



Health & Safety Alert #19-02-03

Swallowing Problems

This alert discusses the evaluation of swallowing problems and dietary modifications to help address them.

Evaluation of swallowing problem:

- A physician should evaluate an individual who chokes, coughs frequently while eating or drinking, has wheezing respirations or recurrent pneumonia.
- Physician ordered evaluations could include tableside speech therapy evaluation as well as x-ray swallowing study (video fluoroscopy).
- Results of these evaluations may lead to recommendations to:
 - Modify eating habits or use adaptive eating utensils
 - Modify diet texture and/or thicken liquids
 - Consider alternate means of food intake (e.g., feeding tube)

Type and description of diet textures:

- **Regular** This is food served as prepared without changes to texture or size. A person on a regular diet texture will be able to cut his or her food into bite-sized pieces, or will be learning to cut their food into bite-sized pieces and may need some staff assistance to do so.
- **Chopped** This is food served after cutting into one-inch diameter pieces - the size of a quarter. This is used for people who do not cut their own food for each bite because they are impulsive or have other mealtime concerns. People on chopped diet textures should receive their bread and bread products cut into quarter size pieces as well.
- **Ground (also called mechanical soft)** This is served in pieces that are ground beef or rice-sized. This is for people who may lack sufficient teeth for grinding but can do some mashing of their food against the roof of their mouth with their tongue. Food should be ground up using a food processor or blender, and liquids may need to be added to increase moisture content of the food, to bind the food together and to make swallowing easier. Examples of ground foods: Oatmeal, tapioca, cottage cheese and ham-salad. *Note: Some foods (chicken, pork, some fruits and vegetables-those with tough skins or seeds like lima beans, corn peas)*

are too coarse to grind and are served pureed to individuals on ground diet textures.

- **Pureed:** This is for people at high risk for airway aspiration or obstruction and who do almost no oral preparation. Pureed foods are prepared similar to ground foods; however, there should be no particles at all in the mix. Some foods are difficult to puree all the particles out, especially some meats (such as sausage casing) and fibrous vegetables (such as broccoli stalk). The pureed food should be smooth, with no lumps. *Examples of pureed food: Yogurt, mashed potatoes, applesauce, and pudding.*

Important: All modifications of diet texture and thickening of liquids must be prescribed by a physician.

Cautions:

- **Meats and salads (raw fruits and vegetables):** These are denser so some individuals may have a separate texture order for meats and salads. A prescribed diet may remove access to meat eaten off of chicken or turkey bones.
- **Bread Products:** People on ground and pureed diet textures need to have their bread products lightly soaked to decrease the possibility of airway aspiration or obstruction. Milk is often the best thing to moisten bread products with, although gravy or the juice from meat is also a good choice. Often you can cut the bread into dime-sized pieces and cover it with meat to soak the bread.
- **Vending Machine Items:** It's important to help individuals make safe choices for themselves when they are at vending machines, and when they eat out in restaurants. Softer foods such as Nutri-grain bars, puffed corn, cheese puffs, 3 Musketeers Bars, soft Hershey Bars, muffins, and cookies that can be soaked are acceptable for people on ground and pureed diet textures after they are properly prepared.
- **Sandwiches:** People on ground and pureed diet textures should eat their sandwich with a spoon or fork. Cut their bread into one-inch pieces and soak it lightly with milk. It is a good idea to mix the meat and bread together with a spoon to obtain a consistent texture like in a casserole.

Thickened Liquids:

Some individuals may need more than just food texture changes to be safe. Thickened liquids may be used to decrease the likelihood of aspiration for someone with difficulty controlling the muscles in his or her mouth and throat. A thickened liquid moves more slowly in the mouth so the person has more time to manipulate it before the liquid reaches his or her throat. Thickened liquids also tend to hold together better, and not spread out all over the mouth. It's easier to gather the liquid up for the swallow. The vast majority of individuals do not require thickened liquids and can swallow non-

thickened or thin liquids. A swallowing study is used to determine the type of thickened liquid to use.

Types of Thickened Liquids:

- **Nectar** - slightly thick consistency, which you can feel when you stir it, but if you pour it from a spoon, it still comes off the spoon in drops.
- **Honey** - consistency like honey that is sitting at room temperature. When you pour it from the spoon, it comes off in sheets.
- **Pudding** - thick like pudding, but smooth - should plop off an upside down spoon; should not look like mashed potatoes.

Always remember that if a person needs thickened liquids, all foods must be as thick as the prescribed liquids. Pureed foods may require additional thickening before serving.

Things to Remember about Mixing Thickened Liquids:

- Follow instructions on the thickener packets for thickening liquids, which are not pre-thickened and trust your judgment. The results you get depend on the temperature and type of liquid. You will need to check and be sure the final product looks like it should.
- Mix the liquid first and let it set awhile as you fix the rest of the meal. The liquid will keep getting thicker for about 10 minutes, so be patient.
- Be sure to get all of the lumps out. Stirring constantly and quickly in the same direction for at least 10 seconds helps and use the back of the spoon to mash lumps against the side of the cup. If needed, pour more liquid in slowly.
- Prepared products (pre-thickened liquids) are available.

For further information about feeding tubes, refer to *Feeding Tube Health and Safety Alert*.

To ensure effective communication, please share this with staff who are in the position to best use it in protection of the health and safety of the individuals being served.

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

January 2004



Department of
Developmental Disabilities

Office of MUI/Registry Unit

John R. Kasich, Governor
John L. Martin, Director

Health & Safety Alert #20-04-12

Falls

Falls accounted for 7 deaths and 45% of all injuries reported as Major Unusual Incidents (MUI) in Ohio last year. There were even more falls that did not result in major injury but may have negatively impacted an individual with a disability. Falls often lead to fear and a restriction/reduction in physical activities. In some cases, reductions in activities can lead to physical weakness which could actually increase the risk of falling.

Falls and fall related injuries are a significant issue for individuals with developmental disabilities. In addition to the significant risk of injury, falls impact an individual's quality of life, ability to work and level of independence. While environmental factors play a role in falls so does a person's age, medical conditions and medications. This alert addresses facts about falls as well as risk factors for consideration related to falls.

Known Facts about Falls:

- Most falls occur at home when individuals are going about their usual activities of daily living.
- Individuals with a developmental disability may not have the protective reactions to prevent serious injuries when they fall.
- Advanced age and medical condition(s) may increase the possibility of injuries due to falls.
- Ohioans aged 65 and older experienced a 125% increase in the number of fatal falls from 2000-2009 according to the Ohio Department of Health.
- Some medication(s) may have side effects which may contribute to falls.
- The more falls an individual has, the greater the chance of injury.
- Falls and fear of falling can result in a decreased quality of life, reduction in activities, social isolations and depressive symptoms.
- There are numerous risk factors that increase the probability of an individual falling.

Individual Internal Risk Factors:

There are particular conditions that an individual may have or exhibit which are unique to the individual. These factors include but are not limited to:

- a) Lower extremity weakness, upper extremity, or one sided muscle weakness
- b) Balance disorders
- c) Ambulation/Gait difficulties
- d) Visual deficits (cataracts, change in vision)
- e) Use of sedative–hypnotic medications; use of four or more medications including prescribed medication and over the counter medications
- f) Functional and cognitive impairments
- g) Psychotropic medications
- h) Age
- i) Seizure disorder
- j) Chronic or acute pain
- k) Blood pressure, blood thinning and other medications that can cause dizziness when getting up due to a temporary drop in blood pressure upon standing (postural hypotension)

Environmental External Risk Factors:

These are factors related to the environment or environmental conditions. These factors include but are not limited to:

- a) Poor lighting
- b) Slippery floor surfaces or changes in floor surface (e.g. from carpet
- c) Transfers/pivots
- d) Stairs - Lack of handrails
- e) Wires, light cords or other objects in the environment or on the floor which an individual can trip on/over
- f) Ill-fitting or untied shoes or ill-fitting pants

- g) The use of adaptive devices
- h) Uneven walking surfaces
- i) Getting in and out of vehicles
- j) Weather conditions such as ice and rain
- k) Spills or clutter

The following locations were the most frequently identified for falls through MUI data review:

- a) Bathrooms
- b) Bedrooms
- c) Stairs, including those on buses and vans
- d) Falls from one's wheelchair
- e) Doorways
- f) Outdoor uneven surfaces

Common causes included:

- a) Tripping over objects on the floor
- b) Losing balance during transfer pivots and turns
- c) Medical conditions
- d) Seizures
- e) Water/urine on the floor
- f) Peer confrontations

Falls Prevention:

The first step in prevention is to understand why the person is falling. The review should include a history of fall circumstances and identification of possible internal and external risk factors. A professional assessment completed by a nurse, physician, or physical

therapist/occupational therapist may be necessary to identify acute or chronic medical problems, vision issues, and mobility/balance concerns.

Specific recommendations would be based on the findings of the review and assessment but could include:

- Professional evaluation of mobility skills
- Review of both over the counter and prescribed medication that may have side effects that contributing to falls
- Specific supervision requirement/assistance during high risk activities identified by previous assessment. High risk activities might include: standing, sitting, bathing, walking outside and entering/exiting vehicles.
- Exercise program for lower extremity weakness, poor grip strength, balance problems
- Modification or correction of environmental risk factors including lighting, grab bars, hand rails and reflective strips along the door ways
- Treatment of medical problems
- Use of mechanical support devices for assistance with ambulation
- Special adaptive equipment including helmets, gait belts, etc.
- Training for support staff

It is important to realize that any fall has the potential to result in serious harm. Risk factors for falls should be clearly explained to individuals or their guardians along with the benefits or potential risk of any alternative interventions. Information should be included in the support plan/s to help mitigate risks and protect health and safety.

Please make sure that all employees are informed regarding this information to help prevent future injuries from falls.

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

REISSUED: APRIL 2012



Health & Safety Alert #21-08-03

Emergencies - Accessing Help & Initiating CPR

Accessing Help in Emergencies

Individuals with developmental disabilities, whether they live independently or are part of a household, may encounter times when immediate assistance is needed from emergency responders, such as police, fire, and emergency medical services (EMS/ambulance). Review of MUIs revealed that at times it might be necessary for individuals who are receiving services to summon these resources themselves.

Understanding how and when to dial 9-1-1 should be an integral part of training for emergencies for all individuals and staff. This can be part of meeting Medicaid standards for safety programs.

In some localities, the 9-1-1 services are able to accept special information about a household that would assist the emergency responders. Examples of such information include hearing or speech impairment, ambulation ability, special medical conditions, or the location of a bedroom.

We suggest that you contact the 9-1-1 oversight agency or local law enforcement to provide such information regarding an individual residing at a specific address if you determine it could facilitate response to emergency calls. Oversight agencies vary by locality, and include county and city government and public safety departments (police, sheriff, fire).

It is also important for staff to understand when they should call 9-1-1. Training should be provided to help staff to recognize circumstances in which a call to 9-1-1 is needed *prior to* a call to the nurse or physician. Training should also be provided to help nurses to recognize circumstances in which the nurse should instruct the staff to call 9-1-1, prior to the nurse assessing the individual in person. Nurses should also be aware of their ability to call 9-1-1 prior to notifying the physician when they recognize an emergency situation.

The individuals who are receiving services should also be included in training regarding how to access help in emergencies and calling 9-1-1.

Emergency Contact Information

Emergency contact information (9-1-1, ambulance, police, fire, nurse, physician, family, etc.) should be posted near the phone for easy access.

Initiating CPR

Situations where CPR is needed are often chaotic and stressful. Regular training and practice help staff to respond appropriately in these situations and begin CPR if indicated. Each year supervisors should periodically ensure staff know what to do and when, and to define the roles of direct care staff and nursing staff.

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

January 2004



Health & Safety Alert #22-02-04

Preventing Physical Abuse

The purpose of this alert is to provide information to assist agencies in preventing physical abuse.

Prevention of Physical Abuse

Physical abuse allegations represent close to 10 percent of all Major Unusual Incidents in Ohio. Potential for abuse increases where you have people who must depend upon others for physical assistance and support. Services are often provided in isolation where oversight is limited, and there may not be others present that witnessed the abuse. Allegations are often difficult to prove where there may not be physical injuries, and the victim has problems communicating what occurred.

Although preventing abuse is difficult, there are actions that employers can take to reduce the likelihood of abuse.

- 1) *Screen your employees prior to hiring.* Check references of previous employers and check any gaps with employment. Be sure to conduct your background checks. Although it may take more time in the hiring process, it will certainly save time and energy in the long run.
- 2) *Observe how your employees interact with consumers.* Being “gruff” may be someone’s personality, but it is not acceptable when interacting with others. Watch for people who are easily angered or who might be experiencing personal hardships. Be mindful of employees who always want to control the situation or control what the consumer does. This staff behavior often leads to abusive situations.
- 3) *Ensure that your staff are given the tools to do their job.* Ongoing training and communication are so important. Training is not enough. Staff must be able to apply what they have learned. The standard on how people are treated needs to be clear to all who work in the agency. Talking about difficult situations with agency supervisors and administrators should be encouraged. Remember, if direct support staff are not provided with solutions to everyday problems they

face, they will come up with their own. Agencies should consider ways for staff to “step back” from a situation when they feel they are losing control.

- 4) *Be mindful of staff who are regularly working excessive hours, or are not relieved on time, or in situations where staffing numbers are low. This can be a source of frustration or anger that gets directed towards consumers.*
- 5) *Supervisors should be taught good skills in communicating and confronting improper situations. Supervisors should conduct “drop in visits” frequently. Are staff applying the standards for how people are to be treated?*
- 6) *Regular training, along with supervisors checking staffs’ application of this training needs to occur for recognizing reporting and preventing abuse.*
- 7) *Freedom to report must be embraced by the agency. Staff should never feel punished for honest reporting.*
- 8) *Encourage routine family or friend involvement in the lives of the individuals.*
- 9) *It is critical for direct service employees to know and be able to identify signs and symptoms of abuse in order to obtain immediate assistance for the consumer. When abuse occurs, remember to take care of not only the physical injuries, but also the emotional injuries that occur. Ensure the person is safe from future harm.*

Reminder:

Allegations of abuse require immediate reporting by Rule to the County Board of MRDD, MUI Contact person. Unreasonably failing to make a report where the employee knew or should have known that the failure would result in a substantial risk of harm, may result in placement on the Abuser Registry.

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

February 2004



Health & Safety Alert #23-06-10

Constipation and Bowel Obstruction

The purpose of this alert is to provide guidelines on preventing or reducing the likelihood of constipation and bowel obstructions. Constipation is more than a quality of life issue. Complications from constipation can cause marked disability, even death. Complete blockage of bowel function (Bowel Obstruction) is always fatal unless recognized and treated in time. It requires hospitalization with medical or surgical intervention. Family members and staff who are familiar with an individual are the best persons to alert medical caregivers to signs of illness as individuals with developmental disabilities may not recognize or be able to communicate their symptoms.

What is constipation?

- A state in which an individual experiences a decrease in frequency and/or passage of hard, dry stools; difficult defecation; sluggish action of the bowels

Causes of constipation:

- Poor or irregular bowel habits.
- Not drinking enough fluid.
- Eating a poor diet low in fiber and high in animal fats or sugars.
- Physical inactivity (travel, prolonged bed rest due to illness, injury, or functional limitations).
- Surgery on the intestine or rectum.
- Many prescription and non-prescription medications.
- Medical conditions such as stroke, cancer, hemorrhoids.
- Increase in emotional or physical stress.

Drug classes associated with constipation:

- Pain medication containing codeine or other narcotic
- Minerals – iron, calcium, antacids, barium
- Medications which affect the nervous system such as anticonvulsants, antidepressants, antipsychotics

Complications of constipation include:

- Behavioral difficulties or change in behavior.
- Bowel problems from straining and passing hard stool (hemorrhoids, tear in bowel wall, bowel lining pushed outside, twisting of the bowel).
- Leakage (incontinence) of stool.
- Fecal impaction (hard stool completely or nearly completely obstructs the bowel).
- Loss of blood flow to the intestine, bowel perforation, severe infection, and death.

Symptoms of constipation include:

- Abdominal bloating or swelling, cramping, pain.
- Change in behavior (behavior as a response to abdominal discomfort).
- Straining at stool, stool that is small, hard, and difficult to pass.
- Pain, discomfort or blood with bowel movement.
- Liquid stool moves around the partial obstruction.
- Nausea, decreased appetite, weight loss, new reluctance to walk.

Prevention of constipation and maintenance of healthy bowel habits:

1. Develop regular bowel habits
 - Establish a toileting routine 5-15 minutes after a meal.
 - Allow time to sit undisturbed on the toilet (at least 15 minutes) to have a bowel movement and to develop regular bowel movement patterns.
 - Ignoring the urge to have a bowel movement can lead to constipation.
2. Eat well-balanced, fiber-rich, meals on a regular schedule
 - Fiber-rich foods include unprocessed wheat and oat bran, whole wheat and whole grain bread, and fresh fruits (such as apples, raisins, uncooked prunes, blackberries, raspberries, dried apricots) and vegetables (such as corn, peas, beans, lentils, Brussels sprouts, squash).
3. Drink enough fluid, generally six to eight 8-ounce glasses of non-caffeinated, non-alcoholic fluid per day.
4. Exercise, such as walking, running, swimming, or passive exercises for those with limited mobility or who are at bed rest.
5. Use of laxatives (bulk and osmotic), stool softeners, lubricants and enemas must only be done with the guidance of a physician or nurse. Drinking enough fluid is essential when using bulk laxatives (fiber supplements) and stool softeners.

Medical evaluation of constipation:

Symptoms of constipation that last longer than two weeks, symptoms of constipation that are severe (regardless of duration), changes in normal bowel habits, and complications of constipation should be evaluated by a physician.

Expect the physician or nurse to:

- Discuss the importance of normal bowel habits and the factors which influence bowel movements.
- Investigate for medical conditions that may be causing or contributing to constipation.
- Review medications that may be causing or contributing to constipation.
- Order diagnostic testing based on needs identified in their assessment.

Symptoms of bowel obstruction include:

- Abdominal pain ranging from mild to severe
- Vomiting – especially when repeated or having fecal odor
- Fever and chills
- Reluctant to eat
- Change in responsiveness or behavior
- Abdominal bloating or swelling, cramping
- Straining at stool

Remember:

- A person who vomits fecal material needs immediate medical attention.
- Diarrhea can occur with a fecal impaction or partial obstruction.
- Mild symptoms of constipation or obstruction can resemble the flu, so be aware of associated bowel habit changes and report them to your health care provider.
- It can be embarrassing for individuals to talk about problems related to constipation. It's important to provide guidance and support to individuals and allow them an active role in monitoring their diet, bowel movement schedules, etc. Some individuals can't communicate well regarding pain, and other indicators or bowel complications. It's up to the care provider to monitor them very closely and provide feedback to medical personnel immediately.

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

REISSUED June 2010



Health & Safety Alert #24-01-04

Heart Disease

Heart Disease Leading Cause of Death for all Americans

Heart Disease is the leading cause of death in the general population, as well as, with individuals with MRDD. “Heart disease” includes arteriosclerotic cardiovascular heart disease (ASHD, ASCVD), heart attack (myocardial infarction, MI), hypertension (HCVD), heart failure (CHF), congenital, rheumatic or valvular heart disease, arrhythmias, or cardiomyopathy. “Strokes” result from an interruption of the blood flow to the brain (cerebrovascular accident, CVA) and can also be a sign of heart disease.

Risk factors for heart disease include:

<i>Age</i>	<i>Smoking</i>	<i>Diabetes</i>
<i>Family history</i>	<i>Obesity</i>	<i>High cholesterol</i>
<i>Gender</i>	<i>Physical inactivity</i>	<i>High blood pressure</i>

Several congenital syndromes such as Down Syndrome, Marfan Syndrome, and Prater-Willi Syndrome have a much higher risk of cardiac disease.

Risk factors for heart disease fall into two categories – those you can change, and those you cannot. You cannot control your family history, age or gender; however, there are things that can be done to prevent and/or control other risk factors.

Healthy eating habits, exercise and weight control are extremely important. Low fat, low cholesterol foods are heart healthy. The diet should emphasize lean meats, baked, roasted or grilled chicken (skinless) and fish, and multiple daily servings of fruits and vegetables. To promote heart health, also limit fatty, fried foods, salt, caffeine and calories.

Other ways to promote heart health:

- STOP smoking!
- Exercise regularly.
- Control cholesterol with medication if diet/exercise are not effective.
- Diabetics need to maintain blood sugar levels and be monitored closely for control.

- Normalize blood pressure through diet/exercise and/or medication.
- Good dental hygiene – gum disease and abscesses can lead to infections in the heart and blood.
- Stress management.
- Limit alcohol intake.

Symptoms of stroke include:

- Slurred speech.
- Weakness, numbness or paralysis (unable to use) of one side of body or face.
- Drooping of one side of face.
- New onset weakness in a hand, arm or leg.
- Severe headache.
- Change in level of alertness.
- Vision change.

Remember – heart disease can occur in all people of all ages. Physician examinations should be maintained for all individuals, but be done more frequently and with specific attention to cardiac health in those with any of the above risk factors.

Stay alert for symptoms such as:

- Unexplained fatigue.
- Shortness of breath.
- Abnormal skin pallor or bluish colored skin.
- Decrease in appetite or difficulty in swallowing.
- Agitation, which may be coming from chest pain (angina) or anxiety associated with the unpleasant inner sensation of cardiac rhythm changes.

Important: Don't wait! Seek immediate medical attention when signs and symptoms are present!

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

January 2004



Health & Safety Alert #26-02-07

Leaving Individuals Unattended in Vehicles

The purpose of this Alert is to heighten the awareness of county boards and providers on the dangers of leaving people unattended in vehicles and on the need for good systems to prevent such occurrences.

Leaving someone unattended in a vehicle may create a serious risk of harm to that individual. Some of these include frostbite or hypothermia in the winter and heat exhaustion or heat stroke in the summer. In addition, individuals may leave the bus, or may have a seizure or other health-related emergency.

It is important that good systems be put in place to account for individuals and that staff are well-trained and follow the system. Some examples are:

Occupied or Empty Bus Sign System

A sign is attached to the inside, back of a van or bus that reads occupied when individuals are on the bus and changed to empty when the passengers all get off. The driver is responsible at the end of each run to walk to the back of the vehicle and change the sign. It is important to walk through and check each seat as there have been several situations where the individual was not visible from the front.

Bus Attendance

Taking bus attendance is another important aspect of ensuring individuals are entering and exiting the vehicle. Follow-up should always occur when a rider is absent from getting on the bus.

The above systems should be complemented by a system in the school, workshop, or day habilitation. If the person does not show up and is not on the call-off list, then a call is made to their home.

It is important to note, that many county boards and providers have very good systems already in place for accountability. With these good systems, we would like to encourage everyone to make sure they are being followed as well. Several of the incidents have occurred when the identified procedure was not followed.

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

2/07



Health & Safety Alert #27-04-05

Preventing or Reducing Occurrences of Neglect

The purpose of this alert is to assist and enable staff to identify ways to reduce or prevent neglect, to identify potential neglect situations and to understand causes that lead to neglect.

Neglect is reported as a major unusual incident (MUI) in our system when there is a failure to provide treatment, care, goods, services or supervision *and* there is a reasonable risk of harm. Identifying situations with a reasonable risk helps in preventing future situations where harm might actually occur.

Neglect tends to fall into two major categories: *Supervision Neglect* and *Treatment Neglect*. Supervision neglect occurs when an individual is to have a specified supervision level and that level is not maintained with a resulting reasonable risk of harm. Treatment neglect occurs when the individual is to receive treatment/services as identified in an individual service plan (ISP), a medical order, or other recommended treatment and this does not occur and there is a reasonable risk of harm.

Preventing or Reducing Occurrences of Neglect

- **Ensure staff understand the supervision they are to provide. Ensure the supervision type is consistent with where the person is, such as at the workshop, home or in the community.**
- **Review serious incidents that have occurred to see how to handle them differently in the future.**
- **Know the major causes of neglect and strategize to eliminate them in your agency.**
- **Talk frequently with your staff regarding barriers to providing care, following plans, providing supervision and address the basic causes.**
- **Minimize, as possible, the opportunities for unfamiliar support staff to be working in an isolated situation.**
- **Clearly define expectations/work rules to help eliminate possible neglectful situations (e.g., no personal errands when working with individuals, no one should be left unsupervised in the bathtub).**
- **Provide ongoing proactive managerial/oversight in homes. Particularly during times identified as problematic (evenings and weekends).**
- **Ensure that individuals are assessed by medical professionals when displaying sign/symptoms of serious illness.**
- **Train all staff on the signs and symptoms of serious illness. Make sure all employees are trained on all emergency procedures.**

A review of 6 months of substantiated neglect cases revealed the following information:

Examples of Supervision Neglect:

- Left at home alone.
- Left in vehicles.
- Insufficient staff to cover assigned supervision levels.
- Staff sleeping.
- Staff ratios not maintained as identified.

Examples of Treatment Neglect:

- Failure to follow proper routine medical care.
- Failure to provide routine care.
- Failure to secure person during transportation.
- Failure to follow behavior plan.
- Failure to follow dietary plan.
- Medication errors.
- Failure to respond to medical emergency.
- Failure to follow agency policies and/or procedures.

Top 5 Causes Identified in Review of MUIs:

- Failure to supervise - left home alone.
- Failure to provide routine medical care.
- Failure to supervise - various situations.
- Sleeping on duty.
- Failure to provide routine care.

Injuries from Neglect

The data reflects that injuries from neglect occur in 22 percent of all substantiated cases. In another 31 percent, a substantial risk of harm was identified. The major causes with injury fall into the *Treatment Neglect* category approximately 66 percent of the time. The primary causes resulting in injury were as follows:

1. Failure to provide routine medical care.
2. Failure to provide routine care.
3. Failure to secure persons during transportation.

The remaining one-third fall under *Supervision Neglect*. The primary causes were as follows:

1. Being left alone at home.
2. Lack of medical supervision.

Location

In 70 percent of the cases reported, both types of neglect occurred in the individual's home environment. The remaining 30 percent involved workshop, transportation and home.

Causal Factors

Staff who fail to provide services or supervision are not necessarily alone in the accountability for neglect. Causal factors can also be linked to provider policies and practices.

1. Staff Training

- Staff are not trained or sufficiently trained on IPs, Medical Plans and BSPs, and do not understand what they are to do.
- Keeping up with changes of IPs, Medical Plans and BSPs, staff turnover.
- Not taking the time to learn based on previous incidents.

2. Administration

- Unrealistic workload and staff assignments.
- Unclear expectations of staff behavior and performance.
- Supervisors are not well trained on providing quality oversight and monitoring.
- Communication is lacking regarding discussions with staff on handling difficult situations.
- Aware of potential harmful situation and fails to correct.

3. Staff

- Bad choices being made by caregivers.
- Caregivers placed in situations where there are no good choices.
- Caregivers unfamiliar with individuals whom they are to support.

For any questions regarding this alert, please contact the MUI/Registry Unit at (614) 995-3810.



Health & Safety Alert #28-06-05

Observable Signs & Symptoms of Illness and Injury

The purpose of this alert is to provide some general guidelines to staff on what action is appropriate based on the signs and symptoms that are observed or assessed when a consumer is in distress, appears ill or is injured.

Some individuals, based on their particular health concerns, may require a response and action that is not listed in this alert. It is important to document this special response and action in the Individual Service Plan (ISP) and clearly communicate this need to all persons who help support the individual.

The situations listed in this alert may not be all inclusive, so please add others appropriate to your agency.

Important:

When in doubt, seek medical attention immediately.

When to call 911/call for an Ambulance:

- The person appears very ill; sweating, skin looks blue or gray.
- Symptoms develop suddenly; individual stops usual activity or starts to act unusual.
- Severe, constant abdominal pain.
- Bleeding heavily, despite direct pressure.
- Blood pressure of 220 or above for upper number and/or 120 or above for lower number
- Blood pressure below 90 for upper number, when normally above 90
- Pulse (heart rate) is less than 40 or greater than 140
- Difficulty breathing and/or severe wheezing.
- Chest Pain.
- Fainting, loss of consciousness, or won't wake up
- 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.
- Seizure lasting 2+ minutes; one seizure right after the other; person does not wake up after the seizure; person does not start breathing within one minute after seizure stops (is CPR needed?).
- Possible stroke; new weakness, loss or change in speech.
- Repeated vomiting/diarrhea less than 12 hours but not responding normally.
- Any bloody or coffee grounds looking vomit/diarrhea.
- Sudden loss of vision.

When to take an Individual to the Emergency Room/Hospital:

- 24 hours of poor eating/drinking/urination with dry mouth, tongue or eyes.
- Moderate bleeding that stops after 5 minutes of direct pressure, sutures seem needed; ***apply pressure while transporting.***
- New onset of confusion lasting over 1 hour.
- Fall, gets up on own but complains of pain or can't walk normally.
- Shaking chill with or without fever.
- Fever over 103 by rectum or 102 by mouth.
- Temperature is 95 or less rectally.
- Repeated vomiting/diarrhea over 12 hours.
- Suffers burn that blisters or skin comes off.

When to call the doctor's office:

- First degree burns, including sunburn (that are reddened or blistered).
- Earache or sore throat.
- Fever less than 103 by rectum or 102 by mouth.
- New onset incontinence.
- New rash.
- Increase in seizure numbers.
- Repeated vomiting/diarrhea more than 6 but less than 12 hours; not holding down small sips of liquids; responds normally.

When to call Poison Control:

- Ingestion of toxic substances.
- Ingestion of wrong medications with a potential to poison.
- Ingestion of wrong amount of prescribed medication and unable to consult with a health care professional.

If you think there may be a health problem:

- Call or talk to your nurse, your supervisor, or the individual's doctor.
- Talk to other staff about what you see.
- Write down what you see.

If you have any questions, please contact the MUI/Registry Unit at (614) 995-3810.



Health & Safety Alert #29-11-02

DNR Orders DRAFT (REVISION)

DNR Comfort Care Program

Purpose:

The ODMRDD Mortality Review Committee has noted that several individuals chose to have a “do not resuscitate” order and thus avoid aggressive medical procedures as they die. The purpose of this Alert is to clarify the DNR Comfort Care Program and to aid individuals in the distinction between DNR Comfort Care and DNR Comfort Care-Arrest. *Individuals and guardians must be fully informed and involved in the process of deciding to have a DNR order.*

The DNR Comfort Care Program outlines a standardized protocol for the withholding of cardiopulmonary resuscitation. The DNR Comfort Care protocol is very specific in terms of what treatment is to be given and what treatment is to be withheld. Go to the link below and scroll down to the, Do-not resuscitate protocol, Appendix A to review that information.

<http://www.odh.ohio.gov/rules/final/f3701-62.aspx>

Important points to remember about the DNR process in the DNR Comfort Care Program:

- DNR Comfort Care-Arrest (DNRCC-A) status is for persons who still want aggressive treatment of their illness but have made the decision that if they reach a point of stopping breathing (respiratory arrest) or not having a pulse (cardiac arrest) they want all resuscitative efforts stopped. Prior to a respiratory arrest or cardiac arrest, the person receives resuscitation per existing EMS or facility protocol. The end point of care is when mechanical ventilation or electrical stimulation of the heart is needed.

- DNR Comfort Care (DNRCC) status is for persons who have made the decision not to seek aggressive management of their disease. Their wish is to have the treatment plan geared to comfort measures only. The goal of DNRCC is to treat pain and suffering not the disease process. This is for when all medical treatments have been exhausted or are considered futile and no hope of recovery exists (at the end-stages of disease processes). None of the following components of CPR are to be provided: administration of chest compressions; insertion of artificial airway; administration of resuscitative drugs; defibrillation/cardio version; provision of respiratory assistance; initiation of resuscitative intravenous line; initiation of cardiac monitoring.

Emergency Medical Services Personnel Compliance with DNR, OAC 3701-62-07

Emergency medical services personnel will comply with the DNR protocol for the person under the following circumstances:

1. DNR identification possessed by the person is provided.
2. A written DNR order is provided.
3. Oral DNR is issued to EMS by the physician.

EMS staff should verify the identity of the physician who gave the order and ascertain the relationship of the medical personnel to the individual (e.g., primary care physician, ER physician, on-call physician).

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

DNR Comfort Care and DNR Comfort Care-Arrest forms and the Ohio Administrative Rules regarding the DNR Comfort Care Program are available on the Ohio Department of Health DNR Comfort Care Web Site

Forms

<http://www.odh.state.oh.us/forms/formfinder.aspx>

Administrative Rules

<http://www.odh.ohio.gov/rules/final/f3701-62.aspx>

June 2007



Health & Safety Alert #30-08-12

Change in Living Location

Change in Living Location

Situation - Several very serious incidents--including one accidental death--have occurred following an individual's move from one residence to another. There is often unfamiliarity with the area and issues arise that the consumer may not have faced before.

Alert - Consideration should be given to all factors when planning an individual's move to a new location. One factor is where the individual works and how they will safely get to and from work.

The level of risk and supervision for each individual should reflect an individualized assessment of the consumer's ability to manage independence. Housing coordinators should request verification of suitability of each placement from a safety perspective. Concerns should be addressed with the service coordinator and placement team. Reviews should consider where the individual works in relation to the proposed housing option. Careful consideration must be given to how the individual will be getting back and forth from work and the dependability of the transportation mode *during all the times and days their work or leisure interests require*. The team should also discuss other issues such as neighborhood traffic densities, traffic patterns, proximity to shopping, existence of sidewalks, documented successful completion of travel training, etc. All concerns should be documented.

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

Reissued August 2012



Department of
Developmental Disabilities

Office of MUI/Registry Unit

John R. Kasich, Governor
John L. Martin, Director

Health & Safety Alert # 31-09-12
Preventing the Flu
Seasonal Influenza Vaccination Time is Here!!

The purpose of this Alert is to encourage all individuals and caregivers to be vaccinated for the flu. The single best way to protect against the Flu is to get vaccinated each fall. Note: The flu season can start as soon as early October, so vaccinations should occur as soon as possible.

The seasonal influenza vaccine is formulated to protect against the three strains of flu that public health researchers believe will be the most common during the upcoming season. That calculation is based on flu trends observed in the previous year and usually includes two influenza A subtypes and one influenza B subtype.

On February 23, 2012 the World Health Organization recommended that the Northern Hemisphere's 2012-2013 seasonal influenza vaccine be made from the following three vaccine viruses:

- *an A/California/7/2009 (H1N1)pdm09-like virus;*
- *an A/Victoria/361/2011 (H3N2)-like virus;*
- *a B/Wisconsin/1/2010-like virus (from the B/Yamagata lineage of viruses).*

While the H1N1 virus used to make the 2012-2013 flu vaccine is the same virus that was included in the 2011-2012 vaccine, the recommended influenza H3N2 and B vaccine viruses are different from those in the 2011-2012 influenza vaccine for the Northern Hemisphere.

In the U.S. influenza causes an annual average of 36,000 deaths ranking 7th among all causes of death. In addition, the flu results in high numbers of hospitalizations and work loss days.

The list below includes the groups of people more likely to get flu-related complications if they get sick from influenza.

People at High Risk for Developing Flu-Related Complications:

- People 65 years and older;

Division of Legal & Oversight (800) 617-6733 (Phone)
1800 Sullivant Avenue (614) 995-3822 (Fax)
Columbus, Ohio 43223-1239 (866) 313-6733 (Hotline)
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- People who live in nursing homes and other long-term care facilities that house those with long-term illnesses;
- 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.)
- People who live with or care for others who are high risk for complications. This includes:
 - Household contacts and caregivers of people with certain medical conditions including asthma, diabetes, and chronic lung disease.
- Pregnant women
- American Indians and Alaskan Natives

If you get the flu, antiviral drugs are a treatment option. Check with your doctor promptly if you have a high risk condition and you get flu symptoms. Symptoms can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Your doctor may prescribe drugs to treat your flu illness.

People who have medical conditions including:

- Asthma
- Neurological and neurodevelopmental conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Blood disorders (such as sickle cell disease)
- Endocrine disorders (such as diabetes mellitus)
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Weakened immune system due to disease or medication (such as people with

- HIV or AIDS, or cancer, or those on chronic steroids)
- People younger than 19 years of age who are receiving long-term aspirin therapy
- People who are morbidly obese (Body Mass Index, or BMI, of 40 or greater)

Who Should not be Vaccinated?

There are some people who should not be vaccinated without first consulting a physician. These include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- People who developed Guillain-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine previously.
- Influenza vaccine is not approved for use in children less than 6 months of age.
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.
- Adults and children 6 months and older with chronic heart or lung conditions, including asthma

Vaccine Side Effects

The flu shot: The viruses in the flu shot are killed (inactivated), so you cannot get the flu from a flu shot. Some minor side effects that could occur are:

- Soreness, redness, or swelling where the shot was given
- Fever (low grade)
- Aches

If these problems occur, they begin soon after the shot and usually last 1 to 2 days. Almost all people who receive influenza vaccine have no serious problems from it. However, on rare occasions, flu vaccination can cause serious problems, such as severe allergic reactions.

Good Health Habits

Good health habits are also an important way to help prevent 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. When obtaining your annual flu vaccine, ask your physician if you qualify for the pneumonia vaccine also.

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

REISSUED: September 2012



Department of
Developmental Disabilities

Office of MUI/Registry Unit

John R. Kasich, Governor
John L. Martin, Director

Health & Safety Alert #32-06-12

Misappropriation

Misappropriation Alert

The National Crime Victimization Survey notes there were 11.7 million cases of property theft in the United States in 2009. This means that nearly 100 households out of every 1000 experienced some kind of property theft.

The Department of Developmental Disabilities (DODD) collects misappropriation (theft) data through Major Unusual Incidents reporting. This information is calculated by gathering incident specific data reported through the Incident Tracking System (ITS). In 2010 there were 961 substantiated theft allegations involving individuals with developmental disabilities in Ohio. Overall allegations of theft made up over 11% of the total number MUI's reported.

Given the current economic environment it's probable that the number of misappropriation allegations will continue to grow. It is critical that the field of developmental disabilities take a comprehensive look at fiscal management systems to assure individual protections. The department convened a small committee in 2010 to look at issues surrounding theft in Ohio. The committee recently completed their work and offered recommendations (some of the protocols created by the committee have been included as useful tools within this alert) to help reduce the number of theft allegations by enhancing tracking and follow up.

The following Health and Safety Alert has been developed to provide information to Individuals, Families, County Boards and Providers in an effort to reduce the number of theft allegations within our support system.

Personal Property Theft:

Theft of property continues to be a significant concern in Ohio. Based on (ITS) data reviewed for calendar year 2010 the following items are most likely to be stolen from an

Division of Legal & Oversight (800) 617-6733 (Phone)
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individual with a disability (Cash 60%, Electronics 20%, Food /Groceries/Supplies 10%, Medications 5% and Clothing and other items 5 %.)

It is clear when reviewing data that the cash on hand within an individual's home is the most susceptible to theft. A review of incidents reported throughout Ohio indicates that security of money, checks, credit /debit and ATM cards is a tremendous concern. In an effort to combat these thefts solid tracking systems need to be in place for securing individual funds. Reconciliation of accounts on a routine basis to assure that balances are accurate is a must. Tracking who has access to funds is important to identifying who may have been responsible for the theft. The incidents throughout the state where the department has seen large sums of money stolen involve a failure to reconcile accounts on a routine basis. Many of the incidents have involved a manager who was responsible for verifying accounts who either didn't do so or he/she was actually implicated in the theft itself. Providers of service should assure that oversight is being provided at all levels within the organization.

Individual's personal items are also being stolen and must be protected. Data indicates that electronics seem to be taken at higher rates than any other personal items. TV's, DVD players, cell phones, computers and video games are at the top of the list for items likely to be stolen. These items must be inventoried and tracked carefully in order to protect individual's property.

Identity Theft:

Identity Theft is the most common type of fraud as reported by the Federal Trade Commission. Identity theft involves criminals stealing personally identifying information in order to commit a multitude of crimes. Opening credit card accounts, establishing utilities, and withdrawing cash from ATM accounts are all examples of identity theft that has been reported in 2010. According to a 2010 Javelin Report Identity Theft in the United States totaled 54 billion dollars in losses in 2009. This is clearly a problem that can impact anyone and all citizens should pay very close attention to.

Protecting individual's personal private information is the only way to reduce identity theft over time. Individuals with developmental disabilities require assistance from care givers to take care of many of their day to day needs, As a result personal and private information is available and accessible to many people. Social Security numbers, birth certificates, checking and saving account numbers, Personal Identification Numbers (PIN's) etc...are all key pieces of information that must be protected. Care givers must understand the importance of the responsibility to protect this very valuable information. Failure to do so can have a devastating impact.

Medication Theft:

Theft of medications including narcotics and psychotropics continue to be an issue of concern for individuals with developmental disabilities. Criminals are taking the medications to sell and make a profit “drug diversion” or they are addicted themselves and are stealing to use. Establishing a sound system for monitoring medications is the best step to avoid theft of medications. Storing medications in a safe and secure manner, reviewing the MAR’s routinely to assure that medications are being delivered as required, monitoring medication passes in an effort to assess the skills of the provider of service as well as assure appropriate medication distribution. Avoid overstocking medications as a convenience as this causes a much greater risk of theft.

Education:

Education regarding theft issues is very important to positive outcomes for individuals in Ohio. Training regarding what to report and how to report is an integral piece of the puzzle when attempting to effect positive change. Making sure that everyone understands that sharing private information with someone you really don’t know is very dangerous and can result in potential theft. Individuals should always have access to local law enforcement contacts, county board Investigative Agents, county board SSA’s and the departments Hotline number. Ohio has a very responsive health and safety system but it requires accurate and timely reporting to actively protect individuals.

Summary

- 1.) Secure cash appropriately and reconcile accounts routinely to make sure expenses are tracked appropriately and balances are accurate. (See Attached Protocols)
- 2.) Protect individual’s personal / private information to avoid identity theft. Avoid allowing too many people access to personal private information within the ISP. Assure that a shredder is available to appropriately discard personal / private information.
- 3.) Inventory and track larger, more expensive items like electronics and furniture to protect individual’s property. (See Attached Protocols)
- 4.) Store medications securely and safely. Monitor the distributions of medications via the MAR or actual medication administration observation. Avoid overstocking of medications for care giver convenience.
- 5.) Assist individuals to protect themselves. Provide education and training regarding the dangers of sharing information with strangers, inviting strangers into your

home and lending money to people you really don't know. Teach skills to protect individual's personal and private information. Make sure that individuals know how to report a potential theft. Assure access to appropriate phone numbers (local law enforcement, county board SSA, county board investigative agent and the department of developmental disabilities Hotline number.)

- 6.) Provide training to all providers of service reminding them of the importance of protecting individual's finances and property. Reminders through training should include the fact that theft from a disabled individual is elevated to a felony offense and can also result in placement on the State of Ohio's Abuser Registry.

REISSUED: June 2012



Health & Safety Alert # 33-01-06

Avian Influenza (Bird Flu)

The purpose of this Alert is to heighten the awareness of the field regarding the avian influenza (bird flu), provide general information regarding its potential and risk, and provide a link for more information.

What is the Avian Influenza?

The avian influenza is an infection caused by bird flu viruses. These flu viruses occur naturally among birds. Wild birds worldwide carry the viruses in their intestines but usually do not get sick from them; however, avian influenza is very contagious among birds and can make some domesticated birds, including chickens, ducks, and turkeys very sick and kill them.

What is the Implication of Avian Influenza to Human Health?

The two main risks for humans are the risk of direct infection when the virus passes from the infected bird to humans and if given enough opportunity, the virus will change into a form that is highly infectious for humans and spreads easily from person to person. Bird flu viruses do not usually infect humans but more than 140 cases of avian influenza (H5N1) virus has been reported in Asia. Unlike seasonal flu which usually causes mild respiratory symptoms, H5N1 infection may follow an unusually aggressive clinical course causing rapid deterioration and high fatality. Primary viral pneumonia and multi-organ failure have been common among people who have become ill with the H5N1 influenza.

Does the Current Seasons Flu Vaccine Protect Me?

No. The vaccine for 2005/2006 season does not provide protection against the avian influenza.

Influenza Pandemic Preparedness

What changes are needed for H5N1 or another avian influenza virus to cause a pandemic?

Three conditions must be met for a pandemic to start: 1) a new influenza virus subtype must emerge; 2) it must infect humans and causes serious illness; and 3) it must spread easily and sustainedly (continue without interruption) among humans. The H5N1 virus in Asia and Europe meets the first two conditions; it is a new virus for humans and it has infected more than 100 humans, killing over half of them.

However, the third condition, the establishment of efficient and sustained human-to-human transmission of the virus has not occurred. For this to take place, the H5N1 virus would need to improve its transmissibility among humans.

The Center for Disease Control is working with the World Health Organization (WHO) and other scientific agencies to monitor locations of cases of the flu and the development and testing of vaccines to combat the H5N1 virus. For current information, visit the WHO website at http://www.who.int/csr/disease/avian_influenza/en/.

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

January 2006



Health & Safety Alert #34-08-06

Dehydration

Dehydration continues to be one of the major causes for unplanned hospitalizations and the second leading cause for medical emergencies. It is important to understand who is at risk, ways to monitor and prevent dehydration, and the treatment that is generally required.

There are many causes of dehydration but the basic problem is always either too little fluid in or too much out.

Individuals at risk for dehydration:

- Have difficulty in swallowing (e.g., due to stroke, etc.).
- Are unable to recognize and/or express their sensation of thirst.
- Cannot obtain or drink fluids independently.
- Need more fluids because of their physical activity.
- Take certain medications such as Lithium, diuretics, laxatives, steroids, and psychotropics.
- Have renal (kidney) disease.
- Are ill with elevated temperature (>102 degrees F).
- Exposure to heat and high temperatures (>85 degrees F).
- Repeated vomiting.
- Frequent watery bowel movements
- Have Alzheimer's or other dementias.
- Have major psychotropic disorders or depression.
- Have repeated infections.

It is suggested that county boards, teams, and providers assess individuals at risk for dehydration to determine a course of action as appropriate to mitigate the risk. The plan should be shared with all who help support the individual.

Routine monitoring and prevention of dehydration:

Awareness must be kept high about the food and fluid intake of anyone with a risk factor. Fluids should be offered with meals and between meals. Formal intake of food/fluid and output of urine/stool (I/O) recording should begin at the earliest suspicion for dehydration. It is important that intake reflect the actual amount consumed, not just the amount served. The frequency of any emesis should also be noted on the I/O record.

Signs of Dehydration:

These may include

- a change in the individual's level of responsiveness
- decrease in saliva
- dry mouth or eyes
- decreased urination or presence of dark, foul smelling urine
- change in the normal elasticity of the skin
- increase in body temperature

Any of these signs should prompt you to begin treatment immediately. If seizure activity or loss of consciousness occurs in addition to any of the above signs, transfer the individual to an emergency facility for evaluation and treatment.

Treatment of Dehydration

- Start oral re-hydration with frequent, small amounts of fluid (one tablespoon every 15 minutes), and increase fluids as tolerated to a minimum of 48 ounces/day per individual.
- Increase the free water flushes for a person receiving enteral feeding.
- Monitor electrolyte balance to avoid sudden changes or over-correction.
- Adjust medication doses as needed until fluid balance is restored.
- Oxygen supplementation may be helpful if hypotension is present.
- Intravenous fluids and hospitalization may be needed if oral re-hydration has not been started early enough or if the individual cannot tolerate adequate fluids orally.

The prognosis for recovery is excellent when treatment is provided in a timely manner. If oral re-hydration does not start early enough or if the individual cannot tolerate adequate fluids orally, transfer to an acute care facility should not be delayed. Untreated or poorly treated severe dehydration may result in seizures, permanent brain damage, collapse and death.

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

August 2006



Health & Safety Alert #35-08-06

Pneumonia

Pneumonia is the second leading cause of death and unplanned hospitalizations. It is an inflammation of the lung tissue and can be caused by infection or aspiration.

The purpose of this Alert is to identify factors and conditions that may increase the risk, signs and symptoms that would indicate the need to contact a physician, and ways to help prevent pneumonia.

It is suggested that county boards and providers assess individuals that have a high risk and develop a plan to help mitigate the risk. All persons that support the individual should be aware of the signs and symptoms as well as the plan.

Factors and conditions that may increase the risk of contracting pneumonia:

- Age: elderly and young. Smoking. Recent illness: upper respiratory infection, influenza, viral illnesses. Chronic Lung Conditions: Asthma, emphysema, cystic fibrosis, chronic bronchitis. Aspiration secondary to: difficulty swallowing, gastro esophageal reflux disease, tube feeding, seizure disorder, cerebral palsy, suppressed or absent cough or sneeze reflex. Immune system altered or weakened, alcoholism Cirrhosis, spleen removed or not functioning, certain cancers and cancer treatments, HIV infection, malnourished, certain medications (e.g., steroids). Hospitalization, sedentary lifestyle, intravenous drug abusers. ***Signs and***

Symptoms of Pneumonia that Indicate the Need to see a Physician

- Sudden onset of cough productive of discolored phlegm (bloody or containing pus colored yellow, green or brown/rust). Shaking chill(s) and/or high fever (usually >102.5 degrees F). Chest pain, especially sharp pain under the ribs. Pulse (heart) rate increase, Respiratory (breathing) rate increase.
- Breathlessness or atypical agitation, restlessness. Mental confusion, abdominal pain. Blueness to skin, lips, nails (not enough oxygen getting to the tissues). Worsening cough: a dry cough that becomes wet, productive of phlegm; elderly with minor cough for more than a few days. Symptoms of an upper respiratory infection that do not resolve or steadily worsen. ***Prevention of***

Pneumonia

- Vaccinations: Influenza vaccine, pneumococcal vaccine. Individuals should discuss with their physician if the influenza and pneumococcal vaccine is appropriate for them. Exercise: active, passive exercise for those with limited mobility. Positioning: elevation of head and trunk, during and for at least 30

minutes after eating. Swallowing evaluation if signs of possible swallowing problems. Stop smoking. Proper diet. Always use universal precautions to avoid carrying bacteria and viruses from sick to healthy individuals.

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

AUGUST 2006



Department of
Developmental Disabilities

Office of MUI/Registry Unit

John R. Kasich, Governor
John L. Martin, Director

Health & Safety Alert #36-12-11

Bathtub Drownings

The purpose of this Alert is to heighten the awareness of families and employees to the potential for bathtub drowning. Drowning deaths are preventable and supervision is the key. This Alert will provide some interesting facts and discuss how to prevent these tragic incidents.

Did You Know?

- ❖ Drowning is one of the leading causes of death in 1-4 year olds.
- ❖ For every child that drowns, another 4 are hospitalized and 16 receive emergency care for near-drowning.
- ❖ A majority of bathtub drowning victims drown during a brief (less than 5 minutes) lapse in supervision.
- ❖ Children may drown in an inch or two of water.
- ❖ Non-fatal drowning can cause brain damage which results in long-term disabilities.
- ❖ For persons with seizure disorders, drowning is the most common cause of unintentional injury death.
- ❖ Bathtub drowning occurs because of a lack of adult supervision. Adult supervision means direct visual contact without other distracting activities.
- ❖ A person will lose consciousness 2 minutes after submersion with irreversible brain damage occurring in 4 to 6 minutes.

Prevention Equals Adult Supervision

- ❖ Never leave an at risk child or adult unattended in the bathtub for any reason.

- ❖ 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.

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

REISSUED – December 2011



Department of
Developmental Disabilities

Office of MUI/Registry Unit

John R. Kasich, Governor
John L. Martin, Director

Health & Safety Alert #37-01-13

Hot Water Burns

The purpose of this Alert is to heighten awareness to the danger of burns from hot water. The most common hot water burns occur during baths or showers. Scald burns caused by moist heat can result in significant injuries. The following information identifies burn classifications, treatment options, cause and contributing factors and several ways to prevent burns in the future.

Classification of Burns

1st Degree burn – causes redness and swelling in the outermost layers of the skin.

2nd Degree burn – involves redness, swelling, and blistering. The damage may extend to deeper layers of skin.

3rd Degree burn – destroys the entire depth of the skin.

Did you Know?

- Adults will get 3rd degree burns on exposure to hot water in **less than one second** at 160 degrees and between 9 and 10 minutes at 120 degrees.
- Children will get 3rd degree burns on exposure to hot water in **less than ¼ of a second** at 160 degrees and **just over 3 minutes at 120 degrees**.
- Children are at risk as their skin is thinner than that of adults.
- Individuals, who are elderly, may be less sensitive to extreme temperatures so the withdrawal reflex may be delayed.
- The severity of a burn injury depends on the temperature of the liquid, length of time exposed, age of the victim, and the size of the area affected.
- Only cooling stops the skin from burning.

Treatment

- It is critical to immediately remove non-sticking clothing and apply cool water. This is to begin to cool the skin.
- Wrap the burn loosely in clean cloth. Don't use oils, butter, etc.
- Seek immediate medical attention for all but minor burns.

Causes/Contributing Factors

- Failing to routinely check water temperatures in the home (120 degrees or less).
- Hot water tanks that don't have tempering valves or thermostatic mixing valves (Regular maintenance on these valves 60 – 90 days).
- Failing to test water before individuals enter the bathtub or shower.
- Leaving individuals unattended in the bathtub or shower

Prevention

- Provide appropriate supervision as required to protect individuals during bathing times.
- Make sure all supplies needed for the bath/shower are available prior to entering the bathroom so supervision can be maintained from start to finish.
- Do not allow other interruptions to take away from appropriate supervision (phone calls, doorbells etc...)
- 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.

Hot water burns are preventable.....Let's work together to help keep everyone safe.....!!

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

RE-ISSUED: January 2013



Department of
Developmental Disabilities

Office of MUI/Registry Unit

Ted Strickland, Governor
John L. Martin, Director

Health & Safety Alert #38-12-06

Exceeding Manufacturer's Recommended Dose

The purpose of this Alert is to heighten the awareness of providers and county boards to a concern noted by the Mortality Review Committee in several case reviews regarding receiving doses of medication higher than the manufacturer's maximum recommended dosage. The higher dosage is sometimes seen with atypical antipsychotic medication and with SSRI antidepressants.

Guardians, providers, and families should discuss with the physician the potential side effects and benefit/risk ratio of exceeding the manufacturer's recommended maximum dose.

Staff should closely monitor individuals who receive increased dosages for:

1. Changes in levels of alertness, abilities.
2. Changes in ability to walk or sit upright.
3. Changes in eating.
4. Changes in speech or vocalizations.
5. Changes in abilities to perform daily activities.

Alert the physician when you see any of the above changes.

Persons responsible for the individual's health care should also ensure that appropriate monitoring of liver function tests along with drug and metabolic levels are performed. Serum ammonia levels can help diagnose occult liver disease even in the absence of toxic drug levels but this testing is not routine and requires special testing.

Don't be afraid to ask on behalf of the individual

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

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Department of
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Office of MUI/Registry Unit

John R. Kasich, Governor
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Health & Safety Alert #39-06-12

Peanut Butter Safety

The purpose of this Alert is to heighten the awareness of all readers on the potential risks when eating peanut butter. A clump of peanut butter lodged in the throat is extremely difficult to dislodge. The combination of peanut butter and partially chewed bread makes a plug which can block the airway and be fatal.

Because peanut butter offers an enjoyable source of nutrition, here are reminders of how to enjoy it safely.

- Peanut butter should be applied in a thin layer (1 – 1 ½ teaspoons for one slice of bread, no more than 1 tablespoon for two slices).
- Offer fluid to drink before and during eating to moisten the mouth and reduce sticking.
- Bite sizes should be small, about the size of a quarter, and closely monitored. Each bite must be chewed well and swallowed before the next one is taken.
- Sips of fluid between bites will help ensure that the mouth and throat are cleared of peanut butter.
- The pace of eating should be monitored to ensure individuals are not rushing or putting too much in their mouth.
- Teams should assess a specific individual's risk whenever there are known eating problems but **stay alert with everyone.**

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

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