MUI Rule Training for Direct Service Professionals 2014

MUI Registry Unit

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 not limited to:

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

Requirements of an Incident Report

- *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*
- *Name of signature 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
- Is this 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 2013

1567 Allegations were reported and 404 (26%) were substantiated. Break down by PPI Type is as follows:

- *Family- 84 (21%)*
- *Employees - 109 (27%)*
- *Others- 62 (15%)*
- *Unknown- 72 (18%)*
- *Friend- 68 (17%)*
- *Guardian- 8 (2%)*
- *Payee-1(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 2013

857 Allegations were reported and 343 (40%) were substantiated. Break down by PPI Type is as follows:

- Employees-172 (50%)
- Others-60 (18%)
- Family-42(12%)
- Friend-37 (11%)
- Unknown-21 (6%)
- Guardian-8 (2%)
- Payee-3 (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 2013

339 Allegations were reported and 88 were substantiated (26%). Break down by PPI:

- Others-29 (33%)
- Family-32 (36%)
- Unknown-7 (8%)
- Friend-8 (9%)
- Employees-12 (14%)
- Guardian-0 (0%)
- Payee-0 (0%)

Misappropriation

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

Misappropriation Trends 2013

1528 Allegations were reported and 899 were substantiated (59%). Break down by PPI:

- Unknown-498 (55%)
- Employees-180 (20%)
- Guardian-3 (Less than 1%)
- Others-126 (14%)
- Family-79 (9%)
- Payee-13 (1%)

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 2013

2064 Allegations and 1217 Substantiated Cases (59%).

Break down by PPI:

- Employees-992 (82%)
- Others-71 (6%)
- Family-122 (10%)
- Guardian-29 (2%)
- Unknown-3 (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 2013 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 a 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, Pacing
- 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-2013

688 Medical Emergencies were filed in 2013 which is an increase from 667 in 2012.

- Heimlich and Back blows were used 295 and 88 times respectively accounting for 56% of all medical emergencies. These interventions were successful in all but 5 incidents when the individual died due to choking
- 79 were due to dehydration, which is the 2nd highest category

Attempted Suicide

Physical attempt that:

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

In 2013, there were 73 attempted suicides reported and 2 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.

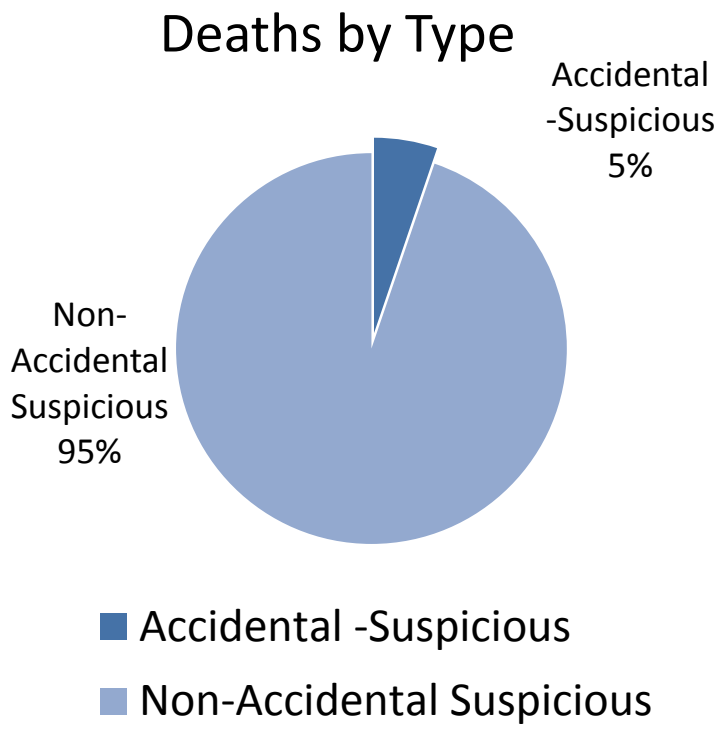
Death Definitions

- 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-2013

All deaths of individuals served



- There were 783 reported deaths in 2013.
- Of the 2013 deaths, 41 were considered Accidental or Suspicious while 742 were Non-Accidental/Non-Suspicious Deaths.
- Heart disease continues to be the leading cause of death for Ohioans with disabilities (14%) as well as the general population.
- Pneumonia and aspiration pneumonia continue to make up the next largest causes of death.

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 119 allegations of exploitation and 57 substantiations in 2013.

Failure to Report (Registry)-2013

- 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 2013, there were 176 allegations and 94(53%) substantiated

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*

2013 Significant Injury Stats

There were 1755 reported Significant Injuries.

The Break Down:

1341 were of known Injuries.

- Seizure – 58 (4%)
- Peer/Peer – 19 (2%)
- Medical – 25 (2%)
- Falls – 767(57%)
- Behavior – 133 (10%)
- Accident – 323 (24%)
- Other Not Listed- 16 (1%)

414 were of unknown origin

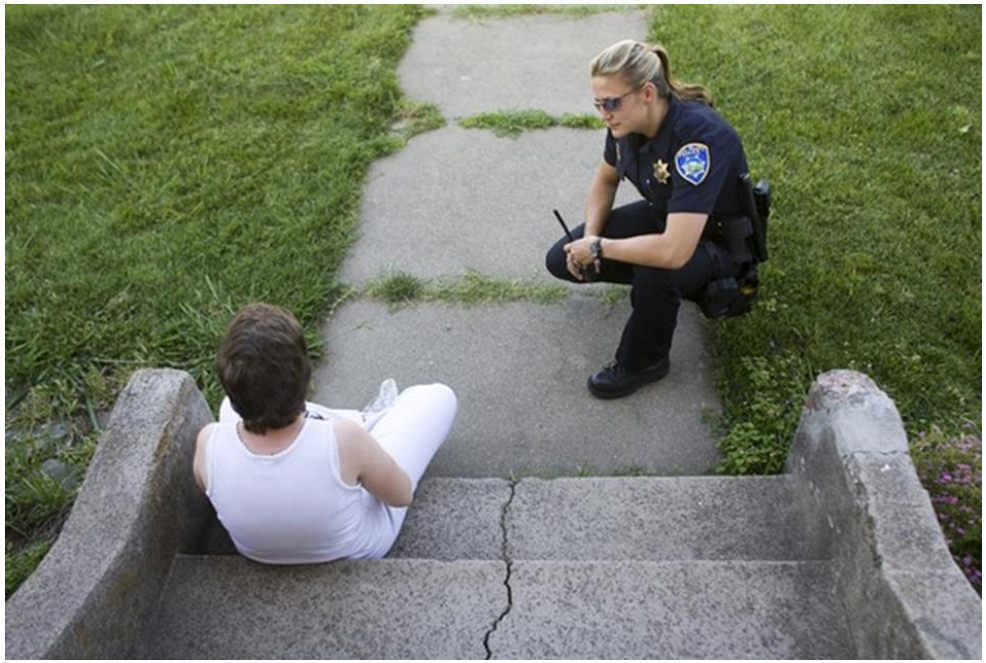
Law Enforcement

Individual is:

Charged (C)

Incarcerated (I)

Arrested (A)



In 2013, there were 614 MUIs filed for Law Enforcement events with individuals served.

Missing Individual

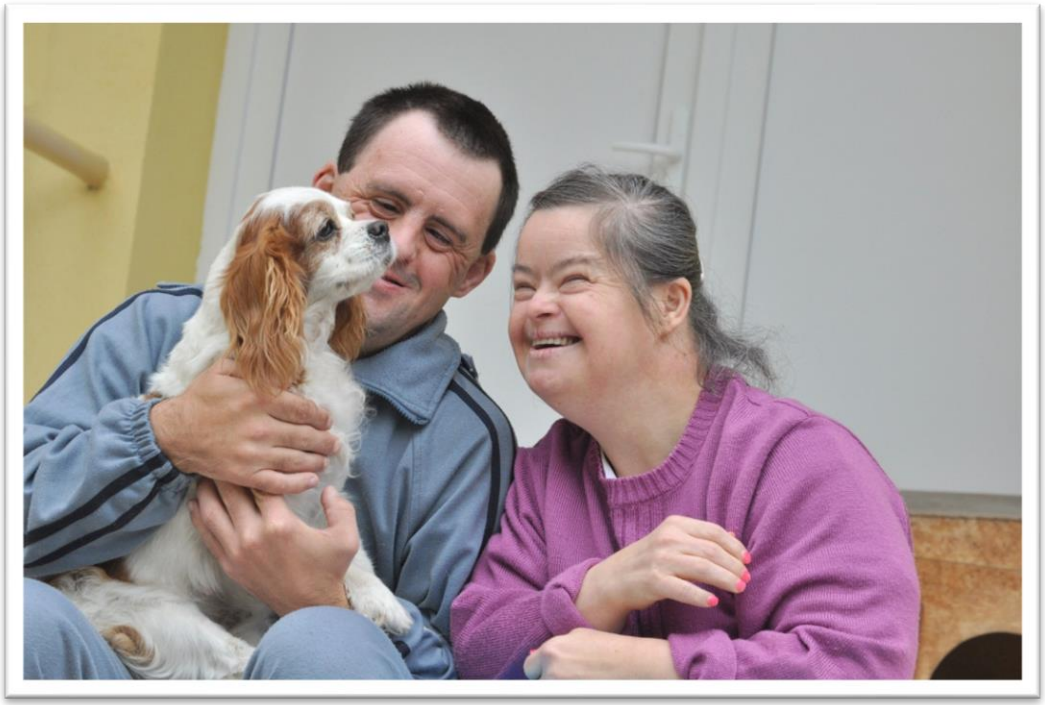
An incident that is not considered neglect and an individuals whereabouts after immediate measures taken are unknown and the individual is believed to be at or pose an **imminent risk of harm to self or others.** An incident when an individual's are unknown for longer than the period of time specified in the individuals service plan that does not result in imminent risk of harm to self or others shall be investigated as an unusual incident.

In 2013, there were 411 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 2013, there were 2, 108 MUIs filed for Peer to Peer Acts. This is the second leading type of MUI filed behind unscheduled hospitalization.

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

<u>Physical Act</u> 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 8 Substantiated Cases (36%) in 2013

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.

79 Allegations of Rights Code Violation and 43 Substantiated Cases (54%)

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.

Unapproved Behavior Support 2013

- There were 1,827 UBS reports made in 2013.
- This is 52 less UBS then were filed in 2012.
- 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-2013

- In 2013, there were 4,627 reports of unscheduled hospitalizations (leading reported MUI).

- Unscheduled Hospitalizations make up 24% of all MUIs.

Some Examples:

- The individual has labored breathing and rapid heartbeat and is admitted to the hospital with a diagnosis of pneumonia.

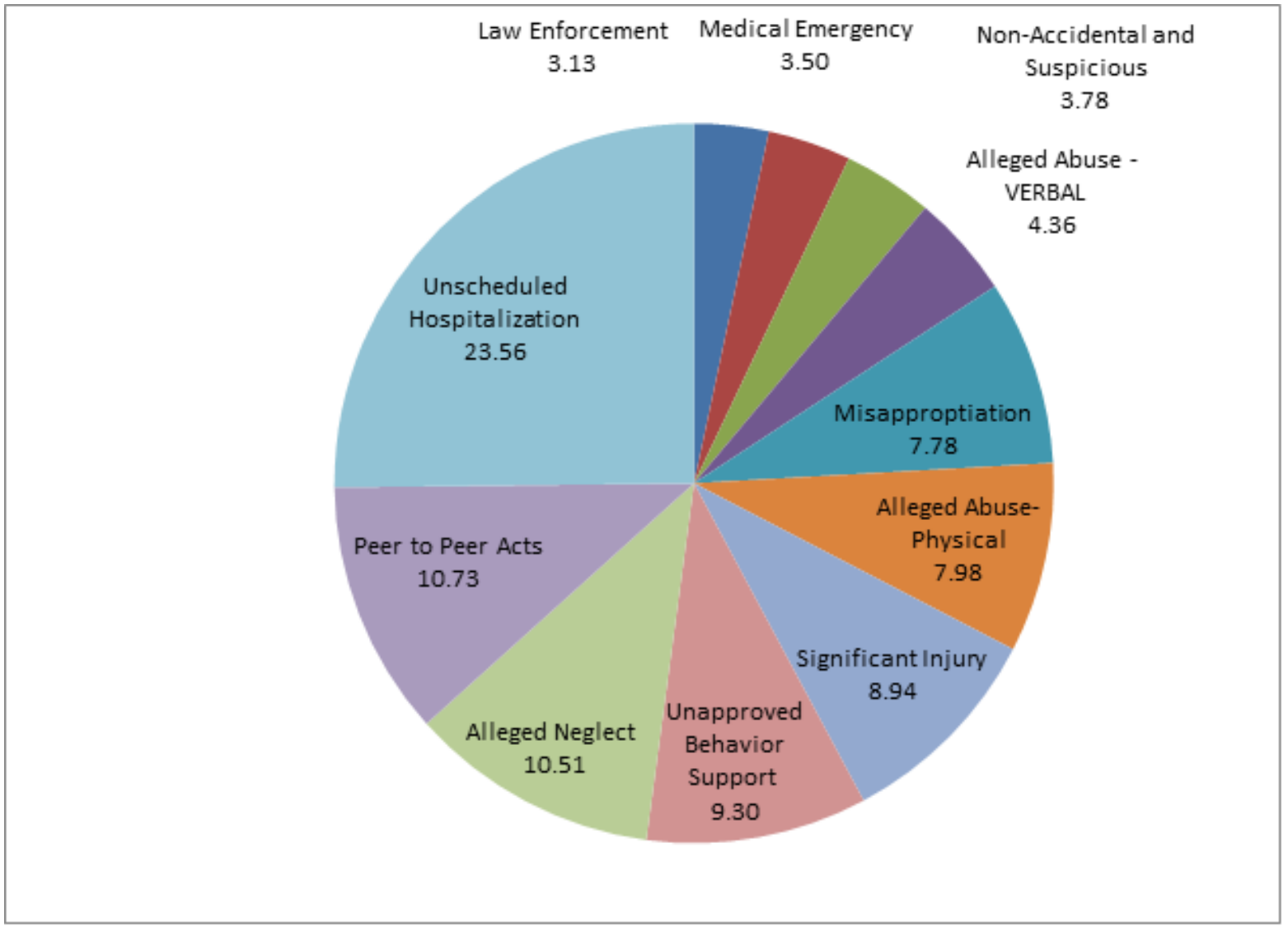
- The individual is lethargic and unsteady, goes to the ER and is hospitalized for a possible medication error.

- Individual goes to ER and is sent home after 25 hours.

2013 Top Ten Reported MUIs

Category	2013 Count	All MUIS 2013	% of MUIs
Unscheduled Hospitalization	4,627	19,637	23.56
Peer to Peer Acts	2,108	19,637	10.73
Alleged Neglect	2,064	19,637	10.51
Unapproved Behavior Support	1,827	19,637	9.3
Significant Injury	1,755	19,637	8.94
Alleged Abuse-Physical	1,567	19,637	7.98
Misappropriation	1,528	19,637	7.78
Alleged Abuse - VERBAL	857	19,637	4.36
Non-Accidental and Suspicious Deaths	742	19,637	3.78
Medical Emergency	688	19,637	3.5

2013 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.
62 People were placed on the Registry in 2013.
As of April 1, 2014 there are 529 people placed on the Abuser Registry

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 – Heedless 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
- Finial decision made by Director
- If decision is for placement, name goes on the list

Health & Safety Alerts

Health & Safety Alerts issued 2013 through 4-1-14

- **15-02-14 Head Injuries**
- **20-02-14 Falls**
- **52-11-13 Winter Weather**
- **57-10-13 Mechanical Restraints/Enclosed Beds**
- **36-09-13 Bath Tub Drowning**
- **22-07-13 Physical Abuse**
- **31-11-13 Preventing the Flu**
- **18-4-13 Choking**
- **56-02-13 Sexual Abuse Prevention and Reporting**
- **37-01-13 Hot Water Burns**

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 for regular updates and to subscribe to Daily Fall prevention tips

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.

Mechanical Restraint & Enclosed Beds Alert #57-10-13

Steps to take to ensure health and safety and reduce the use of restraints

- Work with the individuals, families, physicians, nurses and providers to reduce and eliminate the use of enclosed beds.
- Evaluate options of replacing restraints with personal interactions.
- Ensure ISPs are accurate and reflective of the needs of the individuals involved.
- Review the use of the current restraint and determine if the person's need have changed.
- Ensure the restraint is appropriate for the target behavior displayed.
- Ensure the restraints are approved by the Human Rights and/or Behavior Support Committees as the team works through making decisions.

The use of enclosed beds for staff or family convenience is strictly prohibited and must be eliminated.

Bath Tub Drowning Alert #36-09-13

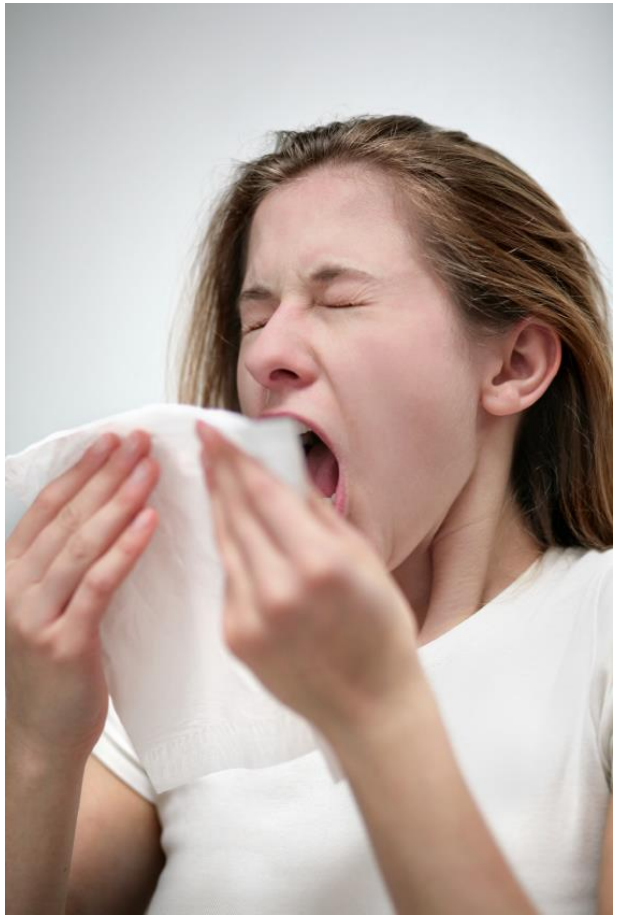
Prevention Equals Supervision

- At risk children or adults should never be left unattended in the bathtub for any reason.
- If an individual has a seizure disorder provide 1:1 supervision around any potential water source (bathtubs, swimming pools, beaches, rivers/lakes/ponds,
- If an individual has a seizure disorder etc. Always assure that appropriate medications are given as prescribed.
- Don’t run to answer the phone.
- Don’t check to see who is at the door.
- Don’t leave siblings or unfamiliar caretakers to watch individuals.
- Don’t rely on bathtub seats or rings. They create a false sense of security for the parent or caregiver.
- Get all of your supplies (i.e. towels, clothing, hygiene products etc.) ready before entering the bathroom.

Preventing Physical Abuse
Alert #22-7-13

- Screen your employees prior to hiring.
- Check references and any gaps in
- employment. Be sure to follow all back ground check requirements.
- Post numbers to call for help. Make sure everyone (staff, individuals, and families) know who to call to get help.
- Observe how employees interact. Ongoing training and communication is important. Talk about the expectations about how people should be treated using the Positive Culture Initiative as a guide. Visit all places individuals are receiving services.
- Ensure staff are given tools to do their job .Be mindful of staff who are working excessive hours and the impact.
- As a supervisor, do unannounced visits. Welcome family and friends to do the same if agreeable to individual.

Preventing the Flu
Alert #31-10-11



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.)*

Choking Alert #18-04-03

Choking Prevention:

- Cut food into small pieces.
- Encourage individuals to chew slowly and completely before swallowing.
- Do not talk or laugh while you have food in your mouth.
- Use any needed adaptive equipment.
- Do not run or play while you have food in your mouth.
- Eat with other people who can help you.
- Make sure proper supervision is provided.
- Serve food in proper diet texture

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

Sexual Abuse Prevention Alert #56-02-13

- Get the individual appropriate medical attention
- Take immediate action to protect the person from further assault
- Report immediately to law enforcement or CSB
- Report to the County Board immediately but within 4 hours
- Sexual assault assessment, when appropriate, should be sought immediately.
- Remember to NOT imply blame on the victim.
- Ask questions like “Were you able to..?” instead of ”Why didn’t you?” when talking to the individual.

- Emotionally support the alleged victim
- Remember to refer the individual for counseling and victim’s assistance as appropriate.
- Notify DODD MUI Unit if the alleged PPI is a County Board Employee.
- Screen the individual for pregnancy and/or sexually transmitted disease.

Hot Water Burns
Alert #37-01-13

- *Don't run to answer the phone.*
- *Don't check to see who is at the door.*
- *Don't leave siblings or unfamiliar caretakers to watch them.*
- *Don't rely on bathtub seats or rings. They create a false sense of security for the parent or caregiver.*
- *Get all of your supplies and clothing items ready before entering the bathroom.*
- *Turn hot water heater thermostat to 120 degrees Fahrenheit or less.*
- *Install scald resistant faucets, a tempering valve, or a thermostatic mixing valve. (This very simple step is critical to hot water safety and burn prevention).*
- *Always test the temperature before someone gets in the bathtub or shower. Wait until the tub water is at the depth you want. Test the water with your wrist.*

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:

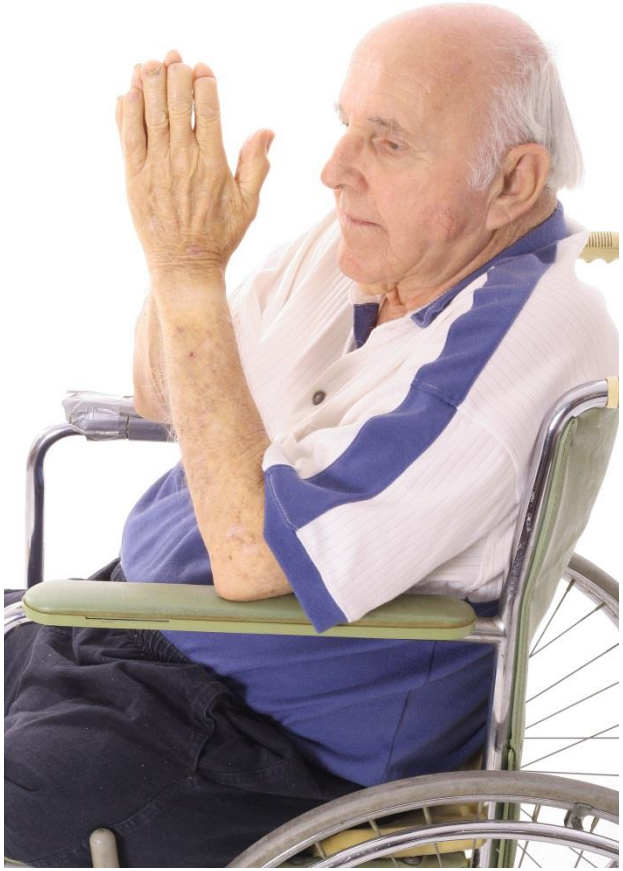
- As a professional, you have a responsibility to ensure the health, safety and welfare of the individuals we support.
- Individuals have the right to self-determination – to choose their own lifestyle.

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 be hit, yelled at, cursed at, or called names that hurt you.

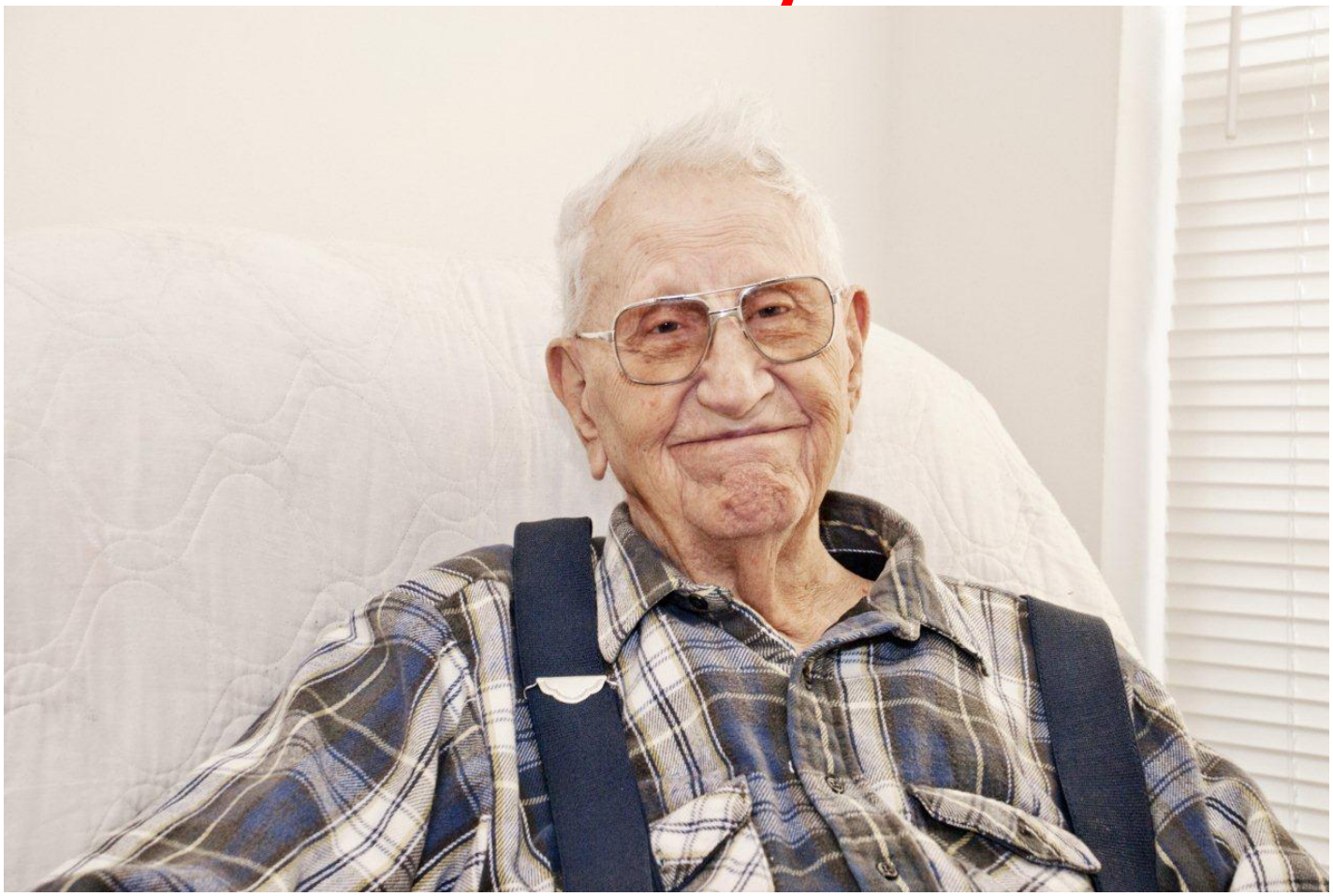
Be Free from Abuse

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

THANK YOU!

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