.

If the individual's airway is blocked, call 911 immediately and perform the Abdominal Thrust (formerly known as Heimlich Maneuver). This has been extremely successful in dislodging food in the airway. Persons interested in training should contact their local American Red Cross or local health care agencies.

Even if the Abdominal Thrust is successful, immediately notify a health care professional. It is advisable to have the individual physically checked by a health care professional following an episode such as this.

If the person is in a wheelchair or has physical characteristics making it difficult to do Abdominal Thrusts it is possible that the person may pass out. **The person should be moved to a flat, hard surface to assure greatest success.** Be ready to initiate quick chest compressions to help unblock the airway.

# Choking Prevention

**You are an essential piece in choking prevention!**

Always make sure that people are served the proper diet texture, receiving supervision and take precaution with foods/items that are common choking hazards.

When documenting a choking incident, describe the incident, including the items (food/liquid) choked on in detail.

What do you do if a person has N.P.O. (nothing by mouth) orders and the physician orders oral medications? If the person you care for has N.P.O orders or feeding tube, and the doctor prescribes medication to be taken by mouth, don't be afraid to speak up! If they have a feeding tube, chances are great the medications by mouth will be problematic!

# ***Significant Injury***

*Significant injury means an injury of known or unknown cause that is not considered abuse or neglect and that results in concussion, broken bone, dislocation, second or third degree burns or that requires immobilization, casting, or five or more sutures. Significant injuries shall be designated in the incident tracking system as either known or unknown cause.*

- *Replaces known and unknown injury MUIs*

# ***2014 Significant Injury Stats***

There were 1,691 reported Significant Injuries.

Break Down: 1,304 were of known Injuries.

- Seizure – 51 (4%)-Percentage of known injury
- Peer/Peer – 7 (1%)
- Medical – 30 (2%)
- Falls – 771 (59%)
- Behavior – 134 (10%)
- Accident – 280 (21%)
- Other Not Listed- 31 (2%)

*387 were of unknown origin (23% of all injuries)*

# Falls Prevention

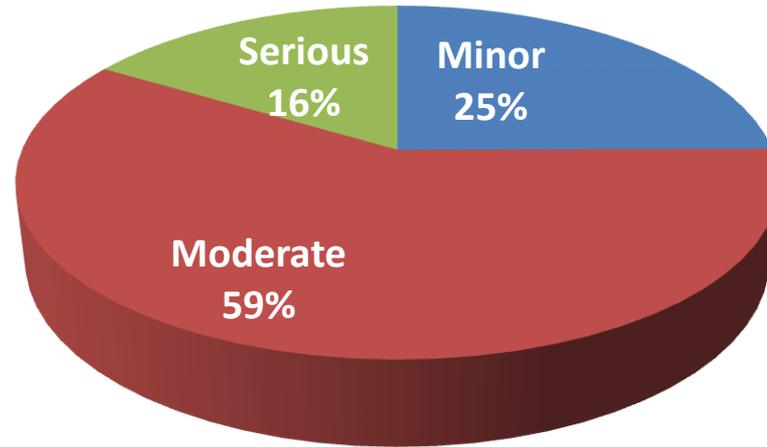


# Fall Related Significant Injuries

Year	Falls Reported as Significant Injuries	Total Significant Injuries Reported	% Falls Related Injuries
2010	752	1763	45%
2011	733	1638	45%
2012	761	1635	47%
2013	764	1755	44%
2014	771	1691	46%

**Significant injury** means an injury of known or unknown cause that is not considered abuse or neglect and that results in **concussion, broken bone, dislocation, second or third degree burns or that requires immobilization, casting, or five or more sutures**. Significant injuries shall be designated in the incident tracking system as either known or unknown cause.

# Percentage/Type of Injuries Due to Falls 2014



***Injuries are defined as the following:***

***Minor*** – Did not affect day-to-day activities, e.g., broken toe, fingers, sutures, splint, wrap.

***Moderate*** – Did affect day-to-day activities, e.g., missed work, crutches, casts, adaptive equipment, bed rest.

***Serious***– Injury required hospitalization, off weeks from work.

***None*** – no injury.

# Fall Related Hospitalizations

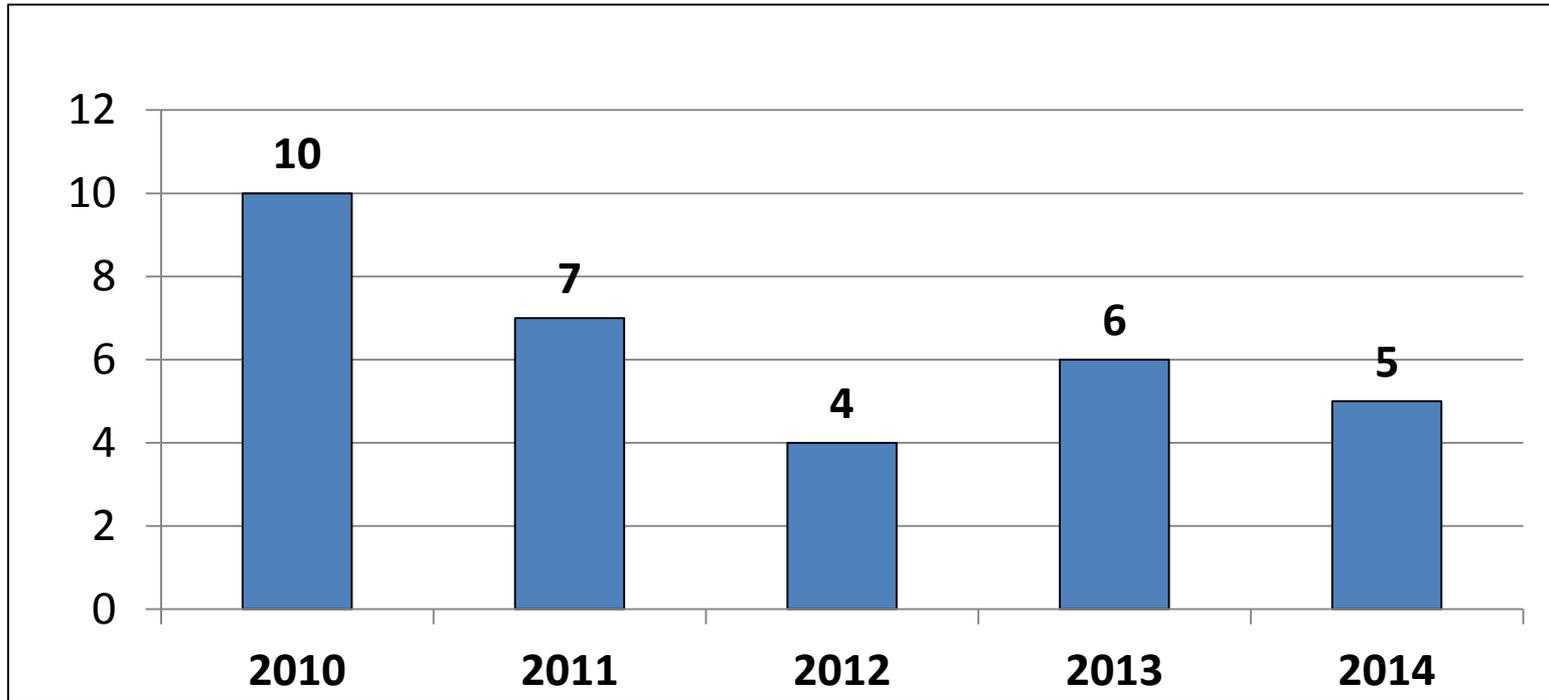
*Did you know that in 2014...*

*36 Ohioans with Developmental Disabilities were hospitalized due to fall-related injuries.*



*Think about the added challenges for those we serve when they are hospitalized... communication, advocacy, coordination, needed supports, isolation, dietary needs, personal care needs and fear*

# Fall Related Deaths- 5 Year Review



**While there has been a positive trend in the reduction of fall-related deaths of those we serve, we can never stop being vigilant in our efforts.**

***One fall-related death is too many*** 39

# Falls Prevention Overview

- **Get individuals involved in an organized group exercise**
- **Ensure a medication review is completed**
- **Schedule an eye check up and treatment**
- **A follow up by Occupational Therapist (OT) to do a walkthrough of the home to identify risks**
- **Reduce home hazards by installing grab bars, tubs, railing on stairways and adequate lighting.**

***Falls can be prevented!***

# ***Attempted Suicide***

Physical attempt that:

- Results in ER treatment or
- Inpatient observation or
- Hospital admission

**In 2014, there were 106 attempted suicides reported and 0 individuals died as a result.**

**Take any suicidal talk very seriously. It's not just a warning sign that the person is thinking about suicide — it's a cry for help.**

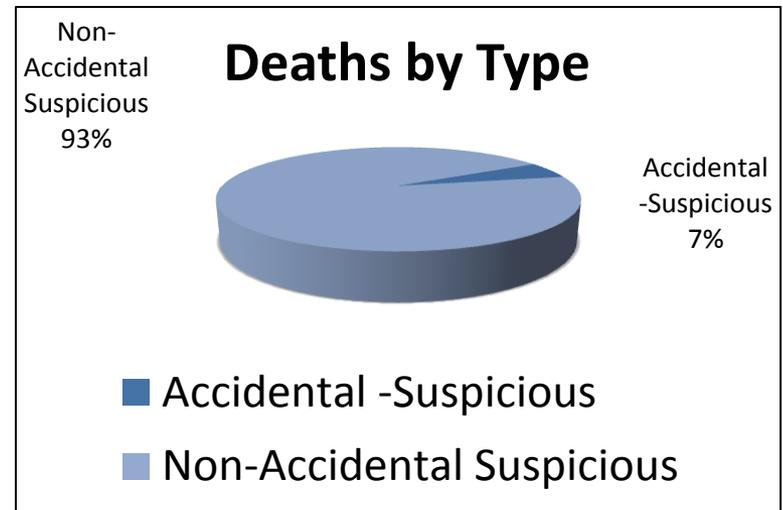
# *Death Definitions*

- Accidental or suspicious death. "Accidental or suspicious death" means the death of an individual resulting from an accident or suspicious circumstances (Category A)
- Death other than accidental or suspicious death. "Death other than accidental or suspicious death" means the death of an individual by natural cause without suspicious circumstances (Category B)

# Deaths Trends-2014

*All deaths of individuals served*

- There were 851 reported deaths in 2014.
- Of the 2014 deaths, 57 were considered Accidental or Suspicious while 794 were Non-Accidental/Non-Suspicious Deaths.
- Heart disease continues to be the leading cause of death for Ohioans with disabilities (15%) as well as the general population.
- Pneumonia and aspiration pneumonia continue to make up the next largest causes of death.
- **Concerning Stat: In 2014, 103 people died of Cancer. This is an increase of 25% over previous year.**



# *Every Healthy Person*

The “*Every Healthy Person*” initiative is a joint effort between the Ohio Department of Developmental Disabilities (DODD) and the Ohio Department of Health (ODH) to focus attention on the importance of preventive healthcare, including periodic health care screenings, for people with developmental disabilities. The joint initiative complements [Healthy Ohioans](#)—a statewide health and wellness plan to replace unhealthy habits with healthy ones.

# ***Exploitation***

- Unlawful or improper act
- Using individual
- Individual's resources for personal benefit, profit, or gain

*There were 128 allegations of exploitation and 60 substantiations in 2014.*

# ***Failure to Report (Registry)-2014***

- Developmental Disabilities employee unreasonably failed to report Abuse or Neglect
- Knew or should have known
- Failure would result in a substantial risk of harm

*In 2014, there were 157 allegations  
and 99(63%) substantiated*

# ***Law Enforcement***

**Individual is:**

**Charged (C)**

**Incarcerated (I)**

**Arrested (A)**



***In 2014, there were 970 MUIs filed for Law Enforcement events with individuals served.***

# ***Missing Individual***

An incident that is not considered neglect and an individual whereabouts after immediate measures taken are unknown and the individual is believed to be at or pose an **imminent risk of harm to self or others.**

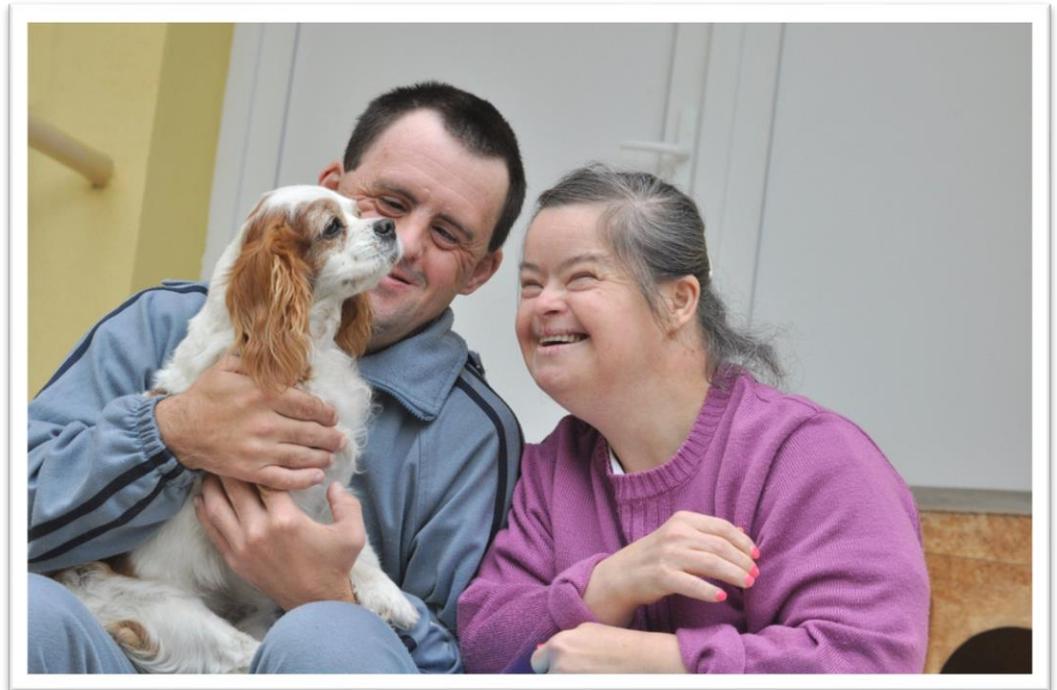
An incident when an individual's are unknown for longer than the period of time specified in the individual's service plan that does not result in imminent risk of harm to self or others shall be investigated as an unusual incident.

***In 2014, there were 379 MUIs filed for Missing Individuals***

# *Peer to Peer Acts*

Peer-to-peer act. "Peer-to-peer act" means one of the following incidents involving two individuals served:

- *Exploitation*
- *Theft*
- *Physical Act*
- *Sexual Act*
- *Verbal Act*



***In 2014, there were 1470 MUIs filed for Peer to Peer Acts.***

# *Peer to Peer Act Definitions*

- Exploitation which means the unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain.
- Theft which means intentionally depriving another individual of real or personal property valued at *twenty dollars or more or property of significant personal* value to the individual.

# ***Peer to Peer Act Definitions***

*Physical Act that occurs when an individual is targeting, or firmly fixed on another individual such that the act is not accidental or random and the act results in an injury that is treated by a physician, physician assistant, or nurse practitioner. Allegations of one individual choking another or any head or neck injuries such as a bloody nose, a bloody lip, a black eye, or other injury to the eye, shall be considered major unusual incidents.*

*Minor injuries such as scratches or reddened areas not involving the head or neck shall be considered unusual incidents and shall require immediate action, a review to uncover possible cause/contributing factors, and prevention measures.*

# ***Peer to Peer Act Definitions***

Sexual Act which means sexual conduct and/or contact for the purposes of sexual gratification without the consent of the other individual.

Verbal Act which means the use of words, gestures, or other communicative means to purposefully threaten, coerce, or intimidate the other individual when there is the opportunity and ability to carry out the threat.

# ***Prohibited Sexual Relations***

- Developmental Disabilities employee
- Consensual sexual conduct or contact
- With an individual who is not their spouse
- Employed or under contract to provide care to the individual at the time of the incident
- Anyone in the Developmental Disabilities employee's supervisory chain of command

***22 Allegations and 3 Substantiated Cases (14%) in 2014***

# ***Rights Code Violation***

"Rights code violation" means any violation of the rights enumerated in section 5123.62 of the Revised Code that creates a likely risk of harm to the health or welfare of an Individual.

*71 Allegations of Rights Code Violation and 39 Substantiated Cases (55%)*

# ***Unapproved Behavior Support***

*Unapproved behavior support. "Unapproved behavior support" means the use of an aversive strategy or intervention prohibited by paragraph \*(J) of rule 5123:2-1-02 of the Administrative Code or an **aversive strategy** implemented without approval by the human rights committee or behavior support committee or without informed consent, that results in a likely risk to the individual's health and welfare. **An aversive strategy or intervention prohibited by paragraph (J) of rule \*5123:2-1-02 of the Administrative Code that does not pose a likely risk to health and welfare shall be investigated as an unusual Incident.***

*\*Replaced with Rule 5123:2-2-06 (Effective January 1, 2015)*



# Behavioral Support Strategies Rule

## *What's different with new rule*

- *Limits use of restrictive measures*
- *Applies to CBDDs, ICFs, supported living and HCBS providers alike*
- *Requires behavior support strategies to be incorporated into IP/ISP*
- *Outlines who can conduct assessments and develop strategies*
- *Establishes new requirements for human rights committees*
- *There are times medical interventions that are restrictive in nature are used as intended to treat a medical condition, and those are the same medical interventions that would be used to treat anyone with that medical condition (i.e., splints to help with contractures). Those would not be subject to this rule. There are times medical interventions are used as behavioral interventions (i.e., splints to immobilize arms so someone cannot hit/scratch/etc.). Those are subject to this rule.*

-Use of restrictive measure without HRC approve must be reported as an "unapproved behavior support"

-UI or MUI

Was health/welfare adversely affected or was there a risk of harm?

-You should still intervene in a crisis to ensure health/safety.

## Reporting of Unapproved Behavior Supports

# ***Unapproved Behavior Support 2014***



- There were 1,769 UBS reports made in 2014.
- This is 59 less UBS than were filed in 2013.
- Continue to emphasize Positive Culture.

# ***Unscheduled Hospitalizations***



*Unscheduled hospitalization. "Unscheduled hospitalization" means any hospital admission that is not scheduled unless the hospital admission is due to a pre-existing condition that is specified in the individual service plan indicating the specific symptoms and criteria that require hospitalization.*

# *Unscheduled Hospital-2014*

- In 2014, there were 5,036 reports of unscheduled hospitalizations (leading reported MUI).
- **Unscheduled Hospitalizations make up 26% of all MUIs.**

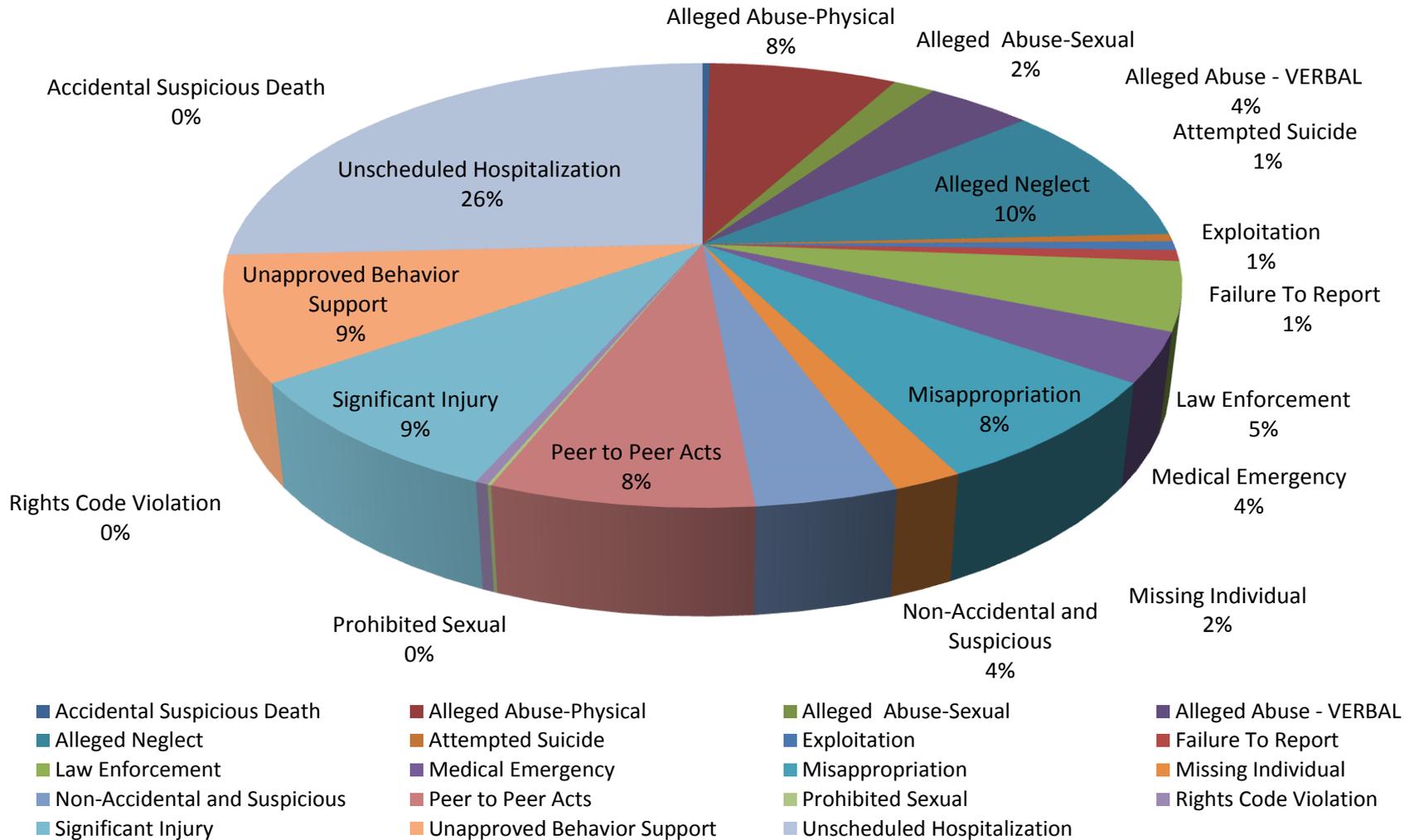
## *Some Examples:*

- The individual has labored breathing and rapid heartbeat and is admitted to the hospital with a diagnosis of pneumonia.
- The individual is lethargic and unsteady, goes to the ER and is hospitalized for a possible medication error.
- Individual goes to ER and is sent home after 25 hours.

# ***2014 Top Ten Reported MUIs***

<b>Category</b>	<b>2014 Count</b>	<b>All MUIS 2014</b>	<b>% of MUIs</b>
<b>Unscheduled Hospitalization</b>	<b>5,036</b>	<b>19,545</b>	<b>25.76</b>
<b>Alleged Neglect</b>	<b>2,033</b>	<b>19,545</b>	<b>10.40</b>
<b>Unapproved Behavior Support</b>	<b>1,769</b>	<b>19,545</b>	<b>9.05</b>
<b>Significant Injury</b>	<b>1,691</b>	<b>19,545</b>	<b>8.65</b>
<b>Misappropriation</b>	<b>1,512</b>	<b>19,545</b>	<b>7.73</b>
<b>Alleged Abuse-Physical</b>	<b>1,484</b>	<b>19,545</b>	<b>7.59</b>
<b>Peer to Peer Acts</b>	<b>1,470</b>	<b>19,545</b>	<b>7.52</b>
<b>Non-Accidental and Suspicious Deaths</b>	<b>851</b>	<b>19,545</b>	<b>4.35</b>
<b>Alleged Abuse - VERBAL</b>	<b>834</b>	<b>19,545</b>	<b>4.26</b>
<b>Medical Emergency</b>	<b>705</b>	<b>19,545</b>	<b>3.60</b>

# 2014 MUI Review by Percentage



# (D) Reporting Requirements



# **(D)(4) Upon Identification or Notification of MUI, Provider or County Board Shall:**

Take immediate actions to protect all at risk individuals which shall include:

- a. Immediate or ongoing medical attention as appropriate
- b. Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the provider has reasonably determined that such removal is no longer necessary;
- c. Other measures as necessary

The Department shall resolve any disagreements

## **(D)(5) County Board Upon Notification Shall:**

- Ensure reasonable measures are appropriate
- Determine if additional measures are needed
- Notify the Department if circumstances in Paragraph (I)(1) of this rule are present requiring a Department directed investigation

## **(D)(6) Immediate to 4 Hour Reporting**

Provider or county board as a provider, using county board identified system for MUIs, should report incidents or allegations of:

- (a) Accidental or suspicious death;
- (b) Exploitation;
- (c) Misappropriation;
- (d) Neglect;
- (e) Peer-to-peer act;
- (f) Physical abuse;
- (g) Sexual abuse;
- (h) Verbal abuse; and
- (i) When the provider has received an inquiry from the media regarding a major unusual incident.

## **(D)(7) Submit Written Incident Report by 3:00 p.m. the Next Working Day**

- Agency providers and county boards as providers
- Department prescribed format
- Individual providers notify county board contact person
- Potential or determined MUI

## (E) Alleged Criminal Acts

*The provider shall immediately report to the law enforcement entity having jurisdiction of the location where the incident occurred, any allegation of exploitation, failure to report, misappropriation, neglect, peer-to-peer act, physical abuse, sexual abuse, or verbal abuse which may constitute a criminal act. The provider shall document the time, date, and name of person notified of the alleged criminal act. The county board shall ensure that the notification has been made.*

# **(F) Abused or Neglected Children**

- Allegations of Abuse or Neglect per Ohio Revised Code 2151.03 and 2151.031
- Under the age of 21
- Report to local public children's agency
- The county board shall ensure reports have been made

# Abuser Registry



# ***Abuser Registry***

*The Ohio Department of Developmental Disabilities (“Department”) maintains an Abuser Registry which is a list of employees who the Department has determined have committed one of the Registry offenses listed below. If your name is placed on the Registry you are barred from employment as a Developmental Disabilities employee in the state of Ohio. Because other state agencies require employers to check the Abuser Registry, placement on the Registry also prohibits you from being employed (1) by a Medicaid agency, being an owner (5 percent or more) of an agency or having a Medicaid Provider Agreement as a non-agency provider; (2) in a position to provide Ombudsman services or direct care services to anyone enrolled in a program administered by the Ohio Department of Aging; and (3) by a home health agency in a direct care position and may prevent you from being hired in a nursing home or residential care facility in a direct care position.*

# *Registry Offenses*

- **Physical Abuse**
- **Sexual Abuse**
- **Verbal Abuse**
- **Prohibited Sexual Relations**
- **Neglect**
- **Misappropriation (Theft)** - obtaining the property of an individual or individuals, without consent, with a combined value of at least \$100. Theft of the individual's prescribed medication, check, credit card, ATM card and the like are also Registry offenses.
- **Failure to Report Abuse, Neglect or Misappropriation**
- **Conviction or plea of guilty to:** Offense of Violence - R. C. 2901.01, including convictions for the offense of Assault, Menacing, Domestic Violence or Attempting to commit any offense of violence; Sexual Offenses - R. C. Chapter 2907; Theft Offenses - R. C. Chapter 2913; Failing to provide for a functionally impaired person – R.C. 2903.16; Patient Abuse or Neglect - R.C. 2903.34; Patient Endangerment - 2903.341; and/or Endangering Children - 2919.22.

## ***QUICK FACTS:***

*Prevents persons who were DD employees from working in this field.*

*79 People were placed on the Registry in 2014.*

*As of April 20, 2015 there are 621 people placed on the Abuser Registry and 1 Removal*

# *Is It All Cases of Abuse/Neglect, etc?*

- **Registry Definition**
- **Proof Levels**

# ***Abuser Registry***

- **Knowingly – Aware that conduct will probably cause a certain result**
- **Recklessly – Headless indifference to the consequences.**
- **Negligently – Substantial lapse in care, failure to perceive or avoid risk**

# ***Abuser Registry Process***

- All Substantiated cases are screened after being closed on ITS
- Registry Investigators review the entire file
- If it meets criteria goes to External Committee
- Notified by Certified Mail
- Opportunity for a Hearing / Affidavit
- Final decision made by Director
- If decision is for placement, name goes on the list

# ***Health & Safety Alerts***



# ***Health & Safety Alerts issued 2014 through 4-20-15***

- **52-11-14 Winter Weather**
- **31-11-14 Preventing the Flu**
- **14-060-04 Psychotropic Medications Side Effects**
- **18-4-13 Choking**
- **02-06-14 Summer Safety**
- **58-05-14 Transportation**
- **15-02-14 Head Injuries**
- **20-02-14 Falls**
- **51-03-15 Health and Welfare Alert is Priority One**
- **18-04-05 Choking Prevention**

# ***Winter Weather Alert #52-11-11***

- Avoid going outside without proper clothing including hats and gloves.
- Don't stay outdoors too long in the extreme cold.
- Make sure individuals are well supervised so accidental exposure to extreme temperatures is avoided.
- Understand first aid for Frostbite and Hypothermia so immediate attention can be given in an emergency situation.
- Prepare in advance when conducting outdoor activities and trips. Take along extra clothing, blankets, warm liquids, etc.
- Be very careful with any heating elements. (Space heaters, fireplaces, furnaces, etc.) Assure that all are in good working order before being used for the winter.
- Avoid walking on frozen ponds or lakes unless the ice has been checked and is safe.

# ***Preventing the Flu***

## ***Alert #31-11-14***



*The single best way to protect against the Flu is to get vaccinated each fall.*

*A person with a developmental disability in Ohio was 31% less likely to have had a Flu vaccination within a year when compared to the national average.*

*In the '08-'09 report, 38.6% of respondents had a Flu vaccine. Through the Swine Flu epidemic, covered in the '09-'10 survey affirmative responses grew to 41.4%. As we move into another Flu season, we do not want to loose this momentum.*

# *Preventing the Flu*

- ***Avoid close contact.*** Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- ***Stay home when you are sick.*** If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
- ***Cover your mouth and nose.*** Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
- ***Clean your hands.*** Washing your hands often will help protect you from germs.
- ***Avoid touching your eyes, nose or mouth.*** Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

**If you do not have a personal physician, local Departments of Health often offers flu shots at a reasonable cost.**

# ***Preventing the Flu***

*People at High Risk for Complications From the Flu Include:*

- People 65 years and older;*
- People who live in nursing homes and other long-term care facilities that house those with long-term illnesses;*
- Adults and children 6 months and older with chronic heart or lung conditions, including asthma;*
- All children 6 to 23 months of age;*
- People with any condition that can compromise respiratory function or the handling of respiratory secretions (that is, a condition that makes it hard to breathe or swallow, such as brain injury or disease, spinal cord injuries, seizure disorders, or other nerve or muscle disorders.)*

# ***Psychotropic Medication Side Effects***

## **#60-09-14**

**If you see any of the following life-threatening side effects, seek medical attention immediately!**



- Allergic reaction (difficulty breathing, swelling of lips/face/tongue, rash or fever).
- Change in level of alertness (excess sleepiness, insomnia, confusion or increased agitation).
- Onset of high fever, sweating or becoming flushed
- New or increased seizure activity
- Change in heartbeat (slow, fast, irregular) or blood pressure (high or low).
- Fainting or dizziness, especially with change in positions such as upon standing.
- Yellowing of eyes or skin.
- Abnormal movements, tremor or unsteady gait.
- Unusual bruising or bleeding.
- Prolonged nausea, vomiting, and weight loss.
- Muscle rigidity, fever, muscle cramps, confusion, sweating as in Neuroleptic Malignant Syndrome
- Increased heart rate, shivering, sweats, dilated pupils, tremors, fever to 104 degrees as in Serotonin Syndrome

# Choking

## Alert #18-04-03

### How can you tell if someone is choking?

- Trying to speak, but are not able; Coughing weakly;
- Breathing noisily or making high pitched sounds;
- Turning blue in the face;
- Nail beds turning blue;
- Fainting;
- Moving around a lot and looking very upset;
- Not responding or communicating;
- Slumped over in chair where they were eating; and
- Wide-eyed look on face

### Steps to Take if someone is choking:

- Always follow your First Aid training
- If an individual's airway is blocked, have someone call 911 immediately (if another person is unavailable, call 911 yourself) and perform Abdominal Thrust (formerly known as the Heimlich maneuver). This has been extremely successful in dislodging foods.
- If an individual is in a wheelchair or has physical characteristics that make it difficult to do Abdominal Thrust, move the individual to a flat, hard surface to ensure the greatest success. Be ready to initiate quick chest compressions to help unblock airway.
- Even if the abdominal thrust is successful, immediately notify a health care professional. It is advisable to have the individual physically checked by a health care professional, follow provided instructions.

**Ohio** Department of Developmental Disabilities  
Office of MUI/Registry Unit  
John R. Smith, Governor  
John L. Morin, Director

### Health and Welfare Alert

#### Choking #18-04-13

The purpose of this Alert is to provide critical information to caregivers on choking prevention. People with developmental disabilities are at a high risk for choking. Those providing care can help reduce these risks, provide timely care, and potentially save a life. This Alert will provide some signs that may indicate a person is choking and what you can do to help.

All DD Employees are required to be trained, annually, on identification and reporting of Major Unusual Incidents (MUIs).

In 2013, seven Ohioans with developmental disabilities passed away due to choking related accidents. Unfortunately, there have been more choking related deaths in 2014. We believe prevention is the key to saving lives. While seven people lost their lives, many more were saved by the fast action of others. In over 370 of the cases in 2013, a caregiver (family member, staff member or friend) successfully intervened by performing abdominal thrusts or back blows and saved that person's life. We want to provide some information to you about

**Who is in danger of choking?**  
Anyone can choke, but choking is more likely for someone who:

- Has cerebral palsy or a seizure disorder;
- Has few or no teeth, or wears dentures;
- Has trouble chewing or swallowing;
- Does not sit up while eating;
- Someone who is prescribed medications such as muscle relaxants, anticonvulsants or psychotropics, which may delay swallowing or suppress protective gag and cough reflexes or
- Has Gastroesophageal Reflux

# ***Summer Safety # 02-06-14***

- **Help avoid heat related illnesses by taking these steps:**
- Maintain hydration with cool water and sports drinks; provide extra fluids at meal times
- Drink at least 8 glasses of water a day, more in hot weather
- Avoid caffeinated beverages and alcohol (both increase fluid loss)
- When outdoors, seek open, shaded areas, avoid crowds
- Use fans and air conditioning indoors
- Open windows at night when air is cooler outside to allow cross ventilation if no air conditioning
- During heat of the day, keep blinds drawn and windows shut, and move to cooler rooms
- If no air conditioning at home, go to a shopping mall or public library
- Take frequent breaks when outside in hot sun or from physical activity
- Wear light-colored loose-fitting clothing (dark colors absorb heat, loose clothing helps the body to cool); wear a hat and sun glasses
- Eat regular light meals to ensure you have adequate salt and fluids
- Take a cool shower or bath
- Be aware of individuals with risk factors for heat related illness; observe them at regular intervals.



# ***Transportation #58-05-14***

## **Key Points to Remember:**

- Never leave a person at their home and/or work without the appropriate supervision in place;
- Make sure wheelchairs are locked/tied down and brakes are secured;
- Fasten seatbelts before driving;
- Check that wheelchair lap belts and other safety equipment are properly utilized before your trip;
- Before using a wheelchair lift, ensure the lift is in the right position and the person and their wheelchair are secure;
- Avoid distractions while driving;
- Be well-rested and don't take medication that could make you drowsy before transporting;
- Ensure the vehicle is in good working order before using it; and,
- Check the vehicle before leaving to ensure that all individuals have departed.

# ***Head Injuries***

## ***Alert #15-02-14***

Head injuries are a significant result of accidental injury for individuals with developmental disabilities. Monitoring any injury to the head is important because even what appears to be a minor bump on the head can result in injury to the brain. The neck and spinal cord can also be injured at the same time.

Signs and Symptoms of Head (and Brain) Injury:

- If you see any of the following signs after a head injury, call for immediate medical attention/call 911:
- Loss of consciousness (even if the person appears to act normally after regaining consciousness).
- Change in level of consciousness, unusual drowsiness, or difficult to awaken.
- Head pain or headache, getting worse or not getting better within 4 hours of head injury.
- Individual does not remember head injury event (amnesia).
- Feeling dizzy, falling or staggering, dropping objects, loss of coordination. Inability to move any part of body
- Speaking difficulties including slowing or slurring of speech.
- Blurred or double vision.
- Bleeding from ears or nose, fluid drainage from nose or ears.
- Obvious abnormal behavior, confusion
- Seizure/convulsion
- Vomiting



# *Head Injuries Alert #15-02-14*

## Provide First Aid: A-B-C-D

**A = Airway:** Assess, clear and manage airway as taught in CPR classes, being mindful of proper neck (cervical spine) alignment and immobilization.

**B = Breathing:** Assess and if necessary assist breathing (mouth-to-mask, bag-valve mask, oxygen supplementation).

**C = Circulation:** Control bleeding with pressure, being mindful of possibility of skull fracture; bleeding not controlled in 15 minutes should be evaluated by a physician.

**D = Disability:** Assess level of consciousness (responsiveness to talking, shouting, or pain such as pinching arm).

If your assessment indicates any problem with airway, breathing, circulation, or other disabling condition call 911 (alert emergency medical services), and get the individual immediate medical attention and/or if the person is unconscious or has signs of neck injury, call 911.

Remember the potential for a neck injury, which can occur with a head injury, including the result of a fall from a short distance, such as falling out of bed. Unless their airway is blocked, do not move a person until medical personnel (EMS, nurse or physician) have checked for neck (spinal cord) injury. Support their head in a neutral (in-line) position until help arrives.

# ***Falls Alert #20-02-14***

## **Fall Prevention Starts with You!**

- Model good safety habits such as taking your time, holding the hand rail and participating in regular exercise
- Provide the individual's physician with information about falls, medical history or known risk factors (age, medications, seizure disorder, vision)
- Discuss fall prevention and needed supports at team meetings
- Encourage exercise and movement to increase balance and flexibility
- Review a list of the individual's medications with their physician and/or pharmacist as some medication or a combination may contribute to falling
- Provide the proper level of supervision
- Have a positive mindset. Use phrases like "Let's get strong together"
- Use adaptive equipment such as walkers, wheelchairs, gait belts and lifts as ordered
- Encourage the use of eye glasses and other items which will help a person see more clearly
- Have a mobility assessment completed by a professional
- Explore environmental modifications such as grab bars, increased lighting to help maintain safety and independence
- Identify any trip hazards and make sure they are corrected
- Provide Staff Training on safe and healthy work and personal habits
- Visit [www.steadyu.ohio.gov](http://www.steadyu.ohio.gov) for regular updates and to subscribe to Daily Fall prevention tips

# ***Health and Welfare is Priority One***

## ***#51-03-15***

Last year, the individuals we served (approximately 91,000) experienced 705 medical emergencies, 1,691 significant injuries, and 5,036 unscheduled hospitalizations.

### **When to call 911 for Emergency Assistance**

This listing may not be all-inclusive and should be updated to **meet the needs of the individuals you serve.**

- The person appears very ill; sweating, skin looks blue or gray
- Severe, constant abdominal pain
- Bleeding heavily, despite direct pressure
- Blood pressure of 220 or above for upper number and/or 120 or above for lower number
- Blood pressure below 90 for upper number, when normally above 90
- Pulse (heart rate) is less than 40 or greater than 140
- Difficulty breathing and/or severe wheezing
- Chest pain
- Fainting or loss of consciousness
- Change in responsiveness
- Fall with severe head injury (fall on face, bleeding, change in level of consciousness). Do not move; keep warm
- Fall, unable to get up on own and normally would be able to do so, or in a lot of pain when lying still or trying to get up. Do not move; keep warm
- Fall, limb deformity noted (bone sticking out, swelling, unusual position of arm, leg). Do not move; keep warm
- First time seizure; roll to side, protect head, and move obstacles that may pose a threat ...continued on Alert

# Choking #18-04-15

## What causes/contributes to choking?

- Not chewing food completely;
- Talking or laughing while eating;
- Eating one food that contains two or more diet textures, especially anything with a thin liquid and a solid component such as cereal and milk;
- Incorrect diet texture – liquids or food items not prepared in accordance with prescribed diet;
- Inadequate supervision during meals. Mealtimes in schools, workshops, and day services must be monitored closely as risk factors increase given the number of people eating, multiple diet textures, and opportunities to take others' food;
- Inadequate staff training: Not familiar with prescribed diet; not able to prepare prescribed diet; poorly assisted eating/positioning techniques.
- Food stealing;
- Eating in vehicles is a risk factor based on the inability to monitor during eating and also can lead to a delay in care and;
- Swallowing oral medication(s) when individual is ordered NPO (nothing by mouth) due to history of choking.

## Do you know the signs of choking?

- No sound other than possible wheeze/unable to breathe;
- Face turning red;
- Lips turning blue;
- Food spills out of the mouth;
- Inability to talk;
- Wide-eyes panicked look on face;
- Person may quickly get up and leave area which may indicate they are experiencing a swallowing issue;
- Unconsciousness/may appear

# Individuals' Rights

The rights of Ohio citizens with Developmental Disabilities were established in legislation that was passed by the Ohio legislature in 1986.

In your role as a service provider to individuals with DD, it is very important that you know and understand these rights.

The rights can best be summarized in the following 2 statements:

- As a professional, you have a responsibility to ensure the health, safety and welfare of the individuals we support.
- Individuals have the right to self-determination – to choose their own lifestyle.

**Right: Be treated nicely at all times and as a person**



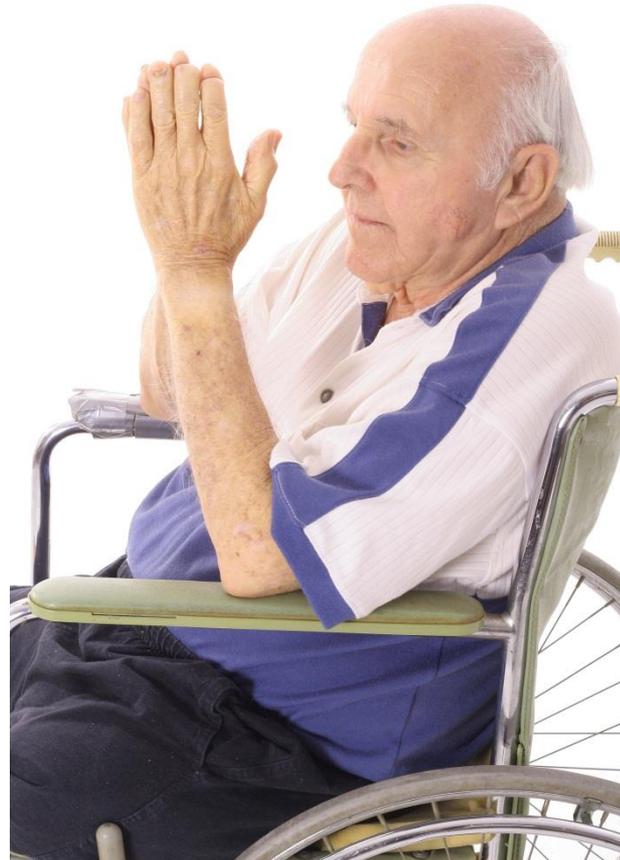
**Right: Have a clean safe place to live in  
and a place to be alone.**



**Right: Have food that is good for you**



**Right: Be able to go, if you want, to any church,  
temple, mosque**



# Right: Be able to go a doctor or dentist when you are sick



**Right: Be able to have people help you with the way you walk, talk or do things with your hands, act or feel, if you need it**



**Right: Be able to have people help  
and teach you, if you want**



# Right: Be able to have time and a place to go be by yourself



**Right: Be able to call, write letters or talk to anyone you want about anything you want**



**Right: Be able to have your own things  
and use them**



# Right: Be able to have men and women as friends



- **What opportunities are individuals given to have relationships?**
- **What if the only chance you had to see your friends or significant other was at work?**

**Right: Be able to join activities that will help you grow to be the best person you can be**



**Right: Be able to work and make money**



# Right: Be treated like everyone else



**Right: Not to be hit, yelled at, cursed at, or  
called names that hurt you.  
Be Free from Abuse**



**Right: Be able to learn new things, make friends, have activities to do and go out in the community.**



**Right: Be able to tell people what you want  
and be part of making plans or decisions about  
your life**



**Right: Be able to use your money to pay for things you need and want with help, if you need it**



**Right: To say yes or no to before people talk about what you do at work or at home or look at your file**



**Right: Be able to complain or ask for changes if you don't like something without being afraid of being in trouble**



**Right: Not to be given medicine that you don't need  
or be held down if you are not  
hurting yourself or others.**



# Right: To vote and learn about laws and your community



# Right: To say yes or no to being part of an experiment





**Abuse/Neglect Hotline**  
**1-866-313-6733**

# Presenter Contact Info:

Chuck Davis, MUI Regional Manager

(614) 995-3820

[Charles.Davis@dodd.ohio.gov](mailto:Charles.Davis@dodd.ohio.gov)

Connie McLaughlin, Regional Manager Supervisor

614-752-0092

[Connie.McLaughlin@dodd.ohio.gov](mailto:Connie.McLaughlin@dodd.ohio.gov)

Scott Phillips, Assistant Deputy Director

(614)752-0090

[Scott.Phillips@dodd.ohio.gov](mailto:Scott.Phillips@dodd.ohio.gov)

DODD MUI Office

614-995-3810