

1

2016 MUI Training for the Direct Service Professional



Department of
Developmental Disabilities

2

Purpose of Training

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

- Unusual Incidents
- MUI Rule Definitions
- Reporting Requirements
- Patterns and Trends
- 2015 Health and Safety Alerts
- Abuser Registry
- Rights

3

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.



4

Importance of reporting

- *What is the purpose of Ohio's Health and Welfare system?*
- *Are MUIs bad?*
- *What does it mean if I or the agency I work for report MUIs?*



The Role of the Direct Service Professional

5



Unusual Incident Definition

6



"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.

7

Unusual Incident Definition

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.

8

Responsibility for reporting incident and completing the incident report

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



9

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; and

10

Requirements of an Incident Report continued

- 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.

A complete, well written and easily understood incident report is the key to a good investigation. It all starts with you!

11

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.

12

Immediate Actions

Always document what actions were taken following the incident:

Checked for Injuries	Called 911	Initiated First Aid	Contacted the Doctor	Secured the money
Made sure individual had food	Picked up needed meds	Notified Law Enforcement for criminal acts	Contacted County Board/IA	Separated the individuals
Removed the PPI when appropriate	Nursing Assessment	Taken to E.R.	Called Poison Control	Provided additional staffing

13

Causes, Contributing Factors and Prevention Plans

- 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

14

Major Unusual Incidents

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.

15

Major Unusual Incidents

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

There are 19 categories of MUIs



16

Physical Abuse

Elements: Physical force and 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.

Cause/Contributing Factors:

- Control
- Unrealistic expectations, retaliation, intimidation for covering up theft
- Care giver burn out and exhaustion
- Scheduled excessive hours
- Lack of coping skills
- Ineffective training to deal with aggression

17

Physical Abuse Trends 2015

1,465 physical abuse were reported and 421 (29%) were substantiated.

Break down by PPI Type is as follows:

Family- 96 (23%)

Employees -138 (33%)

Others*- 122 (29%)

Guardian- 5 (1%)

Payee-1 (less than 1%)

Unknown- 59 (14%)

* Other includes friends, neighbors and acquaintances.



18

Verbal Abuse

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

Examples: Using social media to post humiliating pictures of someone you serve, threatening to harm a person if they tell on you for sleeping, telling the individual that you will have their roommate beat them up if they don't stop screaming.

Cause/Contributing Factors:

- Control; unrealistic expectations
- Staff are in challenging situation with little support
- Staff don't recognize their own trauma history

19

Verbal Abuse Trends 2015

773 Verbal Abuse MUIs were reported and 324 (42%) were substantiated.

Break down by PPI Type is as follows:

Employees-192 (59%)

Others-72 (22%)

Family-44 (14%)

Unknown-16 (5%)

20

Sexual Abuse

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

Examples:

Contact involves touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person. Conduct includes oral sex or penetration including digital or with objects.

Causes and Contributing Factors:

Power

PPI was a victim of sexual abuse



21

Sexual Abuse Trends 2015

294 Sexual Abuse reports were made and 69 were substantiated (23%).

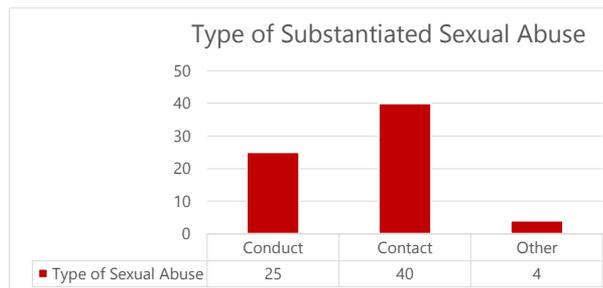
Break down by PPI:

Others-40 (58%)

Family-19 (28%)

Unknown-7 (10%)

Employees-3 (4%)



22

Important to remember:

Some reasons people don't report:

- Manipulation, threats or fears of retaliation
- Fear of not being believed, especially if they have tried to report before
- Family dynamics/keeping the family together
- They may believe they are at fault
- The individual may not realize that he or she has been victimized

Learn more about the impact of trauma

<http://mha.ohio.gov/Portals/0/assets/Initiatives/TIC/Disabilities/Health%20challenges%20facing%20Ohioans%20with%20disabilities.pdf>

23

Know the Signs of Abuse

- Ongoing unexplained health problems like stomach aches, headaches
- Display of new fears
- Withdrawal from previously enjoyable activities, places, or persons, suddenly avoiding places or people
- Changes in sleep patterns such as nightmares, trouble sleeping, sudden bedwetting, and other sleep problems
- Dressing in layers of clothing
- Changes in appetite, loss of appetite, weight gain or loss
- Bruising
- Bleeding, soreness, redness, irritation, itching, and unusual discharges
- Torn or stained underwear or linens
- Sexually transmitted diseases
- New sexual knowledge or sexual behavior
- Sudden difficulty walking or sitting
- Suddenly frightened of certain people or situations

24

Know what to do



- Help the person feel safe, set judgements aside
- 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 victim.

25

Know what to do

- Remember to refer the individual for counseling and victim's assistance as appropriate. Ask open-ended questions
- Make a point to talk with the person one on one, repeatedly over multiple visits
- Make unscheduled visits
- Have a plan of response
- Every one deals with trauma differently

You have the power to make people feel safe and supported.

26

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

20 Allegations and 6 Substantiated Cases (30%) in 2015

27

Misappropriation

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

Examples: Using someone's credit card, taking a person's Ipad, "borrowing" someone's money and paying it back on Friday, withdrawing cash from their personal funds without their knowledge/permission.

Cause and Contributing Factors:

PPI has a gambling or drug problem

Multiple people have access to property or funds

Easy access to individual's financial information

28

Misappropriation Trends 2015

1,246 Allegations were reported and 813 were substantiated (65%).

Break down by PPI:

Unknown-482 (59%)

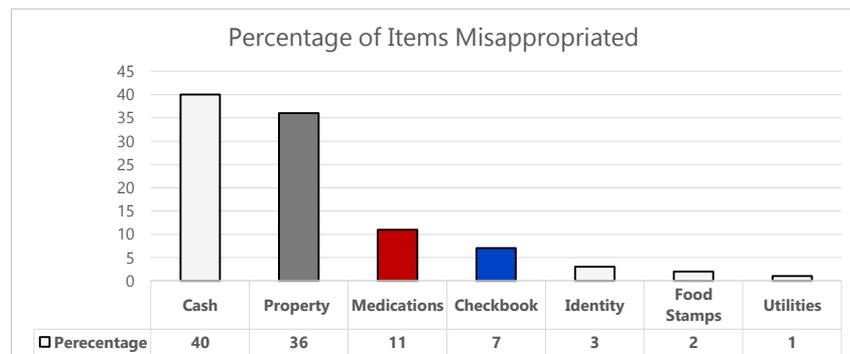
Employees-168 (21%)

Guardian-12 (1%)

Others-72 (9%)

Family-65 (8%)

Payee-14 (2%)



29

Exploitation

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

Examples: Selling raffle tickets to individuals for your daughter's sports team, having the individual buy home party items so you can get free stuff, having an individual clean your house, having the individual buy a fax machine for you to use at their home for your business.

In 2015, there were 117 allegations of Exploitation reported. 70 (60%) of those reports were substantiated.

30

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

Examples: Not ensuring that someone was there to receive person when you dropped off from school/work, not securing the tie downs on van, giving someone the wrong diet.

31

Neglect Trends 2015

1,811 Allegations and 1,208 Substantiated Cases (67%).

Break down by PPI:

Employees-976 (81%)

Others-92 (8%)

Family-114 (9%)

Guardian-15 (1%)

Unknown-11(1%)

32

Neglect

- Failing to provide supervision made up **63%** of all substantiated neglect cases.
- Failing to provide treatment was **37%** of all substantiated 2015 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

33

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?

Be extra alert during transition times to make sure people's needs are met.

Causes & Contributing Factors Treatment Neglects

34

- Criminal activity – not feeding or providing medication to a person
- 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)

35

Failure to Report (Registry)-2015

- 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 2015, there were 182 allegations of Failure to Report reported. 137 (75%) of those reports were substantiated.

Due to the definition, staff was the PPI 100% of all substantiated cases.



36

Law Enforcement



Individual is:

Charged (C)

Incarcerated (I)

Arrested (A)

*added tased even if individual is not arrested

In 2015, there were 860 MUIs filed for Law Enforcement events with individuals served.

37

Attempted Suicide

Physical attempt that:

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

There were 123 attempted suicides reported resulting in 2 deaths.

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.



38

Missing Individual

An incident that is not considered neglect and an individual's 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 whereabouts 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 2015, there were 331 MUIs filed for Missing Individuals which was a 13% decrease from 2014.

39

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 2015, there were 1,452 MUIs filed for Peer to Peer Acts.

40

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.

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.

41

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.

Examples: Black eye (firmly fixed), choking peer, bloody nose (firmly fixed), or any injury from P2P physical act that results in treatment by a physician, physician's assistant, nurse practitioner or dentist.

42

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.

Examples:

Staff takes the individual to a movie, he does not want to go, and he becomes upset and bangs his head against the wall.

Staff padlocks the refrigerator and the individual sustains a laceration trying to break the lock.

Staff refuses to take the individual on a scheduled activity for their own convenience or preference. The scheduled activity is a reinforce for positive behavior. Individual is upset due to this rights violation and becomes aggressive. LE is contacted the individual is arrested.

There were 71 reported Rights Code Violations and 38 (54%) were substantiated.

43

Unapproved Behavior Support

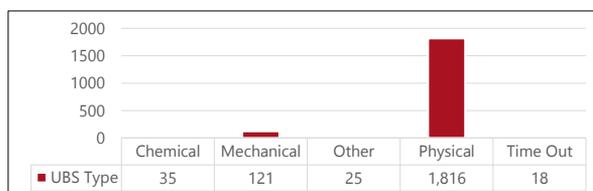
Unapproved behavior support. "Unapproved behavior support" means the use of an aversive strategy or intervention prohibited by of rule 5123:2-2-06 of the Administrative Code or an aversive strategy implemented without approval by the human rights committee or behavior support committee or without informed consent, that results in a likely risk to the individual's health and welfare.

An aversive strategy or intervention prohibited by 5123:2-2-06 of the Administrative Code that does not pose a likely risk to health and welfare shall be investigated as an unusual Incident.

44

Reporting of Unapproved Behavior Supports

- There were 2,015 reported UBS in 2015.
- In 87% of all cases there was no injury.
- 13% minor injuries were sustained.
- Anytime, you place your hands on someone that is not approved, there is a risk of harm.



-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.

45

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.

Examples: falls, broken finger of unknown origin, scalding burn to hands from faucet.

There were 1,619 reported Significant Injuries.

734 of those were falls.

46

Significant Injuries-Falls



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%
2015	734	1619	45%

47

Medical Emergency

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

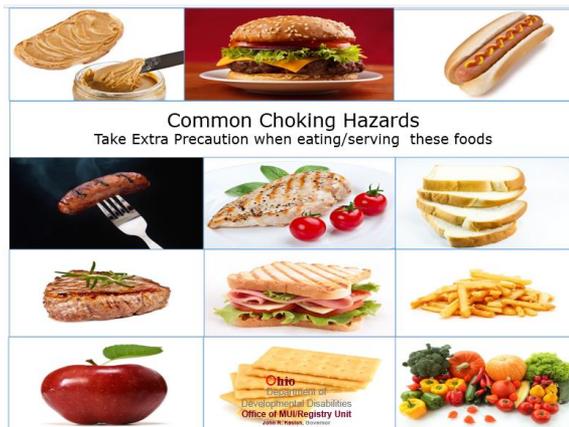
Examples include: choking relief techniques such as back blows or cardiopulmonary resuscitation, epinephrine auto injector usage, or intravenous for dehydration.

There were 703 medical emergencies filed in 2015.

- Abdominal Thrusts were used on 262 occasions and back blows were used 85 times, accounting for 49% of all medical emergencies.
- Dehydration was 2nd highest category with 99 reports.

48

Choking Prevention- You are the key



- *Right Diet*
- *Proper Positions- 90 degree angle during all intake*
- *Supervision*
- *Take precaution with foods that are common choking hazards*
- *Document all choking incidents*
- *Notify the doctor or nurse of any swallowing concerns*

49

High Risk Medical Conditions

A special emphasis should be placed on those with high risk conditions as these conditions can change rapidly and consistent monitoring is key to maintain stable health.

Those who provide care to people with high-risk medical conditions should frequently talk with the person about any changes or symptoms that might be developing, in order to identify any potential issues at their earliest stages.

If a person is in charge of their health care for themselves, (i.e. scheduling their own appointments, administering their own medications) then those who provide care can still offer assistance and support in complying with medical direction.

50

High Risk Medical Conditions

- *Individuals on blood thinners, whose blood tests are monitored closely*
- *Brittle diabetics*
- *Cardiac pacemakers/implanted cardio-defibrillators/severe cardiomyopathy*
- *Refractory or hard to control seizures*
- *End stage kidney failure/dialysis patients*
- *Individuals with high risk of falls*
- *Advanced COPD/asthma/patients requiring O2*
- *Unstable mental illness: schizophrenia/bipolar/depression*
- *Hormone deficiency: Thyroid, adrenal, pituitary, insulin*
- *Dysphagia/high risk aspiration-G tubes, or specialized diets*
- *Cancer*

51

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.

52

Unscheduled Hospital-2015

- In 2014, there were 5,016 reports of unscheduled hospitalizations (leading reported MUI).
- Unscheduled Hospitalizations make up 25% 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.

53

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)

54

Deaths Trends-2015

- There were 750 reported deaths in 2015 which is a slight decrease from 2014.
- Of the 2015 deaths, 35 were considered Accidental or Suspicious while 715 were Non-Accidental/Non-Suspicious Deaths.
- Heart disease continues to be the leading cause of death for Ohioans with disabilities as well as the general population.
- Pneumonia and aspiration pneumonia continue to make up the next largest causes of death.

Positive Trend: Accidental deaths decreased 39% from the last year.

55

Heart Health

While the numbers for Heart Disease are similar for people without developmental disabilities, **people with developmental disabilities face some additional challenges** when it comes to being heart healthy. According to the American Heart Association, people with disabilities are at an increased risk for cardiovascular disease because they are more likely to:

- Have high blood pressure
- Have abnormal cholesterol and high triglycerides
- Be overweight
- Not get enough exercise or movement



The good news is, it's never too late to lower the risk for heart disease, and changing habits can help to begin reducing risks right away.

- Eat a heart healthy diet:** Eat a balanced diet with plenty of fruits and vegetables. Avoid fried foods, and foods with a lot of salt.
- Get plenty of exercise:** The American Heart Association recommends at least 30 minutes of moderate-intensity aerobic activity at least 5 days per week, or at least 25 minutes of vigorous aerobic activity at least 3 days per week – or a combination of moderate-and vigorous-intensity aerobic activity. You don't even need to go to the gym – walking is great exercise.
- Don't smoke:** Smoking is one of the most dangerous and unhealthy habits you can have. It offers no health benefits, and greatly increases your risk of lung cancer and autoimmune diseases as well as heart disease. Smoking is one of the most difficult habits to break, but it is worth it. Talk with your doctor about ways to quit.

Check out this learning tools for individuals and their caregivers about Heart Health
<http://www.ddssafety.net/health/heart-problems>

56

2015 MUI Review by Percentage

Decided MUIs and Percentage of Total MUIs-2015			
Decided Incident Category	MUI Count	Total MUIs	%
Unscheduled Hospitalization	5,016	19,875	25.24
Unapproved Behavior Support	2,015	19,875	10.14
Alleged Neglect	1,811	19,875	9.11
Significant Injury	1,619	19,875	8.15
Alleged Abuse - PHYSICAL	1,465	19,875	7.37
Peer-to-Peer Acts	1,452	19,875	7.31
Misappropriation	1,246	19,875	6.27
Law Enforcement	860	19,875	4.33
Alleged Abuse - VERBAL	773	19,875	3.89
Non Accidental/Suspicious Death	715	19,875	3.60
Medical Emergency	703	19,875	3.54
Missing Individual	331	19,875	1.67
Alleged Abuse - SEXUAL	294	19,875	1.48
Failure To Report	182	19,875	0.92
Attempted Suicide	123	19,875	0.62
Exploitation	117	19,875	0.59
Rights Code Violation	71	19,875	0.36
Accidental/Suspicious Death	35	19,875	0.18
Prohibited Sexual Relations	20	19,875	0.10
Undecided MUIs as of 2.1.16	1,027	19,875	5.17
Total MUIs Decided 2015	19,875	19,875	100.00

(D) Reporting Requirements

57



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

58

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

59

(D)(5) County Board Upon Notification shall:

- Ensure reasonable measures to protect **all** at risk individuals, as 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

60

(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 when the provider has received an inquiry from the media regarding a major unusual incident.



61

(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

62

(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.

63

(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

64

Abuser Registry



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

95 People were placed on the Registry in 2015.

As of February 17, 2016 there are 685 people placed on the Abuser Registry and 1 Removal

65

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.

66

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.

67

Is It All Cases of Abuse/Neglect, etc?

Registry Definitions:

- 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



68

Abuser Registry

Proof Levels

- Criminal offenses must be proven beyond a reasonable doubt.
- The Abuser Registry definition is found in R.C. 5123.50. It requires clear and convincing evidence and also considers extenuating factors in certain cases.
- The major unusual incident (MUI) definition in Ohio Administrative Code 5123:2-17-02(C)(15)(a)(iii) is the broadest of the three definitions and requires a preponderance to substantiate.

69

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

70

Health & Safety Alerts 1/1/15-12/31/15

- | | | |
|------------|------------|---|
| • 52-12-15 | 12/4/2015 | Winter Weather |
| • 35-11-15 | 11/23/2015 | Preventing Pneumonia |
| • 22-11-15 | 11/13/2015 | Preventing Physical Abuse |
| • 56-10-15 | 10/16/15 | Sexual Abuse Prevention and Reporting |
| • 59-09-15 | 9/2/2015 | Oral Medications for those with Dysphagia |
| • 44-09-15 | 9/2/2015 | Transitions |
| • 02-05-15 | 5/11/15 | Summer Safety |
| • 18-04-15 | 4/8/2015 | Choking |
| • 51-03-15 | 3/13/2015 | Health and Welfare is Priority 1 |

73

Preventing Physical Abuse Alert #22-11-15

Steps to take for suspected/alleged abuse

- 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;
- Remember NOT to infer blame on the victim;
- 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;
- The law says certain people MUST make a report if they have good reason to believe that abuse or neglect has happened; this is called mandated reporting. They include: DD personnel, doctors, nurses and other healthcare providers, mental health professionals, counselors, social workers, teachers and others

Ohio Department of Developmental Disabilities
Office of DD Registry Unit

Health and Welfare Alert
Preventing Physical Abuse #22-11-15

Purpose
The purpose of this Alert is to provide critical information to caregivers on physical abuse prevention. People with developmental disabilities

Persons with disabilities were three times more likely to be a victim of violent crime than the general population according to the Crimes against Persons with Disabilities, 2009-2013 (Summary May 2015) published by the U.S. Department of Justice.

Let fear the individual men not understand

74

Sexual Abuse Alert #56-10-15

Department of Developmental Disabilities
Registry Unit

Health and Welfare Alert
Sexual Abuse Prevention and Reporting
#56-10-15

- Take action if an individual communicates that he or she has been abused. Do not ignore or dismiss any such reports regardless of whether or not they appear plausible. The proper authorities will determine what occurred.
- Get the individual appropriate medical attention.
- Report according to O.A.C. 5123:2-17-02 to Law Enforcement or CSB and to the County Board of DD immediately but within 4 hours. Immediately protect the individual from continued contact with the Primary Person Involved (PPI).
- If the PPI is a staff member, the staff member should be removed from a position of direct contact with individuals. If the alleged PPI is someone other than staff, necessary precautions should be taken to protect others who may be at risk

75

Sexual Abuse Alert #56-10-15

Know the possible signs:

- Ongoing unexplained health problems like stomach aches, headaches
- Display of new fears
- Withdrawal from previously enjoyable activities, places, or persons, suddenly avoiding places or people
- Changes in sleep patterns such as nightmares, trouble sleeping, sudden bedwetting, and other sleep problems
- Dressing in layers of clothing
- Changes in appetite, loss of appetite, weight gain or loss
- Bruising, bleeding, soreness, redness, irritation, itching, and unusual discharges
- Torn or stained underwear or linens
- Sexually transmitted diseases
- New sexual knowledge or sexual behavior
- Sudden difficulty walking or sitting
- Suddenly frightened of certain people or situations

76

Oral Medications Alert #59-09-15

Department of Developmental Disabilities
Multiagency Unit

Health and Welfare Alert
Oral Medications for those with Dysphagia
Alert # 59-09-15

It can be an unsafe practice to give oral medications to individuals with dysphagia, difficulty swallowing. Individuals with neuromuscular diseases, structural changes in the mouth and throat, poor saliva production or who are treated with psychotropic medications are at risks of developing dysphagia. Impaired swallowing can lead to a number of serious consequences, such as aspiration, upper airway blockage, choking, malnutrition, dehydration and increased mortality.

PRECAUTIONS:

Administering Medications via Gastro- and Jejunostomy Feeding Tubes: Why NOT ALL Medications Can Be Given Through This Route.

Medication errors can be the result of administering medications that are incompatible with administration via a tube. Errors also occur from preparing the medications improperly, and/or administering a drug using improper administration techniques. This can lead to a blocked feeding tube, reduced drug effect, or drug toxicity.

Better communication among all team

It can be an unsafe practice to give oral medications to individuals with dysphagia, difficulty swallowing. Individuals with neuromuscular diseases, structural changes in the mouth and throat, poor saliva production or who are treated with psychotropic medications are at risks of developing dysphagia. Impaired swallowing can lead to a number of serious consequences, such as aspiration, upper airway blockage, choking, malnutrition, dehydration and increased mortality.

77

Oral Medications Alert #59-09-15

What steps can be performed to decrease risk of inappropriate medication administration via feeding tube?

1. Establish route suitability - Providers administering medications via the feeding tube should consult with a pharmacist to ensure the medication(s) will be properly dissolved and absorbed.
2. Establish drug and dosage form suitability - Providers should ensure that the form of the drug is appropriate for enteral (feeding tube) administration. Use only immediate-release solid dosage forms or liquid dosage forms. If in doubt, contact ordering physician.
3. Don't mix medications with feeding formulas - Medication(s) should not be added directly to the feeding formula. Mixing drugs with the formula could cause drug-formula interactions, leading to tube blockages, absorption issues, and changes in bowel function.
4. Flush - Any tube feeding should be stopped and the tube flushed with at least 15 mL of water before and after administering each medication.
5. Administer separately - Each medication should be administered separately through the feeding tube.
6. Flush again - The tube should be flushed again with at least 15 mL of water to ensure drug delivery and clear the tube.

78

Transition Issues Alert #44-09-15

- Change in provider
- Move to a different home
- New medication, dose or system of receiving it
- Death or illness of the family member, caregiver or a loved one
- Placement of a feeding tube
- New roommate or housemate
- Change in supervision needs
- Change in diet/texture
- Move to a nursing facility, Mental health facility, developmental center, licensed facility or rehabilitation center
- Change in services provided to the individual
- Job change
- Change in Service and Support Administrator (SSA) or QIID
- Hospitalization
- New pharmacy provider
- Retirement

Ohio Department of Developmental Disabilities Health and Welfare Alert #44-09-15
Office of NonRegulatory Work
2014 North State Street
Columbus, OH 43261-1001
www.ohio.gov

Transition Planning

The purpose of this Health and Welfare Alert is to promote effective transition planning. Effective transition planning includes coordination, communication and information to best serve the individual with changing needs. Our system serves individuals with diverse needs in a variety of settings which can make transition planning challenging.

All DD employees are required to be trained annually on identification and reporting of Major Unusual Incidents (MUIs) and Unusual Incidents (UIs) prior to direct

The purpose of this Health and Welfare Alert is to focus on situations where individuals change providers, services, or settings that could impact their health and safety. It is critical for providers, county boards, and families to understand the importance of completing thorough transitions. Not tending to the important details and poor communication can ultimately lead to serious harm.

With any major transition, health and safety needs must be given top priority. Plan ahead for changes in an individual's life that may create a risk. It is important to ask questions to see if a review or assessment should be completed.

Some of the changes that readily impact individuals are:

- Admission or discharge from hospital/out patient surgery, etc.
- New diagnosed medical/psychiatric condition
- Move to a different residence
- New roommate or housemate
- Move to a nursing facility, mental health facility, developmental center, licensed

The receiving provider must implement the services, monitor for concerns, and notify the county board. **Important things to know/ask:**

- Reason for transfer/change
- Current symptoms (medical, psychiatric)
- Safety issues (PICA, choking hazards)
- Supervision/support needs
- Medical diagnosis
- Current Medication list-dose and route from pharmacy
- Past surgeries/hospitalizations
- Allergies (medications, food or other)
- Presence of metallic foreign body (dental, pacemaker, and other implants make some test, like Magnetic Resonance Image, extremely dangerous)
- Best mode of communication
- Likes and dislikes
- Last menstrual cycle (rule out pregnancy)
- Diet texture; special diet considerations
- Lifestyle choices: smoking, drug/alcohol use
- Adaptive equipment (walker, hearing aids, dentures, glasses and driving wear)
- Financial status/access to funds

Priority Considerations

- Any medical conditions, medications or health related activities such as insulin, blood glucose levels, diabetes checks,

79

Transition Issues Alert #44-09-15

Four important steps in transition process:

1. Ensuring that the receiving provider, including the direct support professionals, is clearly apprised of and ready to meet the individual's needs.
2. The transferring provider must emphasize how they have managed potential health and safety risks; this should also include important historical information about the individual.
3. The assigned SSA/QIPD must actively facilitate the transition to the receiving provider or setting. This includes a review of the plan to assess any new circumstances and determine potential risks. It is important for the SSA/QIPD to ensure the receiving provider has the current plan in sufficient time to train the direct support professionals.
4. The receiving provider must implement the services, monitor for concerns, and notify the county board/medical professionals/team/other supports when there are

80

Keeping Safe in the Summer Alert #02-05-15

Department of Mental Disabilities Health and Welfare Alert #02-05-15
Keeping Safe in the Summer

Did you know?
-Last year over 70 people served were hospitalized for dehydration.
-Some have life-threatening allergies to bee stings.
-Certain medications make you more prone to sun burn.



Summer is an enjoyable time to be outside and visit with family and friends. However, with the warm weather comes some risks. We hope that you will have a fun and safe summer by taking a few simple precautions to protect yourself and those you serve.

FOOD POISONING

INSECTS
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. If a tick becomes attached, get medical help immediately! Usually, a Lyme disease-carrying tick has to be

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

Keeping Safe in the Summer Alert #02-05-15

81

- *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 regularly*

WATER SAFETY

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. It is not recommended.

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, or TOO much strenuous activity.

Keeping Safe in the Summer Alert #02-05-15

82

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

- Heat exhaustion
- Headaches
- Nausea and/or vomiting
- Fainting
- Blurred vision
- 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
- Confusion

If dehydration is suspected, *rehydration* is the key to preventing further complications. Remember to drink lots of fluids!

83

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.



84

Choking Prevention Alert #18-04-15

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
- Follow supervision levels and needed supports
- Provide proper diet texture
- 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)

Health and Welfare is Priority One

#51-03-15

85

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*

Health and Welfare is Priority One

#51-03-15

86

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.

- *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*

87

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 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.*

88

Individuals' Rights



- Be treated nicely at all times and as a person
- Have a clean safe place to live in and a place to be alone
- Have food that is good for you
- Be able to go, if you want, to any church, temple, mosque
- Be able to go to a doctor or dentist when you are sick

89

Individuals' Rights

- Be able to have people help you with the way you walk, talk, do things with your hands, act or feel, if you need it
- Be able to have people help and teach you, if you want
- Be able to have time and a place to go to be by yourself
- Be able to call, write letters or talk to anyone you want about anything you want
- Be able to have your own things and be able to use them



90

Individuals' Rights



- Be able to have men and women as friends
- Be able to join in activities and do things that will help you grow to be the best person you can be
- Be able to work and make money
- Be treated like everyone else
- Not be hit, yelled at, cursed at, or called names that hurt you

91

Individuals' Rights

- Be able to learn new things, make friends, have activities to do, and go out in your community
- Be able to tell people what you want and be part of making plans or decisions about your life
- Be able to ask someone you want to help you, let others know how you feel or what you want
- Be able to use your money to pay for things you need and want with help, if you need it
- Be able to say yes or no before people talk about what you do at work or home or look at your file



92

Individuals' Rights



- Be able to complain or ask for changes if you don't like something without being afraid of getting in trouble
- Not be given medicine that you don't need, or be held down if you are not hurting yourself or others
- To vote and learn about laws and your community
- To say yes or no to being part of a study or experiment

Abuse and Neglect Hotline and Contacts

93

Hotline (866)313-6733

DODD MUI Office
614-995-3810

County Board Emergency Contacts

<http://dodd.ohio.gov/reportabuse/Pages/default.aspx>

www.dodd.ohio.gov



Assessing the Tool Kit

94

Contact Us- Residential Services- Medicaid- Health & Welfare- ←

HOME- INDIVIDUALS & FAMILIES- PROVIDERS-

Select Tool Kit and Resources on Drop Down

Contact Us- Residential Services- Medicaid- Health & Welfare- Traini

HOME- INDIVIDUALS & FAMILIES- Resources

Home



- Abuser Registry
- Major Unusual Incidents (MUI)
- Incident Tracking System and Nursing Continuing Education
- Human Trafficking
- Information Notices
- Well-Informed Newsletter
- Health and Welfare Alerts
- Every Healthy Person Initiative
- Tool Kit and Resources ←
- Medication Administration Committees and Programs

The Tool Kit can be located under the Health and Welfare banner on our website. If you do not see the Health and Welfare Banner, you can also access through Individuals, Families or Providers below.

Assessing the Tool Kit

95

Home → Health & Welfare → Tool Kits

Tool Kit and Resources

Click Here to access the Toolkit



Other Resources

- Person Centered Approaches to Health Welfare Risks

Falls Prevention

- Steady U Website
- Head Injury Health and Safety Alert
- Falls Risk Self-Assessment
- Falls Prevention Health and Safety Alert

Choking Prevention

- Choking Prevention Video
- Choking Prevention Health and Safety Alert

Click here for all the forms and resources

Assessing the Tool Kit

96

Tool Kit and Resources

[Click Here to access the Toolkit](#)

Informational Links

- After Hours Contacts
- Could This Happen in Your Program...
- County Board After Hours Numbers
- County Board Contacts
- New York Times Article
- DOOD Work Sheet
- Abuse/Neglect Reporting
- Access the Abuser Registry List
- Could This Happen in Your Program...
- UI Training
- Family Chat
- Health & Welfare Alerts

Related Rules

- List of County Responsibilities
- Regional Manager Map
- Online Complaint Form

New MUI Rule Revisions

- §123.2-17.02 Appendix A
- §123.2-17.02 Appendix B
- §123.2-17.02 Appendix C
- Revised FAQ
- Revised Rule §123.2-17.02 effective 9-3-15

Other Reference Materials

- Action to take following a death
- Analysis Schedule
- AMUA Fact Sheet
- Call Center Queue
- UI Random Sample CB Check-Sheet
- Analysis Tips - Agency
- Analysis Tips - Independent
- Annual Abuser Registry Notice
- AT A GLANCE - CB BY PROVIDER
- AT A GLANCE - AGENCY
- AT A GLANCE-INDEPENDENT
- Family Chat

Training Presentations

- Domestic Violence and Sexual Assault with Persons with DD Training
- Fall and Burn Prevention Healthcare Providers
- Incident Tracking System Inaker Training
- Planning and Investigating Misrepresentation
- Sarcosis and Developmental Disabilities Training
- UI Training
- 2015 MUI RULE Training for Direct Support Professionals
- 2015 MUI Rule Training for Administrators
- Analysis Webinar 2015
- Appendix C Form Webinar Presentation
- Appendix C Webinar Presentation
- UI and Exception from Training Handoffs
- Domestic Violence and Sexual Assault
- Falls Prevention Training
- MUI Rule Revision Presentation
- Patterns and Trends Training
- Provider Analytics 2014
- Rule Revision Training Video
- Statisticians Presentation 2015
- UI Log Presentation 2015
- UI Training
- Statisticians Webinar
- MUI Rule Webinar
- Falls Prevention Webinar
- Choking Prevention Webinar
- Mental Health and Supports

Forms, Templates and Examples

- Unusual Incident Report Log
- Unusual Incident Report Form
- SEAM OR ANNUAL ANALYSIS REVIEW FORM-AGENCY EXAMPLE
- SEAM OR ANNUAL ANALYSIS REVIEW FORM-INDEPENDENT
- MOU Sample
- PII Letter
- Unapproved Behavior Support Form
- Unsubstantiated Hospitalization Form
- Law Enforcement Form

Investigative Tools

- IA Vacation and Time Off Rotation Example
- Chat Review and Administrative Code
- Referral Phone Listing
- Abuser Registry Definition of Terms
- Annual Abuser Registry Notice
- Investigation Report Example A
- Investigation Report Example B
- Annual Abuser Registry Notice/Medical Information Authorization and Release
- Ohio Clerk of Courts Association
- Webinars that may be useful

Available Resources

Do you have ideas on what we can do to improve training or resources, please let us know.

Presenter Contact Info:

Chuck Davis, MUI Regional Manager
(614) 995-3820

Charles.Davis@dodd.ohio.gov

Connie McLaughlin, Regional Manager Supervisor
614-752-0092

Connie.McLaughlin@dodd.ohio.gov

Scott Phillips, Assistant Deputy Director
(614)752-0090

Scott.Phillips@dodd.ohio.gov