

MUI means the alleged, suspected or actual occurrence of an incident when there is reason to believe the health or welfare of an individual may be adversely affected or an individual may be placed at a reasonable risk of harm.

For persons served by the DD system or that will be served as a result of the incident, MUIs are filed in all cases of Deaths, Attempted Suicide, Missing Individual, Law Enforcement, Abuse, Neglect, Exploitation, Misappropriation, Prohibited Sexual Relations, Peer to Peer Acts and Failure to Report. Other categories of MUIs such as Medical Emergency, Rights Code Violations, Significant Injury, Unapproved Behavior Support, and Unscheduled Hospitalizations are filed when the incident occurs with a DD licensed or certified provider or in county board operated programs.

TYPE/ DEFINITION	PROBES	EXAMPLES
<p><u>PHYSICAL ABUSE</u></p> <p>Physical force that can reasonably be expected to result in physical harm or serious physical harm as defined in section 2901.01, through actions that include but are not limited to, hitting, slapping, pushing or throwing objects at an individual.</p>	<p>The level of force could reasonably result in harm.</p> <p>Law Enforcement (L.E.) or Children Services is contacted when the situation is an alleged crime.</p> <p>Was a prone restraint utilized?</p>	<p>The care provider allegedly slaps the individual in the face leaving a red mark.</p> <p>DSP (Direct Support Professional) pulls the individual's arm behind the individual's back, dislocating the individual's shoulder.</p> <p>DSP threw a wooden-handled brush at the individual, hitting the individual's forehead.</p> <p>A neighbor is seen kicking an individual repeatedly in the back.</p> <p>A janitor roughly pushes the individual against locker, causing the individual to hit his head on the locker.</p> <p>Teacher noted what appears to be cigarette burns on a 7-year-old individual's shoulder blades.</p> <p>DSP throws a punch at the individual; the individual ducks the punch. During a 2 person escort the individual turns his head towards the DSP and spits in his face. The DSP then takes the individual's arm and twists it behind his back and puts pressure</p>

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		<p>on the arm. The individual yells out that his arm hurts and he is sorry. The co-worker assisting with the escort tells the DSP that he needs to stop before he hurts the individual.</p> <p>Individual, who is 23 years old, comes to the day-hab. and reports that his mom, whom he lives with, hit him on his hand (knuckles) with a large metal spoon. Individual states that it hurt really badly and the individual has some red marks on his knuckles.</p> <p>Individual is walking home after getting off of the bus when he is beat up by 3 young men who he has never seen before.</p> <p>There is an altercation between a 14-year old not served student at South High and a 15-year old served student in the hallway. The 14 year old is overheard calling the fifteen year old names and seen punching him in the face. The 15 year old was heard repeatedly asking him to stop hurting him.</p> <p>An individual alleges that the DSP placed him in a prone restraint yesterday evening.</p>
<u>SEXUAL ABUSE</u>		
<p>Unlawful sexual conduct or sexual contact as those terms are defined in 2907.01 and the commission of any act prohibited by section 2907.09 of the Revised Code (e.g., Public Indecency- R.C. 2907, Importuning- R.C. 2907.07 and Voyeurism 2907.08).</p>	<p>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.</p> <p>Conduct includes oral sex or penetration including digital or with objects.</p>	<p>The DSP sends a picture of his penis through a text message to an individual served.</p> <p>DSP person is masturbating in front of an individual.</p> <p>An individual alleges DSP made the individual touch the roommate's "private area." While the DSP watched and touched himself.</p> <p>It was reported that the bus driver was witnessed stroking the thigh of an individual served who is 12 years old. The witness believes this was done for sexual arousal of the driver.</p>

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<u>SEXUAL ABUSE</u>		
	<p>Law enforcement or CSB should be contacted.</p>	<p>DSP is reported to be fondling individual's breast.</p> <p>Individual reports that her husband is forcing her to have sex. Husband is not served by DODD.</p> <p>Female individual is reporting that her Mom's new boyfriend that lives with them has been touching her private areas when her mom is at work. She does not like to be alone with him due to how he looks at her and touches her.</p>
<u>VERBAL ABUSE</u>		
<p>Using words, gestures, or other communicative means to purposefully threaten, coerce, intimidate, harass, or humiliate an individual.</p>	<p>What was the intent of the words or gestures along with individual's reaction?</p> <p>What specific words were used?</p> <p>Were the words threatening, coercive, intimidating, harassing or humiliating to the individual?</p> <p>Threatening words or pictures that are sent through communicative means should be filed as an MUI.</p> <p>There may be times that the texting or sending messages through electronic means will rise to the level of menacing and LE may need to be notified.</p>	<p>The individual alleges that their father threatened to punch him if he did not do the dishes.</p> <p>DSP threatens to give the individual's dog away if he tells on them for slapping another individual.</p> <p>DSP reports a co-worker yelling at individuals, swearing and calling them derogatory terms.</p> <p>DSP tells the individual, "If you don't go to bed with me, you won't be going to the picnic this weekend."</p> <p>Individual is agitated and is being verbally redirected by DSP. Individual starts spitting at DSP. Male DSP is heard telling the individual that if he spits at him one more time that he will get knocked out. DSP states that he doesn't get paid enough to put up with this.</p> <p>An employee who is on administrative leave due to an allegation made by an individual is now on Facebook stating that if she gets fired because of the lies the individual is saying, that she is coming to that house and beating up the individual for lying. The Individual is now reporting that this DSP is texting her and threatening her for telling on her.</p>

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<u>VERBAL ABUSE</u>		
		<p>Individual reports that a DSP person is texting her and asking if she will have sex with him. Her text back says that she does not like him but he continues to ask for sex through the text messages.</p>
<u>MISAPPROPRIATION</u>		
<p>Depriving, defrauding, or otherwise obtaining the real or personal property of an individual by any means prohibited by the Revised Code, including Chapters 2911. and 2913. of the Revised Code.</p>	<p>Was there intent to deprive or defraud?</p> <p>Did the individual have capacity to consent for DSP to borrow money</p> <p>Value of the item does not matter.</p> <p>Length of time, if replaced, does not matter.</p> <p>Were items or money taken from the individual?</p> <p>Does the property belong to the individual?</p> <p>Is there reason to believe the money or item was taken?</p> <p>Identity Theft is to be filed as Misappropriation. Misappropriation should be filed even when the individual is not out funds, however, their identity has been stolen.</p> <p>When the County Board suspects theft</p>	<p>The individual's bank account shows several unauthorized withdrawals.</p> <p>The individual's certificates of deposit (CD's) are withdrawn/cashed without individual's knowledge.</p> <p>Sister gets a cellular phone with the individual's identification and then runs up bill with personal calls.</p> <p>Friend used the individual's ATM card to make unauthorized cash withdrawals.</p> <p>A "friend" that the individual met on line has an individual co-sign for a loan even though the individual doesn't understand what he/she is signing for.</p> <p>Due to an inventory inspection, there is an allegation that DSP is taking some of the groceries to their home when returning from the grocery store. The allegation states that the DSP may be eating the individual's food without permission.</p> <p>Individual's brother is using the individual's identity to purchase a cell phone.</p> <p>DSP is seen taking four (4) pairs of jeans out of the individual's closet and placing them in her car.</p>

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<p><u>MISAPPROPRIATION</u></p>		<p>Allegation is that the individual's Aunt is filing taxes for him without his approval. The individual does not live with the aunt. The Aunt is keeping the money she receives from the government.</p> <p>There is \$314 unaccounted for when balancing the checkbook. Receipts are missing and the individual denies making or authorizing any purchases; theft is alleged.</p> <p>Individual had dental surgery two days ago and was prescribed pain medication as needed. When DSP opens the pill container they find only 2 pills left and there should be 8-10 pills in the container.</p> <p>DSP assists the individual with purchasing multiple gift cards so the individual can give them out as Christmas presents. The gift cards are placed in the lock box on November 29. It is now December 20 and no one seems to know where the gift cards are.</p> <p>It was discovered someone used the individual's name and SS number to open a credit card account without the individual's knowledge and \$2,199 was charged to the account.</p>
<p><u>NEGLECT</u></p> <p>When there is a duty to do so, failing to provide an individual with any treatment, care, goods, supervision, or services necessary to maintain the health or welfare of the individual.</p>	<p>Does the person(s) have a duty to provide care and it was not provided?</p> <p>Does the ISP state the risk and/or the duty needed to ensure the individuals health and welfare?</p> <p>If the neglect is criminal, LE and CSB should be contacted.</p>	<p>An individual had a seizure disorder and is placed in a warm bath and is left alone while DSP goes out to smoke a cigarette.</p> <p>DSP failed to secure an individual's wheelchair on the bus and when the bus stops, the individual tips over resulting in multiple abrasions.</p> <p>The individual's diet requires all food to be cut into dime-sized pieces and DSP gives the individual a slice of pizza.</p> <p>An individual is left on the bus for 3 hours while the outside temperature is extremely hot or cold.</p>

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<u>NEGLECT</u>		
	<p>When filing a neglect MUI, it is important to know what <i>the risk of health and welfare</i> is to the individual.</p> <p>Allegations of extreme weight loss or gain, teeth issues that involve infection and poor podiatry care that makes it a health and welfare concerns.</p> <p>Was there a delay in medical care?</p>	<p>The regular 3rd shift DSP calls off to the on call manager. The on call supervisor did not secure coverage and the 2nd shift DSP left even though no one came to replace them.</p> <p>When an auto accident occurs and the driver has been cited, the definition of neglect has been met. There is a duty, there is a risk and there has been a failure to provide care resulting in harm/potential harm. It is clearly understood that the driver didn't mean to have the accident, but the fact remains that an accident occurred and as a result an individual was placed at risk and the driver is held accountable.</p> <p>Individual with "Eyes-On" supervision for aggression against others is left alone in the living room with other housemates while support DSP takes a break.</p> <p>It is reported that an individual went missing from their IO Waiver home. It is noted that this individual has eyes on at all times supervision.</p> <p>The transportation DSP drops an individual off at home without ensuring that home DSP is there to receive them. Due to severe medical conditions, this individual needs to have DSP support at all times.</p> <p>The individuals, whom can be by themselves for 2 hours, did not have DSP until the first shift came in at 7 a.m.</p>

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<p><u>NEGLECT</u></p> <p>When there is a duty to do so, failing to provide an individual with any treatment, care, goods, supervision, or services necessary to maintain the health or welfare of the individual.</p>	<p>Does the person(s) have a duty to provide care and it was not provided?</p> <p>Does the ISP state the risk and/or the duty needed to ensure the individuals health and welfare?</p> <p>If the neglect is criminal, LE and CSB should be contacted.</p> <p>When filing a neglect MUI, it is important to know what the risk of health and welfare is to the individual.</p> <p>Allegations extreme weight loss or gain, teeth issues that involve infection and poor podiatry care that makes it a health and welfare concern.</p> <p>Was there a delay in medical care?</p>	<p>Neglect of Treatment:</p> <p>An individual is lethargic, presenting with an unsteady gait and slurring his speech. The workshop DSP decides that they will have the nurse check him in 15 minutes. After 15 minutes, the individual seems to be worse so the work shop provider calls his home DSP and tell them to come get him. A lapse of 45 minutes occurs from when the workshop DSP notes this change in status and the home DSP arrive and decide 911 needs to be called.</p> <p>DSP did not administer an individual’s diuretic medication for 5 days and the individual’s feet became very swollen and painful. The individual was taken to the Emergency Room for treatment.</p> <p>An individual complained of a toothache and was taken to his dentist. While there the dentist diagnosed the individual with an abscessed tooth and ordered antibiotic and to return in a week. The home manager forgot to tell anyone and the individual never got his medication and did not return to the dentist for 3 months.</p>

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<p>NEGLECT</p>		<p>An individual’s plan states that due to family history of cancer, she would like to have regular cancer screenings performed and her support DSP will arrange and take to her appointment. DSP did not schedule these appointments and she did not receive any screening for a 5-year period.</p> <p>An individual with a history of cardiac issues is ordered Coumadin and routine blood draws. DSP writes the appointments on the calendar but they do not get scheduled and the individual missed two blood draws.</p>
<p><u>DEATH OTHER THAN ACCIDENTAL/SUSP</u></p>		
<p>Death other than an accidental or suspicious death" means the death of an individual by natural cause without suspicious circumstances.</p>	<p><u>Status A</u> Individuals whose residence was with entities under the jurisdiction of ODH for at least a month – Nursing Homes, Carestar/CareSource, PCG</p> <ol style="list-style-type: none"> 1. Copy of the death certificate /Autopsy /Coroner Report/Supp. Med. Cert. (was the coroner notified) 2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home). 3. Whether the death was expected or unexpected. (DNR, Type, Date issued) 4. What DD services was individual receiving? (Provide reason death was reported to DODD. 	<p>Individual lives in an ICF or residential setting has been ill and when he is discharged from hospital he is placed permanently at a Nursing home and dies there after residing there for at least 30 days.</p> <p>Note: If an individual is in the hospital and dies, the unscheduled hospitalization MUI should be closed and the death MUI opened.</p> <p>Examples (Status A):</p> <ol style="list-style-type: none"> 1. Death Certificate and Autopsy report received and forwarded to DODD MUI unit. Coroner was notified of death on 3/14/16 by county board. 2. Jane passed away in her room at Sunny Acres Nursing Facility. 3. Jane’s death was expected as she had been permanently discharged to Sunny Acres from her I/O wavier home on 12/31/15. She had a DNR-CC that was signed on 12/30/15 due to her diagnosis of Sepsis. 4. Jane had dis-enrolled from the county board workshop and SSA follow up only.

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<p><u>DEATH OTHER THAN ACCIDENTAL/SUSP</u></p>	<p><u>Status B</u></p> <p>Cases involving children and adults who live at home and who had access to health care or Live in the Community with no waiver or have less than 20 hours of services weekly. (Access to health care is defined as having access to a primary care physician or advanced practice nurse on some recurring basis--at least annually.)</p> <p>Note that there is a statutory requirement (ORC 307.621) for all children less than 18 years of age to be reviewed by local counties.</p> <ol style="list-style-type: none"> 1. Copy of the death certificate /Autopsy /Coroner Report/Supp. Med. Cert. (was the coroner notified) 2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home). 3. Whether the death was expected or unexpected. (DNR, Type, Date issued) 4. What DD services was individual receiving? 5. Description of 72 hours prior to hospitalization or Death. (e.g., events, activities). 	<p>Example (Status B) #5:</p> <p>*if the individual died while in the hospital – enter information for 72 hours prior to hospitalization</p> <p>Jack passed away on January 1st after a lengthy hospital stay. (*Note that if the individual died while in the hospital, the hospitalization should have been closed out and a new Death MUI opened)</p> <p>Jack was admitted to the hospital for CHF on December 15th. On December 12th he appeared to be short of breath when he would walk around the house and indicated that he was just tired.</p> <p>13th he didn't have much energy and appeared to be wheezing and did not want to participate in many activities, but indicated that he was okay.</p> <p>14th Jack was coughing and appeared to be confused when you asked him questions and the DSP contacted the physician.</p> <p>*if the individual was not hospitalized prior to death – enter information for 72 hours prior to death.</p>

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<p><u>DEATH OTHER THAN ACCIDENTAL/SUSP</u></p>	<p>Status C Persons who died of cancer or were in a hospice program at the time of death: Persons who died of cancer or were in hospice program at the time of death</p> <ol style="list-style-type: none"> 1. Copy of the death certificate /Autopsy /Coroner Report/Supp. Med. Cert. (was the coroner notified) 2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home). 3. Whether the death was expected or unexpected. (DNR, Type, Date issued) 4. What DD services was individual receiving? 5. Description of 72 hours prior to hospitalization or Death. (e.g., events, activities 6. If individual died in Hospice or died of cancer, please include pertinent past medical treatment indicating health care screening that was conducted and dates and results of health care screenings (cancer screenings). 	<p>Status C – Hospice Cases</p> <p>*If the individual lived in an ICF or a 24/7 residential setting or had a waiver where they received more than 20 hours of service a week with in a month of their moving into a hospice setting and passed away, please answer the 12 questions under “Status D”</p> <p>Status C – Cancer Cases: Please include all screenings and dates they were conducted. What type of Cancer the individual had and when it was diagnosed.</p>

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<p><u>DEATH OTHER THAN ACCIDENTAL/SUSP</u></p>	<p><u>Status D.</u> 12 death questions (All other deaths not covered in the above categories):</p> <ol style="list-style-type: none"> 1. Copy of the death certificate /Autopsy /Coroner Report/Supp. Med. Cert. (was the coroner notified) 2. Location of death (e.g. emergency room, hospital inpatient, home, nursing home). 3. Whether the death was expected or unexpected. (DNR, Type, Date issued) 4. What DD services was individual receiving? 5. Description of 72 hours prior to hospitalization or Death. (e.g., events, activities). 6. If individual died in Hospice or died of cancer, please include pertinent past medical treatment indicating health care screening that was conducted and dates and results of health care screenings (cancer screenings). 7. Law Enforcement investigation 8. Med/Psych Diagnosis prior to Death. 9. Medications individual was taking prior to Death or Hospitalization if the death occurred during hospitalization. 	<p>Past Medical History:</p> <ul style="list-style-type: none"> • List previous surgeries or medical treatments • List previous illnesses (Pneumonia's) and chronic medical problems • Date of the most recent pneumonia vaccine and influenza vaccine • Most recent Height and Weight <p>Aspiration/Pneumonia/Respiratory Failure Cases:</p> <ul style="list-style-type: none"> • What was the diet texture • Was the diet followed • Date of the most recent swallowing study • How did the individual receive their medications

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<u>DEATH OTHER THAN ACCIDENTAL/SUSP</u>		
	10. Past Medical History 11. Name of Primary Physician Aspiration/Pneumonia/Respiratory Failure Cases If the individual was not receiving any active services other than limited SSA due to being on a waiting list, a non-served entry should be completed.	
<u>DEATH -ACCIDENTAL OR SUSPICIOUS DEATH.</u>		
"Accidental or suspicious death" means the death of an individual resulting from an accident or suspicious circumstances.	Person must meet the criteria of being served Death -Accidental or suspicious death. "Accidental or suspicious death" means the death of an individual resulting from an accident or suspicious circumstances. This would include Suicide and Homicide cases. A Protocol A investigation should be completed.	Choking Drowning Fire Suicide Homicide Motor Vehicle Accidents Falls Drug Overdose Suffocation – SIDS

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<u>LAW ENFORCEMENT</u>		
<p>Any incident that results in the individual served being charged, incarcerated, or arrested.</p>	<p>Appendix C Investigation</p> <p>Was the individual, charged, incarcerated or arrested? [CIA]</p> <p>Needs to be filed whether individual is with a provider or not.</p>	<p>Individual is arrested for shoplifting when he pocketed sunglasses when grocery shopping.</p> <p>DSP learns that individual was arrested for dealing drugs in his neighborhood while DSP was not present.</p> <p>Individual receiving limited services tells his SSA that he got a ticket for being drunk and has to go see the Judge next Tuesday.</p> <p>Police show up to an individual’s home and while there taze the person. The police never charge, incarcerate or arrest the person and then leave. This should be filed as a LE a MUI based on the seriousness of the incident, risk to individual and involvement by law enforcement.</p>
<u>ATTEMPTED SUICIDE</u>		
<p>A physical attempt by an individual that results in emergency room treatment, in-patient observation, or hospital admission.</p>	<p>Did the individual make an actual physical attempt that results in:</p> <ol style="list-style-type: none"> 1) In-patient observation 2) Hospital admission 3) Receives treatment at the ER. No harm is required. <p>When an individual has the will and means to commit suicide, this should be a red flag for the team and preventive measures need to be in place with extensive training for the DSP.</p>	<p>After the individual stated she was going to kill herself, she stabs herself with scissors and is hospitalized for a puncture wound.</p> <p>The individual tries to hang himself and is admitted to the psychiatric hospital.</p> <p>The individual jumps off a fire escape onto the paved road below after threatening to kill himself and is admitted to the hospital with a broken leg.</p> <p>The individual attempts to commit suicide by swallowing 30 Tylenol pills; her stomach is pumped at the ER and she is released.</p>

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<p><u>MISSING INDIVIDUAL</u></p> <p>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 service plan that does not result in imminent risk of harm to self or others shall be investigated as an unusual incident.</p>	<p>Consider neglect concerns.</p> <p>What is the Risk to Health and Welfare?</p> <p>Imminent Risk Examples for the individual and others could be - sex offender, medication dependent, Frail health, Dementia, MH/Dual Diagnosis, History of Aggression, poor pedestrian skills</p> <p>If not needed in ISP, are there other circumstances that make immediate discovery of whereabouts of the individual critical to the health/safety of the individual?</p> <p>Other Risk Factors – Neighborhood & Weather</p>	<p>The individual is in the backyard sitting in a lawn chair. DSP is to check on him every 15 minutes but he is now missing when he is checked on. Due to his lack of pedestrian skills and verbal skills. The individual is at risk.</p> <p>The individual is overdue for time sensitive medication administration critical to cardiac health problems. (Example for imminent risk).</p>
<p><u>MEDICAL EMERGENCY</u></p> <p>An incident where emergency medical <u>intervention is required to save an individual's life (e.g., Heimlich maneuver and related choke choking relief techniques such as back blows or cardiopulmonary resuscitation, "Epi-Pen" usage, or intravenous for dehydration).</u></p>	<p>Was the medical condition of a sudden onset?</p> <p>Were emergency medical interventions given, such as Heimlich, CPR, surgery, resuscitation, IVs? (Note: this does not include first aid)</p> <p>Was the emergency medical intervention a lifesaving technique that was necessary to prevent the likelihood of death?</p>	<p>The individual is on the bus traveling from the workshop to residence and suffers an apparent heart attack; CPR is performed.</p> <p>Individual is stung by a bee and Epi Pen is administered.</p> <p>The individual chokes on a hotdog and receives the Heimlich maneuver to clear airway.</p> <p>The individual complains of severe pain on side, vomiting and difficulty breathing. Individual is transported by EMS to ER and treated with IVs due to dehydration.</p>

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<u>MEDICAL EMERGENCY</u>		
		<p>An individual with a diagnosed heart condition is taken to the ER for treatment of chest pain and diagnosis confirms a heart attack; the individual receives Nitro tablets.</p> <p>Individual having multiple seizures taken to ER; Ativan given by IV to stop seizures.</p>
<u>UNSCHEDULED HOSPITALIZATION</u>		
<p>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.</p>	<p>Appendix C Investigation</p> <p>Any hospital admission unscheduled or unplanned?</p> <p>Is the hospitalization to treat an exacerbation of a previously identified medical condition requiring immediate hospital admission not addressed in the ISP?</p> <p>If the criteria for hospital admission with existing conditions are clearly defined in the ISP, it is not an MUI.</p> <p>If there is a life threatening event, even</p>	<p>The individual has a history of high blood pressure, but was hospitalized unexpectedly due to pneumonia.</p> <p>The individual reports severe pain and is admitted for surgery to remove kidney stones.</p> <p>The individual has labored breathing and rapid heartbeat and I admitted to the hospital with a diagnosis of pneumonia.</p> <p>The individual is lethargic and unsteady, goes to the ER and is hospitalized for a possible medication error.</p> <p>Individual complains of chest pains, goes to the hospital and is admitted.</p> <p>An individual goes to the hospital and is kept over 24 hours or longer for observation.</p>
<u>SIGNIFICANT INJURY</u>		
<p>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.</p>	<p>Not considered abuse or neglect.</p> <p>Results in injuries requiring a total of 5 or more sutures or staples</p>	<p>The individual sustains a laceration on the left arm that requires 5 stitches and the cause of the laceration is unknown. The individual is diagnosed with a broken little toe.</p> <p>The individual states he fell down the basement stairs and broke his toe.</p>

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SIGNIFICANT INJURY		
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<u>UNAPPROVED BEHAVIOR SUPPORT</u>		
<p>The use of any aversive strategy or intervention prohibited by 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 intervention that is prohibited by 5123:2-2-06 of the Administrative Code and does not pose a likely risk to health and welfare shall be investigated as an unusual incident</p>	<p>Hands on restraint with resistance and without approval by the human rights committee or behavior support committee or without informed consent.</p> <p>If a crisis restraint is used, the investigation should have documentation to show that the DSP was trained on the crisis restraint used.</p>	<p>Individual is upset and aggressive but agrees to go to his bedroom. DSP stands in front of bedroom door and when the individual tries to leave his room, DSP physically bump into the individual, stand in front or use a physical redirection back into the room would be filed an Unapproved Behavior Support.</p> <p>The individual's arms are strapped to wheelchair on the bus to stop the individual from grabbing others' hair during bus ride.</p>

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<p><u>UNAPPROVED BEHAVIOR SUPPORT</u></p> <p>The use of any aversive strategy or intervention prohibited by 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 intervention that is prohibited 5123:2-2-06 of the Administrative Code and does not pose a likely risk to health and welfare shall be investigated as an unusual incident.</p>	<p>Prone restraints are not permitted in the State of Ohio and will be filed as an allegation of Physical Abuse.</p> <p>Medication given at the request of the physician for a medical appointment is not considered an MUI. This is done to assist the person through a challenging appointment and is under the supervision of a medical professional. The use of the sedation should be addressed in the individual's ISP.</p> <p>If the seatbelt is worn for protection or to provide support for upper body control/movement, etc., an MUI is not required to be filed. If the seatbelt is worn to keep the individual from getting up and moving around the bus during the trip, then an MUI is required to be filed (if it is not addressed in the plan and properly approved).</p> <p>If the family member initiates the restraint when he/she is being paid to provide services, then the incident should be reported just as any other Unapproved Behavior Support with a paid provider.</p>	<p>Individual SIB to face and hold hand with resistance is utilized to keep individual safe.</p> <p>Workshop nurse or other DSP gives medication for behaviors that are ordered for behaviors (not for psychiatric diagnosis) but that are not approved by behavior support and human rights committees.</p> <p>Basket hold/Held Extremities/Bear Hug/Carry, when individual is at a likely risk of harm to themselves, that is not part of an approved plan.</p> <p>Individual is being aggressive towards others. DSP locks the individual's wheelchair and individual can no longer be mobile.</p> <p>Individual has an electric wheelchair and DSP turns it off so individual cannot be mobile and this is due to behaviors.</p> <p><u>MUI Examples</u> - Individual is hitting themselves and others. DSP has to hold the individual's wrist due to the individual being resistive and causing injury to themselves. This is a hold and should be filed. Implementing a technique (such as hair or bite release) that utilizes force to pry an individual's fingers or apply pressure to an individual's jaw/body part placing them at risk of harm.</p> <p>Any restraint that exceeds the length of time or intervention that were approved in the person's plan should be filed as a MUI.</p> <p>An individual goes to see their physician and blood work is needed. The individual is upset and nervous and starts to move which makes it unsafe to draw blood. The medical professional asks the DSP to hold the individual's arms and hands down in order to do the blood draw and the individual is resistive.</p>

TYPE/ DEFINITION	PROBES	EXAMPLES
<u>BEHAVIOR SUPPORT</u>		
	<p>It is not an MUI if an Unapproved Behavior Support is implemented by a family member; however, if the incident rises to the level of abuse or neglect, it is required to be reported.</p> <p>Hand-over-hand assistance and guiding is considered prompting and would not be reported as an MUI; however, the prompting should be addressed in the individuals plan.</p>	<p>UI EXAMPLES:</p> <p>Redirection can occur without a restraint occurring. Examples – Brief Hands Down without resistance, hair releases used without force, Blocks If the DSP briefly holds the hand of the individual with no resistance this can be investigated as a UI.</p> <p>If an individual is afraid of needles and has to get a shot and they ask the DSP to help them. It is an UI if the individual has chosen to have the DSP help hold them during a medical procedure.</p>
<u>RIGHTS VIOLATION</u>		
<p>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.</p>	<p>Did the act create a likely risk of harm?</p> <p>Rights restrictions implemented without HRC approval would be a UI unless there is risk to health & welfare.</p>	<p>DSP takes the individual to a movie, he does not want to go, and he becomes upset and bangs his head against the wall.</p> <p>DSP padlocks the refrigerator and the individual sustains a laceration trying to break the lock.</p> <p>DSP refuses to take the individual on a scheduled activity for their own convenience or preference. The scheduled activity is a reinforcer for positive behavior. Individual is upset due to this rights violation and becomes aggressive. LE is contacted the individual is arrested.</p>
<u>FAILURE TO REPORT</u>		
<p>A person, who is required to report pursuant to section 5123.61 of the Revised Code, has reason to believe that an individual has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse...</p> <p><i>continued next page</i></p>	<p>May also be a criminal act that needs reported to law enforcement?</p> <p>Registry: DD employee unreasonably failed to report and knew or should have known not reporting would result in a substantial risk of harm for the individual because the individual was placed in the situation again.</p>	<p>Individual at work reports home DSP keeps hitting his legs with a broom handle. Discoloration and red marks are noted on his calves. Workshop DSP does not report and the individual is allowed to go home after work.</p>

TYPE/ DEFINITION	PROBES	EXAMPLES
<p><u>FAILURE TO REPORT</u></p> <p>misappropriation, or exploitation that results in a risk to health and safety welfare or neglect of that individual, and such person does not immediately report such information to a law enforcement agency, a county board, or, in the case of an individual living in a developmental center, either to law enforcement or the department. Pursuant to division (C)(1) of section 5123.61 of the Revised Code, such report shall be made to the department and the county board when the incident involves an act or omission of an employee of a county board.</p>	<p>The DD employee is required to know should be aware that they are a mandated reporter at all times, even when they are not a paid provider.</p>	<p>Individual reports to her home DSP that workshop DSP punched her on the back of the head 3 times prior to departing on the bus. Home DSP does not believe it occurred and tells no one. Two days later the individual has bruising on her thighs and indicates the same workshop DSP hit her that punched her two days prior.....</p> <p>Individual goes to workshop and tells DSP her roommate hits her and tells her she is going to beat her up when no one is around. Two days later, the individual is taken to the hospital due to being beaten up by the roommate, resulting in multiple bruising and lacerations.</p> <p>Individual tells his new second shift DSP that a peer has been coming into his room at night and raping him. Individual asks the DSP to keep this confidential because he is embarrassed and is afraid to report this. He asks the DSP to keep his promise. The DSP goes home when their shift is over without reporting. When DSP returns to work 3 days later he discovers that the individual that made the allegation is now in the hospital due to being raped by a peer.</p>
<p><u>EXPLOITATION</u></p> <p>The unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain..</p>	<p>Is the individual used in some way for personal benefit, profit or gain? Was the individual a willing participant?</p> <p>DSP allows the individual to purchase their lunch, and the DSP borrows money on a regular basis, even if they pay the individual back would be filed as an allegation of exploitation.</p>	<p>DSP has an individual stand outside the mall collecting donations with a bucket stating, "Please Support Special Olympic Athletes." At the end of the day, DSP pockets the money.</p> <p>Individual is believed to be a victim of Human Trafficking. If the PPI is a paid provider of service, please file as abuse and contact your Regional Manager.</p> <p>DSP is always talking about how poor she is and how she can't afford to buy Christmas presents for her grandchildren. The individual is very nice and gives the DSP person \$500 so she can buy presents for the kids. The DSP person cannot afford to pay her back.</p>

TYPE/ DEFINITION	PROBES	EXAMPLES
EXPLOITATION		
		<p>DSP takes an individual to their home and has him move furniture all day. The individual does not receive fair compensation and states he didn't want to be there at all.</p> <p>The Pastor of the Church where the individual attends has the individual clean the church for 6 hours and gives the individual a bottle of water and \$.50 cents.</p> <p>Home Manager does all of the grocery shopping for 2 homes. Home Manager only goes to Giant Eagle because she has a rewards card. It has been reported that the Manager is barely paying for her gas due to the fact that she shops for 6 people at Giant Eagle.</p> <p>Individuals are asked to purchase Avon from the home manager, who is a sales consultant.</p>
<p>PEER TO PEER ACTS One of the following incidents involving two individuals served:</p>	<p>Ensure that harm is not due to Neglect by DSP</p>	
<p>PEER TO PEER 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.</p>	<p>When one Served Individual takes advantage of a peer for their own personal benefit or gain.</p>	<p>A peer knows that his roommate always says "yes" whenever he asks him a question so he asked if he could buy his handheld electronic game for a quarter and the roommate agrees.</p>
<p>PEER TO PEER THEFT which means intentionally depriving another individual of real or personal property in the amount of valued at twenty dollars or more or property of significant personal value to the individual.</p>	<p>Probes for Peer to Peer Theft</p> <p>Is misappropriation amount \$20.00 or more or is item considered of significant value to the individual.</p> <p>Did the individual have intent to deprive and defraud?</p>	<p>Individual knows that peer has \$20 or more in their top right hand dresser drawer. Individual takes the cash and hides it or spends it when they have alone time in the community.</p>

TYPE/ DEFINITION	PROBES	EXAMPLES
<p>PEER TO PEER THEFT</p>		<p>Individual knows that his roommate (peer) loves his LA Dodger baseball cap. Individual steals the hat and refuses to tell anyone where the hat is. This upsets the peer because they love that hat and they wear it every day. [This would be an allegation of theft, due to the hat having significant value for the owner and the peer is depriving the individual of the item.]</p> <p>Individual steals an old Play Station game from his roommate. The game is not worth more than \$11 dollars. [This would not be an MUI]. This would be an Unusual Incident and would require a UI Investigation.</p>
<p>PEER TO PEER PHYSICAL ACT that occurs when an individual is targeting, or firmly fixed on another individual and such that the act is not accidental or random. The incident 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.</p>	<p>For a Peer/Peer Act MUI to be filed, <u>two elements are needed. Firmly Fixed/Targeting & Force that results in an injury.</u></p> <ol style="list-style-type: none"> 1. Was the individual targeting, or firmly fixed on another individual and such that the act is not accidental or random. 2. Injury - head or neck injuries such as a bloody nose, a bloody lip, a black eye, or other injury to the eye. 3. Was the individual targeting, or firmly fixed on another individual and such that the act is not accidental or random. 	<p>Individual is asked to leave his bedroom due to the fire drill. He is very upset and is yelling and trying to hit DSP. As they assist him out of the house he swings and hits 3 peers and one of the peers has a bloody lip. [This is not an MUI, this is a UI and will require an UI investigation] <u>Please Note - The individual was not firmly fixed on the peers, the peer is a victim of circumstance due to this being a random act and the injury was accidental.</u></p> <p>An individual is teasing a peer. The peer tells the individual to stop it or he will be sorry. Teasing continues, the peer gets up and starts choking the individual. There are small scratches on the individual's neck. [This is an example of a peer/peer act and an MUI should be filed.]</p> <p>Two male individuals get into an argument at the workshop. Individual A pushes Individual B. Individual B punches Individual A in the nose causing it to bleed.</p>

<p>PEER TO PEER PHYSICAL ACT that occurs when an individual is targeting, or firmly fixed on another individual and such that the act is not accidental or random. The incident 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.</p>	<p>For a Peer/Peer Act MUI to be filed, <u>two elements are needed. Firmly Fixed/Targeting & Force that results in an injury.</u></p> <p>4. Injury - head or neck injuries such as a bloody nose, a bloody lip, a black eye, or other injury to the eye.</p> <p>When an individual is choking another individual this is considered a neck injury, even if it does not appear that they are being targeted or that peer is firmly fixed. Once an individual is choking a peer, they are now firmly fixed so an MUI will need to be filed.</p> <p>Was the injury treated by a physician, physician assistant or a nurse practitioner?</p> <p>Even if there is a question as to targeting and firmly fixed, this should be filed as a peer/peer act and not as a Significant Injury MUI.</p> <p>Was the peer targeting or firmly fixed on the individual who harmed?</p>	<p>Two individuals that live in the same home get into an argument in the kitchen. Individual A picks up a fork and throws it at Individual B. The fork hits Individual B in the forehead leaving scratches on Individual B.</p> <p>Individual A becomes aggressive due to Individual B turning the light off then on, off then on, several times. Individual A jumps up and with both hands severely scratching Individual B across his face.</p> <p>Individual is asked to leave his bedroom due to the fire drill. He is very upset and is yelling and trying to hit DSP. As they assist him out of the house he swings and hits 3 peers and one of the peers has a bloody lip. [This is not an MUI, this is a UI and will require an UI investigation] <u>Please Note - The individual was not firmly fixed on the peers, the peer is a victim of circumstance due to this being a random act and the injury was accidental.</u></p> <p>An individual is teasing a peer. The peer tells the individual to stop it or he will be sorry. Teasing continues, the peer gets up and starts choking the individual. There are small scratches on the individual's neck. [This is an example of a peer/peer act and an MUI should be filed.]</p> <p>Two male individuals get into an argument at the workshop. Individual A pushes Individual B. Individual B punches Individual A in the nose causing it to bleed.</p> <p>Two individuals who live in the same home get into an argument in the kitchen. Individual A picks up a fork and throws it at Individual B. The fork hits Individual B in the forehead leaving scratches on Individual B.</p> <p>Individual is agitated and is running through the workshop; an individual is in his path so he pushes her to the floor. The female individual is taken to the hospital and diagnosed with a broken hip. This should be filed as a peer/peer act MUI.</p>
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<p>PEER TO PEER PHYSICAL ACT</p>	<p>When determining firmly fixed, please note that an individual's functioning level or psychiatric diagnosis should be noted, but <i>would not</i> determine if a MUI should be filed. If an individual has a BSP that should be noted but <i>would not</i> determine if an MUI should be filed for Peer/Peer Physical Act.</p> <p>Please note that an individual has the right to notify law enforcement and to file charges against a peer even when the county board does not feel it is criminal.</p> <p>Peer/Peer Act does not have a PPI or a victim. It is an act that occurs between two individuals served. Immediate action, cause and contributing factors and a prevention plan should be the result of the MUI investigation.</p> <p>Does the County Board feel that this is an alleged crime? Alleged Crimes must be reported to LE.</p>	<p>Individual (MT) has been telling peers that he plans to beat up a male peer (JF) because he has seen him talking to his girlfriend. The individual has a known history of being aggressive towards others. A few days later the peer (JF) is found in the bathroom with a black eye and claims that (MT) did this to him. This should be filed as a peer/peer act and reviewed as a possible crime that LE notification would be needed.</p>
<p>PEER TO PEER SEXUAL ACT which means sexual conduct and/or contact for the purposes of sexual gratification without the consent of the other individual.</p>	<p>Is harm due to DSP neglect?</p> <p>Is the sexual act consensual?</p> <p>Is the sexual act for sexual gratification?</p>	<p>Individual touches a female peer on the breast more than once even though the peer is asking him not to. The individual tells her that he likes her and that she is pretty.</p> <p>DSP walks in on two individuals in the workshop restroom in the same stall. One of the individuals does not communicate verbally and appears to be very upset while the other individual has his hand down his pants. Both are to be supervised in the restroom [Neglect may also be filed]</p> <p>There is a married couple who are both receiving waiver services. The wife reports that her husband forced her to have sex yesterday.</p> <p>While an individual is sleeping a peer rubs the individuals feet while he masturbates</p>

TYPE/ DEFINITION	PROBES	EXAMPLES
<p>PEER TO PEER 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.</p>	<p>Is the verbal act purposeful? Does the individual who is displaying the verbal act have the ability or opportunity to act on the threat?</p>	<p>An individual with a history of being aggressive tells a peer that he plans on beating him up because he thinks the peer is trying to steal his girlfriend. [This would be filed as verbal act due to purposeful use of words to intimidate, threaten, with ability and opportunity.]</p> <p>Individual is upset and tells a peer that he is fat and a loser. This upsets the peer and he cries a little bit but DSP assists and later the individual apologizes for saying the mean things... [This is a UI; name calling is hurtful but can be handled with a UI investigation. Immediate actions, cause and contributing factors and a prevention plan should assist with this incident and prevent reoccurrence.]</p> <p>Individual shows his workshop DSP the text message she received from a female peer. The text states that if she does not leave the peers boyfriend alone that she will be dead soon. This should be filed as a verbal peer/peer act MUI.</p>
<p>PROHIBITED SEXUAL RELATIONS-</p>		
<p>A developmental disabilities employee engaging in consensual sexual conduct or having consensual sexual contact with an individual who is not the employee's spouse, and for whom the developmental disabilities employee was employed or under contract to provide care at the time of the incident and includes persons in the developmental disabilities employee's supervisory chain of command.</p>	<p>DD Employee who is employed or under contract to provide care to individual or is in supervision chain of individual</p>	<p>DSP observed a coworker with individual in a passionate kiss. Individual reports that he loves his 2nd shift DSP and they have been having sex. He wants to marry her.</p> <p>Individual shows her home DSP a text she received from her workshop DSP. The text is from a male DSP that is sending pictures of his penis and he is asking her if he is a good lover? The individual reports that she has sex with the male DSP but feels bad because she knows he is married.</p>