

Let's Reduce Choking Incidents

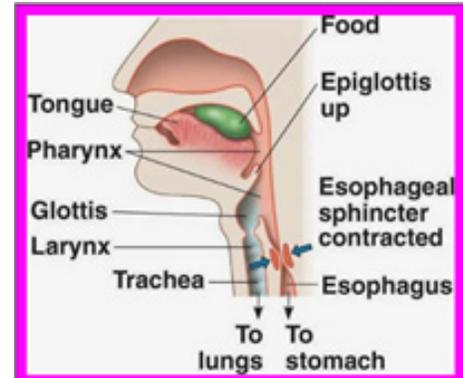
The Ohio Department of Developmental Disabilities (DODD) and our partners in the field of disability services are committed to reducing the number of choking incidents in Ohio. We believe that through increased awareness, fast action, communication, and diligence we can minimize choking risks and save lives.

Individuals with developmental disabilities are at high risk for dysphagia (difficulty swallowing) which can lead to choking and aspiration. Choking is a major cause of medical emergency Major Unusual Incidents (MUIs) and, unfortunately, some deaths of Ohioans with DD, but it often can be prevented.

In this article we provide specific information so that, together, we can identify risk factors, signs of choking, foods commonly connected to choking incidents, and actions to be taken during an emergency.

When you breathe air through your nose or mouth, it goes down a tube -- the trachea -- sometimes called the wind pipe, and then into your lungs. Choking is when food or something else gets into your wind pipe and gets stuck, and the air you need cannot get to your lungs.

Aspiration is when you inhale food into your lungs. People with developmental disabilities share a number of common characteristics that may place them at high risk for choking/aspirating.



Take steps to reduce choking hazards.

These characteristics include:

- Decreased or absent protective airway reflexes as occurs with cerebral palsy and some other developmental disabilities.
- Poor or underdeveloped oral motor skills that do not permit adequate chewing or swallowing.
- Gastroesophageal reflux disorder (GERD), which may cause aspiration of refluxed stomach contents.
- Epileptic seizures
- Physical characteristics or wheelchair use which can make proper/safe positioning difficult, and can increase the risk for aspiration.

(continued on p. 2)

Well-Informed for safe and healthy living

A quarterly newsletter published by the Ohio Department of Developmental Disabilities MUI Registry Unit. More resources are available online at www.dodd.ohio.gov

MUI Main number 614-995-3810
MUI Fax number 614-995-3822
MUI Hotline 866-313-6733

In This Issue...

Let's Reduce Choking Incidents	Pages 1,2,4,5
Health & Safety Training	Page 3
Sexual Abuse & Domestic Violence	Page 4
Highlights ~ Healthy Lifestyles, Falls	Page 6
Identity Theft	Pages 7, 8

Previous issues of *Well-Informed* newsletter are at www.dodd.ohio.gov/healthandsafety/Pages/default.aspx

Cover Story, continued

Choking *(continued from cover)*

- Medication side effects that lower muscle tone, causing delayed swallowing or suppression of the protective gag and cough reflexes. This is especially true of some seizure medications, muscle relaxants, and some behavioral intervention medications.

- Individuals may not be able to communicate when they are choking.

Additionally, some medical conditions can increase an individual's risk of choking. They include:

- Cerebral Palsy
- Down Syndrome
- Dysphagia
- Asthma
- Lung disease
- Emphysema
- Sleep apnea
- Allergic reactions that cause throat swelling
- Dental issues (including dentures)
- PICA (swallowing inedible objects)

Common signs of choking include:

- Inability to talk
- Wide-eyed panicked look on face
- Difficulty breathing or noisy breathing
- Inability to cough forcefully
- Skin, lips, or nails turning blue or dusky
- Loss of consciousness

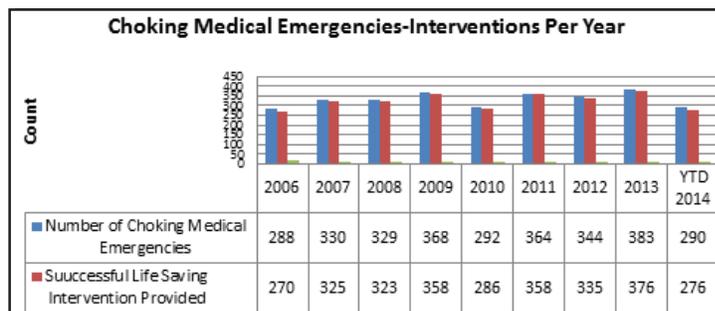
Please see [Health and Welfare Alert: Choking](http://dodd.ohio.gov/healthandsafety/Documents/Choking.pdf)
<http://dodd.ohio.gov/healthandsafety/Documents/Choking.pdf>

Case Review: Foods

A case review of choking deaths that occurred from 2006-2014 was completed by the MUI Registry Unit in September.

Food most commonly choked on included:

- Peanut butter
- Chicken
- Bread products (toast, sandwich bread, rolls)
- Meats (pot roast, sausage, steak, ham)
- Hot dogs
- Hamburgers
- French Fries



Each year, caregivers (paid and unpaid) save lives by providing prompt medical interventions to a choking person. And, we always can do better!



In six of the choking-related deaths from 2006-present, the item that was ingested was not edible. Items such as baby wipes, gloves, and thumb tacks were eaten and caused the person to choke.

Case Review: Foods (cont.)

- Crackers
- Fresh fruit (apples, bananas)
- Fresh hard vegetables (broccoli, cauliflower)

(continued on p. 4)

Health & Safety Training

DODD Sponsors Health & Safety Training, includes Sexual Assault, Domestic Violence

In August, DODD hosted a comprehensive training opportunity for providers, County Board of DD staff, and families. The event featured several different subject matter experts, all focusing on the general theme of Health and Safety.

Morning sessions included Rebecca Coffee, an RN from The Ohio State University (OSU) Medical Burn Center, who spoke about burn prevention, and DODD Assistant Deputy Director Scott Phillips who provided information on health and safety trends, and updated attendees on Department initiatives. Afternoon sessions included a short lecture titled, 'Understanding Epilepsy,' by Karen Brown, a Licensed Social Worker (LSW) from the Epilepsy Foundation of Greater Cincinnati and Columbus, and Denise Blackburn-Smith, LSW, a Service and Support Administrator (SSA) from the Franklin County Board of DD with an in-depth presentation about Sexual Assault and Domestic Violence against people with developmental disabilities.

For information about all of the presentations, please visit the Health & Safety Toolkit at www.dodd.ohio.gov.

Sexual Assault & Domestic Violence

Blackburn-Smith shared that most studies indicate that women with disabilities have higher rates of violence perpetrated against them. She cited that although there have been strides in the reporting of sexual abuse of individuals served, reporting is still an issue -- as it is with the general population.

Some of the reasons for under-reporting include:

- Generally, no one wants to believe that individuals with disabilities are being abused.
- Because of learned helplessness, individuals with disabilities, especially developmental disabilities, have difficulty reporting abuse.
- Individuals with developmental disabilities may be isolated in general, so it is much easier for an abuser to make them more isolated.

Barriers to reporting include:

- An individual may need assistance with accessing communication devices or using a telephone. Person(s) abusing them may take away these communication devices, making it difficult or impossible to report abuse.
- An individual may have previously reported abuse and there was not a positive outcome. This can make individuals not want to report an additional abusive incident.

There is often a reluctance on the part of police, prosecutors, and judges to rely upon the testimony of individuals with disabilities. This can make them more likely to become targets of predators.

- Most sexual assault and/or domestic violence is perpetrated by an individual who is known to the victim. It is often someone they know and trust, which makes it difficult for the individual to report a crime.
- Sometimes when individuals with developmental disabilities do report, their families, guardians, or care providers will discourage reporting, stating that they will not be believed.
- Many people with developmental disabilities have been taught throughout their lives that others, including strangers, have a right to be in the individual's personal space -- perhaps for personal care reasons. As a result, when others enter their personal space they may not see this as an issue.
- While the person may recognize that there is an issue that needs to be dealt with, they may not know how to deal with the situation. They may not know how to ask for help via a rape crisis hotline or domestic violence shelter.

(continued on p. 4)

Health & Safety Training; Choking

Sexual Abuse & Domestic Violence

(cont. from p. 3)

In addition to providing this information, Blackburn-Smith discussed the importance of supporting survivors of sexual assault or domestic violence by listening, and providing care and assistance. This includes ensuring that survivors are evaluated by an expert or a Sexual Assault Nurse Examiner (SANE). These specialists take physical evidence from an individual that can be used for a rape kit and may help with the prosecution of a perpetrator.

For almost everyone, the time immediately following a rape or sexual assault is very traumatic, and some survivors have said that the rape kit collection made them feel re-victimized. If an individual has a developmental disability, it may be even more traumatic, because they may not have the cognitive understanding as to why the rape kit collection needs to be completed.

This is why it is critical to have someone present who the individual trusts and is comfortable with, during the evaluation.

For more information, please see the [Sexual Abuse Health and Safety Alert #56-12-13](http://dodd.ohio.gov/healthandsafety/Documents/Alert%20SexualAbuseHealthandSafetyAlert#56-12-13)
[http://dodd.ohio.gov/healthandsafety/Documents/Alert%20](http://dodd.ohio.gov/healthandsafety/Documents/Alert%20SexualAbuseHealthandSafetyAlert#56-12-13)



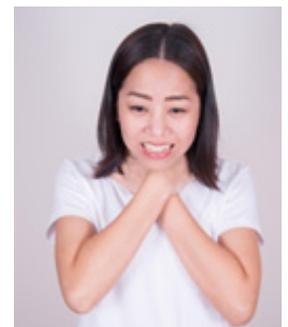
More About Choking (cont. from p. 2)

Common Causes & Contributing Factors:

- Eating or drinking too fast
- Not chewing food well before swallowing
- Inattention to eating
- Laughing or talking while eating
- Walking, playing, or running with eating utensil or other objects in mouth
- Distracted by other persons or activities
- Placing too much food in one's mouth
- Pace/food portions
- Food stealing
- Swallowing inedible objects (PICA)
- Incorrect diet texture – liquids or food items not prepared in accordance with prescribed diet. Diet information must be communicated well across all environments (work, home, school, day services, etc.)
- Not using prescribed adaptive dining or drinking equipment
- 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
- Teeth-related factors – Including having no teeth; having only a few teeth; or having a toothache which may cause improper chewing. Dentures also can make it difficult to sense whether food is fully chewed before swallowing. If dentures fit poorly or hurt, a person may not bother to chew their food, or may not wear them, and be unable to chew their food.
- 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.

(cont. on p. 5)

In many cases, a person who is choking panics and quickly leaves the area. In some of the cases DODD reviewed, there was no indication the individual choked. Strongly consider teaching individuals the universal sign for choking (see photo) and what steps to take when they start to choke.



Choking

Choking *(cont. from p. 4)*

Sometimes the biggest oversight is failing to identify the real source of the eating or drinking problem. Intervention and prevention strategies should be identified and noted in plans and risk assessments. It is very helpful to discuss how a person eats in planning meetings. If risks are present, a good plan of prevention should be discussed, written down, and shared with all staff that support the individual including day program staff.

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 the 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 doesn't only occur at home.
Be prepared wherever you are.

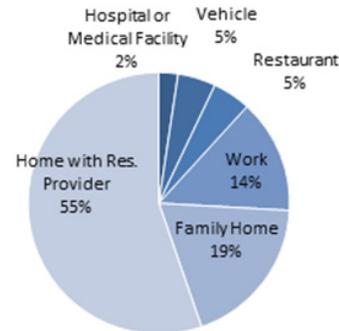


More Resources Health & Safety Toolkit

Look for the toolkit artwork at
www.dodd.ohio.gov

Choking Deaths 2006-2014 YTD by Location

Data from Incident Tracking System 10-3-14



Note: Choking episodes can occur while in vehicles. It is difficult to supervise and intervene if a choking episode occurs in a vehicle. Eating in vehicles should not occur for individuals with known swallowing problems, a tendency to eat rapidly, or a history of choking. If someone is admitted to a hospital for care, make sure the hospital is aware of special diets or choking hazards.

Prevention Planning:

How to Prevent Choking Episodes

- Educate caregivers on the importance of mealtime safety.
- Provide quality First Aid training for paid and family supports.
- Make supervising all individuals at mealtime a high priority.
- Improve accountability. Assign people to mealtime monitoring.
- Be especially watchful at mealtime for individuals with issues related to eating style (e.g., eating too fast, overstuffing food, walking while eating.)
- Document mealtime concerns in a communication log. Concerns should be reviewed by appropriate personnel to determine if:
 - An assessment of eating/swallowing skills is needed. Typically this is completed by an Occupational Therapist or Speech Language Pathologist trained in swallowing issues.
 - Specific mealtime monitoring strategies are needed
 - A prescribed diet needs to be modified
 - Adaptive feeding equipment is needed
- Follow prescribed diets and ensure that quality training is provided on individuals' assessed needs.
- Promptly communicate diet changes to all settings.
- Use adaptive equipment and aides as indicated.
- Ensure that equipment is in good condition prior to using.
- Be cautious of leaving food items on display particularly if individuals have been known to take food items.
- Include "mealtime concerns" as a topic at all staff meetings.
- Provide administrative oversight during mealtimes.
- Assure that diet textures are followed for activities away from home and plan in advance (restaurants, fairs, shopping, picnics.)

Highlights - Healthy Lifestyles, Preventing Falls

Healthy Lifestyle Group, Tuscarawas County

The Healthy Lifestyle Group of the Tuscarawas County Board of DD has been a great success! TCBD D sponsored a wellness program in which eight individuals participated in a series of weekly classes which focused on healthy eating, movement, relaxation, meaningful activities, and having fun!

After the weekly classes ended, they began to attend monthly support meetings. Class members decided on goals such as weight loss, drinking more water, exercising more, and eating more fruits and vegetables. The Healthy Lifestyle Group then scheduled specific activities to learn more about meeting these goals.



The Healthy Lifestyle Group displays healthy food choices.

Activities included bringing in fruits and vegetables to make smoothies and a visit from a yoga instructor who talked about healthy ways to deal with stress and how to relax. The instructor taught them a little about yoga and one of the class participants said that yoga has really helped her calm down.

Class members also came up with an idea to go to Wal-Mart and buy items for the homeless shelter and the Humane Society. All in all, this group is spreading the word about healthy lifestyles, and sharing their enthusiasm.

Healthy Lifestyles for People with Disabilities is a holistic wellness workshop. The original workshop curriculum was developed under the Disabled and Healthy Project in 1998 by a work group composed of people with disabilities and professionals from the Institute on Disability and Development (IDD) at Oregon Health & Science University (OHSU), with funding from the Administration on Developmental Disabilities. The curriculum was revised and implemented by staff at the Oregon Office on Disability and Health and Centers for Independent Living throughout Oregon from 2001-2007. Funding for the revisions came from the Centers for Disease Control and Prevention (CDC).

To learn more about Healthy Lifestyles, visit: <http://www.ohsu.edu/xd/research/centers-institutes/institute-on-development-and-disability/public-health-programs/oodh/oodh-healthy-lifestyles.cfm>

Preventing Falls

DODD is pleased to collaborate with the Ohio Department of Aging in statewide efforts to prevent falls for all Ohioans. September was National Falls Prevention Awareness Month, and offered another opportunity to raise awareness to this critical issue.

To learn more, visit the Ohio Department of Aging website at <http://www.aging.ohio.gov/steady/> and learn about:

- Taking a falls risk self-assessment
- "A Matter of Balance" classes
- Falls prevention in the news
- What you can do to prevent falls

More Information

For a guide to preventive care, visit the Public Health website at <http://www.publichealth.org/preventive-care-schedule/>.

Subscribe to get updates on the Abuser Registry: join-abs-alert@list.dodd.ohio.gov

Identity Theft

Identity Theft



'Misappropriation' means depriving, defrauding or otherwise obtaining the real or personal property of an individual by any means prohibited by the Ohio Revised Code (ORC), including chapters 2911 and 2913.

In 2013, DODD data indicate that there were 1528 misappropriation allegations reported, and 899 of them were substantiated (59 percent).

One type of misappropriation is identity theft. This is a crime in which a criminal obtains personal information, such as a Social Security Number (SSN), date of birth, or bank account information and uses that information to obtain credit, purchase items, and/or services posing as the victim.

Account Takeover & Name Theft

There are several types of identity theft and scams. Two of the most prevalent types are account takeover and name theft.

Account takeover refers to a situation in which an imposter uses stolen personal information to gain access to a person's existing accounts. Often they will change the address on the account and use the identity to acquire even more credit. Since the address was changed, the credit card bills are never seen by the victim.

Name identity theft means that the thief uses personal information to open new accounts. The thief might open a new credit card account, establish cellular phone service, or open a new checking account in order to obtain blank checks.

Last year, approximately 2 percent of substantiated misappropriation cases were the result of identity theft.

While some of the people involved in these misappropriations were not known to the victims, others involved staff, family, and acquaintances of the victim. In many cases, the individual was not aware the theft occurred until they were contacted by a collection agency or saw garnishment of their wages.

Some Signs to Look For

Here are some signs that you or someone you support may be a victim of identity theft:

- You see bank account withdrawals you cannot explain.
- Bills or other mail are not delivered.
- There are unfamiliar accounts or charges on your credit report.
- Medical providers bill for services not received.
- Health plan rejects legitimate medical claims because records show that the individual has reached their benefits limit.
- Health plan won't cover you because your medical records show a condition you don't have.
- The IRS notifies the individual you serve that more than one tax return was filed in their name, or that there is income from an employer that person doesn't work for.
- You are notified that your information was compromised by a data breach at a company where you do business or have an account.

(cont. on p. 8)

Stay Up to Date!

Review the latest
Health and Safety Alerts...
subscribe by sending an email to:
join-info.notice@list.dodd.ohio.gov

Identity Theft

Identity Theft

(cont. from p. 7)

Be extremely protective of personal information.

Ensure that information such as bank account numbers, social security numbers, Medicaid/Medicare numbers, etc. are securely stored and accessed. In addition:

- Remove mail from the mailbox promptly. If mail suddenly stops coming, contact the Post Office.
- Refuse to give any personal information to an unsolicited caller.
- Tear-up or shred credit card receipts, unused loan applications, and any other items with personal information before throwing them in the trash.
- Obtain a copy of your credit report regularly to check for fraudulent accounts and other information. Report any errors to the credit bureau.
- Report stolen credit cards or checks immediately.
- Take time to carefully review all bank and credit card statements and other bills. Report any inconsistencies at once.

If Identity Theft is Suspected

Here are some steps to take if you suspect you or a person you know has become the victim of identity theft:

1. Immediately file a police report with your local police department. Some police departments may tell you they will not take the report because the theft did not occur in their jurisdiction – however, according to the Federal Trade Commission, you need a police report in order to place a seven-year identity theft alert on your credit report.

In addition, the Federal Trade Commission asks that every incident of Identity Theft be filed with them at <http://ftc.gov/bcp/edu/microsites/idtheft/consumers/filing-a-report.html>



2. When there are initial concerns of Identity Theft, call the three major credit bureaus to place a 90-day fraud alert on your credit report. The numbers are :

- Equifax : 1-800-525-6285
- Experian : 1-888-397-3742
- Trans Union: 1-800-680-7289

3. Report suspected identity theft as a Misappropriation MUI in accordance with O.A.C. 5123:2-17-02.

4. State of Ohio laws permit citizens to lock their identity with the three major credit bureaus - it is called a "Credit Freeze." If you are interested in a credit freeze for an individual you serve, yourself, and/or your family, please see additional information online at: www.legislature.state.oh.us/bills.cfm?ID=127_HB_46



Well-Informed for safe and healthy living

A quarterly newsletter published by the Ohio Department of Developmental Disabilities MUI Registry Unit. 1800 Sullivant Ave., Columbus, OH 43222

Resources are available online at www.dodd.ohio.gov.

Contact the MUI Registry Unit:

MUI Main Number 614-995-3810

MUI Fax Number 614-995-3822

MUI Hotline 866-313-6733

Ohio | Department of
Developmental Disabilities

Well-Informed
for safe & healthy living