



Department of  
Developmental Disabilities

**Office of MUI/Registry Unit**

Ted Strickland, Governor  
John L. Martin, Director

**Health & Safety Alert #01-02-07**

**Safely Transporting Individuals Who Use Wheelchairs**

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The purpose of this Alert is to increase the awareness of staff and administrators responsible for transporting individuals who use wheelchairs.

Injury can occur when a person hits something, something hits the person, or the person is ejected from their seat. At an impact speed of 30 mph, the front of the vehicle comes to a complete stop within one tenth of a second, but unrestrained occupants and objects continue to move toward the point of the crash at 30 mph. It becomes critical; therefore, that your professionals or key staff develop good safety guidelines and all staff pay close attention to ensure the guidelines are being followed.

**Basic Safety Steps**

1. Ensure the person's seatbelt and any other wheelchair straps are secured.
2. Check seating and position straps to make sure they are not pressing on sensitive areas where there are shunts, G-tubes, etc.
3. Ensure that the wheelchair is properly secured in the vehicle.
4. Check the strap, clips, locks, and other securing items for damage or improper working order.
5. Ensure staff assignments are clearly identified as to who is responsible for securing and checking.
6. Ensure staff are properly trained and can demonstrate a proficiency of securing individuals and wheelchairs in vehicles.
7. Do not transport individuals with a lap tray on the wheelchair.
8. Be sure the individual's head and neck are protected from whiplash.
9. Do not transport in a tilted or reclined position.
10. Put anti-tippers down during transport, if available
11. Do not transport someone in a side-facing position.

For questions or comments regarding the above Alert, please contact the MUI/Registry Unit at (614) 995-3810.

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**Health & Safety Alert #2-05-11**

**Keeping Safe in the Summer  
Part II**



**TOO MUCH SUN CAN CAUSE SUNBURN,  
DEHYDRATION, AND SUN/HEAT STROKE.  
ALL ARE PREVENTABLE WITH A LITTLE CARE!**

**WHAT IS A SUNBURN?**

A sunburn is a painful skin condition, which occurs as a result of over exposure to the ultraviolet rays of the sun.

**THE RISK OF SUNBURN IS HIGHER FOR:**

- ❖ Persons with fair skin, blue eyes, and red or blonde hair;
- ❖ Persons taking some types of medications (check with the Doctor);
- ❖ Persons exposed to a lot of outdoors sunlight; and
- ❖ Persons whose skin is already compromised



**PREVENTION:**

- ❖ Avoid the sun between 10 AM and 4 PM
- ❖ Protect the skin using sun block with a sun protection factor (SPF) of 15 or more: the lighter the skin, the higher the SPF should be. Apply sun block 15 – 30 minutes before going in the sun and every 1 to 1 ½ hours thereafter
- ❖ Use a lip balm with sunscreen in it
- ❖ Wear muted colors such as tan

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- ❖ Wear a hat (the looser the better) especially if hair is thin on top!
- ❖ Wear sunglasses that absorb at least 90% UV rays (check the label on sunglasses)
- ❖ Clouds and particulate matter in the air scatter sunlight. You can receive a "surprise sunburn" even on a cloudy day!
- ❖ Come in out of the sun when you first start to notice that your skin is getting pink

### **WHAT IS DEHYDRATION?**

Dehydration is the loss of body fluids and electrolytes due to profuse sweating and inadequate intake of water. Alcohol consumption aggravates dehydration.

### **SIGNS OF DEHYDRATION INCLUDE:**

- ❖ Heat exhaustion
- ❖ Headaches
- ❖ Nausea and/or vomiting
- ❖ Fainting
- ❖ Blurred vision
- ❖ Confusion
- ❖ Urine output decreases & becomes concentrated and appears dark
- ❖ Sunken eyes
- ❖ Wrinkled or saggy skin – elasticity decreases
- ❖ Extreme dryness in the mouth
- ❖ Fever or temperature over 102 degrees
- ❖ Severe pain or blistering of skin



**IF DEHYDRATION IS SUSPECTED, REHYDRATION IS THE KEY TO PREVENTING FURTHER COMPLICATIONS. REMEMBER TO DRINK LOTS OF FLUIDS!**

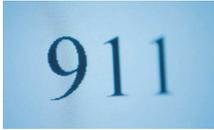
### **WHAT IS SUN STROKE OR HEAT STROKE?**

**Sun/heat stroke is a serious life-threatening condition.** It is the consequence of a series of events:

It begins with dehydration. (Also usually a lack of sweating)

- ❖ As the core body temperature rises, heat exhaustion becomes more serious.

- ❖ **If not rectified quickly, heat stroke is the final shutdown of the body's organs from lack of these vital fluids and nutrients, and can lead to delirium, coma, and death!**



**IF SUN/HEAT STROKE IS SUSPECTED,  
GET EMERGENCY MEDICAL ATTENTION  
IMMEDIATELY!**



### **Risk factors for heat related illnesses**

- ❖ Elderly, chronically ill or incapacitating illness, very young
  - Chronic medical conditions include cardiac (heart) disease, hypertension (high blood pressure), obesity, diabetes, kidney and lung disease
- ❖ Poor physical conditioning
- ❖ High environmental temperature and humidity
- ❖ Poor ventilation or cooling in buildings
- ❖ Poor fluid intake
- ❖ Alcohol use (increases fluid loss)
- ❖ Medications that inhibit perspiration or increase fluid loss, including:
  - Those used to treat movement disorders (antiparkinsonian drugs, including Cogentin)
  - Those used to treat allergies (antihistamines such as Benadryl [diphenhydramine])
  - Diuretics (water pills) such as Lasix (furosimide), bumetanide, hydrochlorothiazide
  - Those used to treat psychiatric conditions including, but not limited to:
    - Clozaril (clozapine)
    - Compazine (prochlorperazine)
    - Elavil, Limbitrol, Triavil (amitriptyline)
    - Haldol (haloperidol)
    - Loxitane (loxapine)
    - Phenergan (promethazine)
    - Seroquel (quetiapine)
    - Wellbutrin (bupropion)
    - Zyprexa (olanzapine)

## **"KEEP COOL THIS SUMMER"**

### **Help avoid heat related illnesses**

- ❖ 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.

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**REISSUED: May 2011**



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**Health & Safety Alert #02-05-11**

**Keeping Safe in the Summer  
Part I**



**SUMMER SUN MEANS FUN  
BUT**



**FOOD POISONING**

Those great picnics in the sun can be the cause of a trip to the hospital because of food that is eaten. Be sure to refrigerate all food; don't let any of it sit in the sun! **Use the two-hour rule – Discard food that has been left out of a refrigerator or well-chilled ice chest longer than two hours.** Your Mother was right – wash your hands! Be sure food is served on clean plates and use clean utensils. Cover your food; insects can spread diseases. **Remember: "When in doubt, throw it out!"**



**CREEPY CRAWLERS & FLYING CRITTERS**

**Bees, wasps & hornets** can cause medical emergencies if they sting – **know whether anyone is allergic and be prepared ~ know the protocol that must be followed!** For everyone else, it is important to remove the stinger promptly. Use a flat edge, such as a credit card, to scrape it from the place it is imbedded. Wash and apply ice. **Deer ticks** are tiny insects that live in low brush and can spread Lyme disease. Be sure to use insect repellent with DEET in it (the higher the amount, the more protection) when out and about. If a tick becomes attached – get medical help immediately! Usually, a Lyme disease carrying tick has to be attached for at least 24 hours to spread the disease.

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## WEST NILE VIRUS

West Nile Virus (WNV) was first diagnosed in 1999 in New York City and has since spread across the country more quickly than expected. It is primarily a disease of birds. It grows inside an infected bird and is spread to other birds, animals, and people through mosquito bites. Be sure to use insect repellent with DEET in it, when out and about. Spray not only exposed areas, but clothing also. Wearing long sleeved clothing and pants help protect the person. **Hint: If the mosquitoes are chasing you, use insect spray and wear light clothing – mosquitoes prefer dark colors.**



## WATER SAFETY RULES

- Assess each individual's capabilities and needs for different water areas, such as pools, rivers, or the ocean.
- Assess staff's capabilities in responding to water safety needs.
- Someone should always be designated as a "life guard" to keep watch for any problems.
- Do not chew gum or eat while swimming as you could easily choke.
- Use caution when swimming after a large meal.
- Make sure the person you are supporting is using an approved life jacket or other flotation device if needed.
- **Watch out for the "Dangerous TOO's" ~ TOO tired, TOO cold, TOO far from safety, TOO much sun, TOO much strenuous activity.**



## SUMMER CAMPS

Proper planning is important when individuals are attending camp. The following steps may assist with ensuring an enjoyable experience:

- Be familiar with the camp and possible dangers for the individual(s) attending.
- Know who will be supervising the individual and what experience they have. Be sure you are comfortable with what will be occurring.
- Communicate face-to-face with the camp director on any dietary requirement, supervision requirements, medical needs, or behavior issues. Provide a written copy of the information needed (e.g. ISP, Behavior Plan, etc.).
- Be sure lotion for sunburn and bug bites is provided or available. Be aware of any medications that increase a person's sensitivity to the sun and communicate this to the camp staff.
- If there is a pond, lake, or pool discuss the individual's abilities in the water with the camp director and any special needs that exist. Provide a written copy of those needs.
- Be aware of the camp activities and how they match with the individual's physical or health needs.



## **BAREFOOT/SANDALS**

- Be mindful of potential injuries when going barefoot or wearing sandals



## **OUTDOOR GRILLS**

Outdoor grills can result in burns if proper safety requirements and supervision are not provided and followed.

- Be sure lid is open before lighting a gas grill.
- Don't squeeze extra fire starter on coals when they are already burning.
- Check grills for proper working order.
- Supervise individuals closely when grilling.

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**REISSUED: MAY 2011**



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**Health & Safety Alert #03-11-02**

**Notification of Coroner/Autopsies**

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This alert is to inform families and people who work in this field about issues that impact the health and safety of people for whom we provide services.

**Notification of Coroner / Autopsies**

**Situation:** Several recent situations arose where there was confusion as to whether an autopsy should be requested. This alert is to provide information on when it is expected that an autopsy will be completed.

**Alert:** The most relevant piece of statute appears to be Ohio Revised Code 313.12, which governs notice to the coroner of any violent, suspicious, unusual or sudden death. The precise language of that statute states:

*When any person dies as a result of criminal or other violent means, by casualty, by suicide, or in any suspicious or unusual manner, or when any person, including a child under two years of age dies suddenly when in apparent good health, the physician called in attendance, or any member of an ambulance service, emergency squad, or law enforcement agency who obtains knowledge thereof arising from his/her duties, shall immediately notify the office of the coroner of the known facts concerning the time, place, manner and circumstances of the death, and any other information which is required pursuant to Section 313.01 to 313.22 of the ORC. In such cases, if a request is made for cremation, the funeral director called in attendance shall immediately notify the coroner.*

The Ohio State Coroners Association web site (<http://www.osca.net/generalinfo.asp>) lists types of death reportable to the coroner's office: accidental, homicidal, suicidal, occupational, sudden deaths, therapeutic deaths, deaths occurring under special circumstances, or any death where there is a doubt, question, or suspicion. This web site also provides information on how to report a death to the coroner's office. Persons other than physicians, members of ambulance or emergency squads, or law enforcement personnel may report deaths. *Call the coroner's office if you are uncertain if a death has*

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*been reported to the coroner's office, or you feel the death should be reported to the coroner's office.*

For a death which the coroner has ruled as not a “coroner’s case” (e.g., no foul play suspected and evidence of a natural death is present) there are circumstances in which an autopsy may prove beneficial. These include, but may not be limited to, a sudden unexplained death, particularly in a young person; those situations in which surviving family members’ health and longevity may be improved by investigating for a cause of death which may be genetically related; and legitimate medical inquiry.

The Ohio Revised Code (ORC) Section 2108.50 governs the question of who may consent to an autopsy. Generally a licensed physician or surgeon may perform an autopsy with the written consent of the individual or any close relative, with preference to the closest surviving relative’s wishes. 2111.13 provides for the guardian of the person to consent to an autopsy. Section 2108.51 provides immunity from liability to a surgeon who acts in good faith based upon written consent to an autopsy. However, no consent is necessary when the autopsy is ordered by the coroner. See ORC 2111.13 regarding the guardian of the person to consent to an autopsy. *Note: See exceptions in ORC 313.131, regarding religious beliefs.*

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**January 2004**



## Health & Safety Alert #04-01-05

### Actions Needed Following the Death of a Consumer

**This Alert has been significantly revised and replaces Alert#: 02-09-18 entitled, *Actions Needed Following the Death of a Consumer*.** The major change relates to what information is required if the individual resided in a facility where the Ohio Department of Health (ODH) has jurisdiction, if the person lived at home with their family or if the person died of cancer or were in a hospice program at the time of their death.

All deaths of individuals with Developmental Disabilities in our system will continue to be reviewed; however, the Mortality Review Committee will focus more on those individuals served by the Department of Developmental Disabilities employees. Through this process, we will continue to identify system issues and individual-specific issues that will assist in continuing to improve the care of persons with Developmental Disabilities. Please note that in any situation where abuse/neglect is alleged or concerns are expressed by the family, county board, provider or Department, additional information identified in (D) of this alert will be required.

Following is a listing of what is required to be reported based upon the circumstances outlined:

- A. Individuals whose residence was with entities under the jurisdiction of ODH (Nursing Homes, ICFs/MR not licensed by the Ohio Department of Developmental Disabilities):
  1. Copy of the death certificate.
  2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
  3. Whether the death was expected or unexpected.
  4. Provide reason death was reported to the Department of Developmental Disabilities (DODD). (What services were being provided?).
  
- B. Cases involving children and adults who live at home and who had access to health care and died in a hospital. (Access to health care is defined as having access to a primary care physician or advanced practice nurse on some recurring basis--at least annually.) Note that there is a statutory requirement (ORC 307.621) for all children less than 18 years of age to be reviewed by local counties.

1. Copy of death certificate.
2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
3. Whether the death was expected or unexpected.
4. Enter a narrative on the Incident Tracking System (ITS) regarding the circumstances surrounding the death whenever possible. This would include whatever occurred during the 72 hours prior to the hospitalization (e.g., events, activities).

C. Persons who died of cancer or were in a hospice program at the time of death:

1. Copy of death certificate.
2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
3. Indicate if DNR order in effect; type of DNR order (DNR Comfort Care, DNR Comfort Care-Arrest, other), reason for DNR order, and involvement of individual/guardian in obtaining the DNR order.
4. Enter into the ITS pertinent past medical treatment indicating health care screening that was conducted and dates and results of health care screenings (cancer screenings).

D. All other deaths not covered in the above categories:

1. Copy of death certificate.
2. Copy of autopsy (if done).
3. A copy of the Coroner's verdict page or ruling in cases where the Coroner ruled on the cause of death but no autopsy was done.
4. Outcome of law enforcement investigation (when they are involved).
5. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
6. Whether the death was expected or unexpected.
7. Enter on ITS the medical diagnoses prior to death.
8. Enter on ITS the psychiatric diagnoses prior to death.
9. Enter on ITS the medications individual was taking prior to death or hospitalization (if died in a hospital).
10. Enter on ITS pertinent past medical history (e.g., surgeries, recent treatments, illness, and chronic medical problems).
11. Enter on ITS A narrative on the circumstances surrounding the death. This would include whatever occurred during the 72 hours prior to the hospitalization (e.g., events, activities).
12. Name of primary physician.
13. Indicate if DNR order is in effect, type of DNR order (DNR Comfort Care, DNR Comfort Care-Arrest, other), reason for DNR order, and involvement of individual/guardian in obtaining the DNR order.
14. Enter on ITS a list of services that the person received if unable to answer or provide information relative to number 5 through 13.

Reminder: All deaths of persons with Developmental Disabilities are to be reported to the Coroner by the attending physician, EMS staff and involved law enforcement officers. It is important to ensure that this is done.

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## Health & Safety Alert #05-01-02

### Moving Adult Individuals Away from Abuse/Neglect

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Immediate health and safety issues surround cases where an individual with MRDD is being allegedly abused or neglected. One of the standard responses is to separate the alleged individual victim and the primary person involved (suspect). This is necessary in every situation with immediate jeopardy to ensure the health and safety of the individual, even those allegations that will most likely later on turn out to be unfounded. There are several ways in which to separate the alleged victim and the suspect. One way is to remove the suspect from the area during the time of the investigation. This is commonly referred to as administrative leave. A second way is to assign duties to the suspect that do not involve contact with individuals.

There are certain times in which removing the primary person involved (suspect) will not be an option. For example, the suspect provides a home for the individual or the alleged abuse or neglect is a systemic problem with the provider as a whole. In situations like these the individual with MRDD should be removed from the environment where the abuse or neglect has been alleged or proven. The individual could be served by an immediate temporary respite.

**Ohio Revised Code (ORC) Sections 5126.31 and 5126.33 provide for the situations in which it is necessary for an adult individual with MRDD to leave their home. The steps needed to help someone move will be different based on whether the individual or the individual's guardian consents to the move. The individual still has the capacity to consent to the move even if they have been found incompetent ORC under Chapter 2111 of the ORC. If the individual or their guardian refuses to move or withdraws their consent, a complaint must be filed with the Probate Court. A complaint must also be filed if the individual has no guardian and lacks the capacity to consent to the move. A description of the two methods follows.**

#### **Method #1 – Consent of the Individual or the Individual's Guardian - ORC 5126.31**

Step #1: Obtain the consent of the individual or the individual's guardian.

- Step #2: Provide temporary respite as needed to ensure health and safety.
- Step #3: If a more permanent move would require expenditures by ODMRDD or the county board, receive approval from the Department or the county board.
- Step #4: Individual's Service Plan is revised in keeping with emergency placement options.
- Step #5: Individual moves to the new residence.

Please note an additional option is available to remove an individual from a licensed facility when there is an immediate danger of physical or psychological harm and the individual/guardian consents. ORC section 5123.19(D) and Ohio Administrative Code section 5123:2-3-16 provide a process for the county board to file an MUI and seek an order from the Director to remove an individual(s) from

a dangerous situation. This option is most appropriate where there is a systemic problem with the provider and all of the individuals residing at the facility share the same risk.

Method #2 – No Consent from either Individual or Individual's guardian; Individual has no guardian and lacks capacity to consent; Consent is withdrawn by either individual or individual's guardian - Court Order is Obtained – ORC 5126.33

- Step #1: Individual or individual's guardian withdraws consent or refuses to move from the home or individual has no guardian and lacks capacity to consent.
- Step #2: A complaint is filed with the Probate Court in the county in which the individual resides seeking the court to intervene and order an alternative placement. The document must include:
- Name, age and address of individual.
  - Facts describing nature of abuse and neglect.
  - Facts supporting the county board's belief that services are needed.
  - Proposed services set forth in the ISP.
  - Facts showing the county board's attempts to obtain consent of individual or the individual's guardian.
- Step #3: Give notice to the individual, individual's caretaker, individual's legal counsel and the Ohio Legal Rights Services.
- Step #4: A court hearing is held at least 24 hours, but no later than 72 hours after the notice. The court must determine by clear and convincing evidence that the individual:
- Has been abused or neglected.

- Is incapacitated.
- Has a substantial risk of immediate physical harm or death.
- Has a need for the services.
- Has no one authorized by law or court order available or willing to consent.

Step #5: Standard for move from home ORC 5126.33(E):

If the court finds that all other options for meeting the adult's needs have been exhausted, it may order that the adult be removed from the adult's place of residence and placed in another residential setting. Before issuing that order, the court shall consider the adult's choice of residence and shall determine that the new residential setting is the least restrictive alternative available for meeting the adult's needs and is a place where the adult can obtain the necessary requirements for daily living in safety. The court shall not order an adult to a hospital or public hospital as defined in section 5122.01 or a state institution as defined in section 5123.01 or the Revised Code.

Step #6: The Court issues an order and the individual moves to a new residence.

Method #3 – Involuntary Civil Commitment – ORC 5123.71

While the Court cannot order an individual to a state institution (developmental center) pursuant to ORC 5126.33, a county board could utilize the process set forth in ORC 5123.71 for individuals that meet the criteria for involuntary civil commitment when such placement is the least restrictive alternative.

Method #4 – Immediate Removal by Law Enforcement to Protect from Further Injury or Abuse – ORC 5123.61(I)

An adult about whom a report of abuse or neglect is made may be removed from his/her residence by a law enforcement officer if the officer determines immediate removal is essential to protect the adult from further injury or abuse.

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**January 2002**