



Department of
Developmental Disabilities

Office of MUI/Registry Unit

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

Health & Safety Alert #2-05-11

**Keeping Safe in the Summer
Part II**



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

WHAT IS A SUNBURN?

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

THE RISK OF SUNBURN IS HIGHER FOR:

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



PREVENTION:

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

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

WHAT IS DEHYDRATION?

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

SIGNS OF DEHYDRATION INCLUDE:

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



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

WHAT IS SUN STROKE OR HEAT STROKE?

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

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

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

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



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



Risk factors for heat related illnesses

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

"KEEP COOL THIS SUMMER"

Help avoid heat related illnesses

- ❖ Maintain hydration with cool water and sports drinks; provide extra fluids at meal times
- ❖ Drink at least 8 glasses of water a day, more in hot weather
- ❖ Avoid caffeinated beverages and alcohol (both increase fluid loss)
- ❖ When outdoors, seek open, shaded areas, avoid crowds
- ❖ Use fans and air conditioning indoors
- ❖ Open windows at night when air is cooler outside to allow cross ventilation if no air conditioning
- ❖ During heat of the day, keep blinds drawn and windows shut, and move to cooler rooms
- ❖ If no air conditioning at home, go to a shopping mall or public library
- ❖ Take frequent breaks when outside in hot sun or from physical activity
- ❖ Wear light-colored loose-fitting clothing (dark colors absorb heat, loose clothing helps the body to cool); wear a hat and sun glasses
- ❖ Eat regular light meals to ensure you have adequate salt and fluids
- ❖ Take a cool shower or bath
- ❖ Be aware of individuals with risk factors for heat related illness; observe them at regular intervals.

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

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Health & Safety Alert #02-05-11

**Keeping Safe in the Summer
Part I**



**SUMMER SUN MEANS FUN
BUT**



FOOD POISONING

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



CREEPY CRAWLERS & FLYING CRITTERS

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

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WEST NILE VIRUS

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



WATER SAFETY RULES

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



SUMMER CAMPS

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

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



BAREFOOT/SANDALS

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



OUTDOOR GRILLS

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

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

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Health & Safety Alert 18-03-11

CHOKING



Choking is a blockage of the upper airway by food or an object that prevents someone from breathing. It is a medical emergency that requires fast action to clear the airway and protect the person from further harm.

Choking is a major cause of medical emergency MUIs in Ohio for individuals with developmental disabilities, but it can be prevented. The purpose of this Alert is to provide information on risk factors, signs of choking, foods commonly connected to choking incidents, actions to be taken during an emergency and preventative measures.

This Alert contains critically important information for caregivers of individuals with developmental disabilities. People with developmental disabilities are at high risk for choking.

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Why are individuals with developmental disabilities at risk of choking?

Individuals with developmental disabilities share a number of common characteristics that may place them at high risk for choking/aspirating, to include:

- Decreased or absent protective airway reflexes as occurs in cerebral palsy and some other developmental disabilities.
- Poor or underdeveloped oral motor skills that do not permit adequate chewing or swallowing.
- Gastroesophageal reflux disorder (GERD), which may cause aspiration of refluxed stomach contents.
- Epileptic seizures.
- Physical characteristics or wheelchair use which makes proper and safe positioning difficult, which can increase the risk for aspiration.
- Medication side effects that lower muscle tone, causing delayed swallowing or suppression of the protective gag and cough reflexes. This is especially true of some seizure medications, muscle relaxants, and some medications used for behavioral interventions.

Risks factors:

Some medical conditions that increase an individual's risk of choking are:

- Cerebral Palsy
- Downs Syndrome
- Dysphagia
- Asthma
- Lung disease
- Emphysema
- Sleep apnea
- Allergic reactions that cause swelling of the throat
- Dental Issues (Dentures)

Signs of choking:

- Inability to talk
- Wide-eyed panicked look on face
- Difficulty breathing or noisy breathing
- Inability to cough forcefully
- Skin, Lips, or nails turning blue or dusky
- Loss of consciousness

A 2010 case review of Ohio medical emergency Major Unusual Incidents (MUI's) was conducted by the MUI Registry Unit. The results of this review have been included in the following information:

Foods commonly choked on:

- Sandwiches – Leading cause of choking incidents for individuals with developmental disabilities
 - Peanut butter and jelly, roast beef, and ham sandwiches were involved in the majority of these incidents.
- Meats
 - Steak, hamburger, hotdogs, ham, roast beef, and chicken
- Vegetables (Primarily Undercooked Vegetables)
 - Broccoli
 - Cauliflower
- Fruit
 - Particularly fruits with their skin on
 - Apples
 - Peaches
 - Pears
- Snack foods
 - Popcorn, nuts, hard candy, chewing gum, and raisins

Special Risks Regarding Diet Textures

Research conducted by the Ohio State University Division of Occupational Therapy identified 12 different diet textures currently being prescribed in Ohio's 88 counties. This can lead to confusion if home, school, and work settings use different definitions of diet textures. It is important to ensure that there is good communication between all environments to ensure that an individual's food is prepared consistently across all settings. This is especially true when there is a change in diet textures or thickness of liquids. It is critical that staff training on these specific diet textures be conducted thoroughly to assure that diets are understood and implemented effectively. Training should include visual demonstrations of actual food preparation. This type of training allows caregivers a greater understanding of **how to specifically prepare the food** and helps assure appropriate texture preparation. Preparing a diet texture that doesn't meet the appropriate requirements can be dangerous. A training video on basic diet texture preparation is available at: <http://www.youtube.com/watch?v=IvlAKZenBos>

Common Causes and Contributing Factors Identified:

- Eating or drinking too fast
- Not chewing food well enough prior to swallowing

- Inattention to eating
 - Laughing or talking while eating
 - Walking, playing, or running with eating utensil or objects in mouth
 - Distracted by other persons or activities
- Placing too much food in one's mouth
- Food stealing
- Swallowing inedible objects (PICA)
- Incorrect diet texture – liquids or food items not prepared in accordance with prescribed diet. Please make sure that diet information is communicated well across all environments. (work, home, school, day services, and family /friends etc.)
- Not using prescribed adaptive dining or drinking equipment
- Eating one food that contains two or more diet textures, especially anything with a thin liquid and a solid component such as cereal and milk
- Teeth-related factors
 - Edentulous (having no teeth)
 - Having only a few teeth or a toothache which may cause someone to not chew his or her food properly
 - Dentures
 - Can make it difficult to sense whether food is fully chewed before it is swallowed
 - If dentures fit poorly or hurt, individuals:
 - Might not bother to chew their food
 - May not wear them and be unable to chew their food
- Inadequate supervision during meals (mealtimes in schools, workshops and day services must be monitored closely as risk factors increase given the number of people eating, multiple diet textures, and opportunity to take other's food)
- Inadequate staff training
 - Not familiar with prescribed diet
 - Not able to prepare prescribed diet
 - Poorly assisted eating techniques
 - Allowing poor positioning
 - Pace/Food portions

What to do if someone chokes:

- Always follow your first aid training.
- If the individual's airway is blocked, **call 911 immediately** and perform **the Abdominal Thrust (formerly known as the Heimlich maneuver)**. This has been extremely successful in dislodging food in the airway. Persons interested in training should contact their local American Red Cross or local health care agencies.
- Even if the Abdominal Thrust (formerly known as the Heimlich maneuver) is successful, immediately notify a health care professional. It is advisable to have

the individual physically checked by a health care professional following use of these procedures.

If the individual is in a wheelchair or has physical characteristics making it difficult to do abdominal thrusts it's possible that the person may pass out. The individual should be moved to a flat, hard surface to assure the greatest success. Be ready to initiate quick chest compressions to help unblock the airway.

****Special Note: Choking episodes have occurred with individuals while in motor vehicles. It is very difficult to supervise and intervene in a vehicle should a choking episode occur. Eating in vehicles should not occur for individuals with known swallowing problems, a tendency to eat rapidly, or a history of choking.**

Prevention Planning: How to Prevent Choking Episodes

- Educate caregivers on the importance of mealtime safety
- Provide quality first aid training
- Make supervising all individuals at mealtime a high priority
- Improve accountability by assigning point people for mealtime monitoring
- Be especially watchful at mealtime for individuals with concerns related to eating style (e.g., eating too fast or overstuffing food)
- Document mealtime concerns in a communication log
 - Concerns should be reviewed by appropriate personnel to determine if:
 - An assessment of eating/swallowing skills is needed. Typically this is completed by an Occupational Therapist or Speech Language Pathologist who has training in swallowing issues
 - Specific mealtime monitoring strategies are needed
 - A prescribed diet needs to be modified
 - Adaptive feeding equipment is needed
- Follow prescribed diets / Quality Training
 - Promptly communicate diet changes to all settings
- Use adaptive equipment and aides as indicated
 - Ensure that equipment is in good condition prior to using
- Be cautious of leaving food items on display particularly if individuals have been known to take food items
- Include “mealtime concerns” as a topic at all staff meetings
- Provide administrative oversight during mealtimes
- Assure that diet textures are followed for activities away from home and plan in advance (e.g.: Fairs, Shopping, Picnics, etc...)

Serious outcomes can result from choking episodes. Planning well in advance is necessary for successful outcomes.

If you have questions or would like more information regarding this Health and Safety Alert please contact the MUI Registry Unit at (614) 995-3810

ISSUED 3/2011



Health & Safety Alert # 31-10-11

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.

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.

The 2011-12 flu vaccine protects against two influenza A strains: H1N1, the infamous “swine flu”, and H3N2, a similar subtype that sickened many last year. The influenza B virus included in the current flu vaccine is the “Brisbane” strain.

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.

People at High Risk for Complications From the Flu Include:

- People 65 years and older;
- People who live in nursing homes and other long-term care facilities that house those with long-term illnesses;
- Adults and children 6 months and older with chronic heart or lung conditions, including asthma;
- All children 6 to 23 months of age;
- People with any condition that can compromise respiratory function or the handling of respiratory secretions (that is, a condition that makes it hard to breathe or swallow, such as brain injury or disease, spinal cord injuries, seizure disorders, or other nerve or muscle disorders.)

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.

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.

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Department of
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Office of MUI/Registry Unit

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Health & Safety Alert #32-06-11

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

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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.

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Health & Safety Alert #44-05-11

Transition Issues (Red Flags when changing Providers or Settings)

Our system serves many individuals with very diverse needs. As a result providers of service are selected based on the ability to meet those needs. With any major transition, health and safety needs must be given top priority. Plan ahead for changes in an individual's life that may create a risk. It is important to ask questions to see if a review or assessment should be completed. Some of the changes that readily impact individuals are:

- ❖ Change in provider
- ❖ Move to a different home
- ❖ New medication or system of receiving it
- ❖ Death or illness of the caregiver or a loved one
- ❖ New roommate or housemate
- ❖ Change in supervision
- ❖ Change in diet/texture
- ❖ Change in services provided to the individual
- ❖ Job change
- ❖ Change in service coordinator
- ❖ New pharmacy provider
- ❖ Hospitalization
- ❖ Retirement

This alert will focus on situations where individuals change providers or settings. It is critical for providers, county boards, and families to understand the importance of completing thorough transitions. **NOT TENDING TO THE IMPORTANT DETAILS AND POOR COMMUNICATION CAN ULTIMATELY LEAD TO SERIOUS HARM.**

There are **four** important steps in the transition process:

1. Ensuring that the receiving provider, including the direct support professionals, are clearly apprised of and ready to meet the individual's needs.

Direct support professionals who have worked directly with the individual need to be actively involved in the transition process.

This includes but is not limited to:

- A. If the individual receives medication through medication administration, does the receiving provider have an adequate number of staff certified in medication administration, administration of food or medication per gastrostomy, jejunostom tubes and/or administration of insulin?
 - B. If the individual has a behavioral support plan requiring restraint and intervention, have the staff been trained on the restraint required in the BSP prior to serving the individual?
 - C. Is there an adequate number of trained staff to meet the supervision requirement for the individual and other living in the home?
2. The transferring provider must emphasize how they have managed potential health and safety risks; this should also include important historical information about the individual.

Priority Considerations:

- A. **Any medical conditions, medications or health related activities such as glucometer checks, blood pressure reading, allergies or special nutritional requirements should be clearly outlined.**
 - B. **Environmental impact of the new setting on the individual – example, more traffic on the street in this area of town, any access problems presented by the new setting such as a second story if mobility is a concern, etc.**
 - C. **Mental health or behavioral concerns—develop cheat sheet for caregivers—including triggers, what works, what makes things worse, etc.**
3. The assigned service and support administrator must actively facilitate the transition to the receiving provider or setting. This includes a review of the ISP to assess any new circumstances and determine potential risks. It is important for the

SSA to ensure the receiving provider has the current ISP/BSP in sufficient time to train the direct support professionals.

The SSA should be sure any information related to health and safety is clear to all—bolding, highlighting, etc., to help it stand out. It is important that everyone communicate and emphasize problems needing addressed. When concerns are received, the SSA and provider need to ask “Are there immediate steps needed to protect the health and safety of the individual?”

The team should proceed very cautiously on the number of changes during the transition period. Where feasible, numerous changes at once should be limited.

4. The receiving provider must implement the services, monitor for concerns, and notify the county board when there are problems with the transition.

Process Breakdown Points

- A. Is the information clearly communicated and clearly understood?
- B. Does the new staff know and understand the service plan?
- C. Have supervision levels been addressed?
- D. Has appropriate training occurred on behavior support plan’s interventions, etc?
- E. Does staff understand the potential problems or risks with their new responsibilities? Has all of the information been shared to properly prepare the receiving team?
- F. Does the change create new risks for the individual?
- G. Do the county board and agency have a good plan for monitoring services and providing oversight following the transition?
- H. Does staff know what to do when problems arise?

Planning well for a transition will reduce the likelihood of any health and safety issues arising.

For more information, please contact the MUI/Registry Unit at (614) 995-3810.

REISSUED: May 2011



Department of
Developmental Disabilities

Office of MUI/Registry Unit

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

Health & Safety Alert #51-05-11

Health and Well Being is Priority One

The purpose of this alert is to remind all providers of service of their responsibility to assure immediate health and welfare of individuals. The MUI Unit has identified cases where delay in provision of health care services has caused health and safety concerns. In the instances identified family members had been asked to be contacted prior to obtaining medical treatment for an individual. In some cases, the delay in contacting family has caused grave outcomes for the individuals served. While providers must be respectful of wishes of family members, the providers also must assure that appropriate medical care and treatment is given to the individuals.

What does this mean?

This means that if any individuals are exhibiting signs and symptoms of a serious medical condition, a call to 911 is made immediately. The family contacts, management calls, and other notifications should be made after an assurance that the health and welfare of the individual has first been addressed.

Discussion should occur annually at each individual's Individual Service Plan (ISP) meeting related to emergency medical treatments. In many cases, families and guardians sign emergency medical consent forms to assure that immediate medical attention is provided as necessary. Often these forms contain the name of the preferred hospital and physician. Generally speaking, boards and providers should not agree to delay calling 911 until the guardian or family is first notified. If a guardian or family has special concerns regarding medical care, these should be addressed at the ISP meeting and in the ISP itself.

The fact that a family member/guardian has asked to be contacted does not relinquish the provider responsibility to assure the health and well being of the individual. As we all know any unnecessary delays in medical treatment can have tremendous negative outcomes up to and including the death of an individual.

Please find listed below information from a previous health and safety alert #28-06-05 identifying when to call 911 for emergency assistance. Understand that this listing may not be all inclusive and should be updated to meet the needs of the individuals you serve.

- The person appears very ill; sweating, skin looks blue or gray
- Severe, constant abdominal pain
- Bleeding heavily, despite direct pressure
- Blood pressure of 220 or above for upper number and/or 120 or above for lower number
- Blood pressure below 90 for upper number, when normally above 90
- Pulse (heart rate) is less than 40 or greater than 140
- Difficulty breathing and/or severe wheezing
- Chest pain
- Fainting, loss of consciousness, or not responsive
- 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

IMPORTANT: When people who know the individual the best see significant changes involving medical concerns immediate medical attention should be obtained. When in doubt, seek medical attention immediately!

Remember, the health and welfare of the individuals we serve depends on quick, decisive, action to obtain emergency medical services. Let's work together to make sure that every second counts.

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

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Department of
Developmental Disabilities

Office of MUI/Registry Unit

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

Health & Safety Alert #52-11-11

Winter Weather Alert

When winter temperatures drop significantly, staying warm and safe can be a real challenge. Here are some helpful hints to stay warm and healthy during the cold winter months.

Always wear the following to avoid cold related complications:

- Dress in layers of loose, dry clothing.
- Be sure to have a heavy winter or water/wind resistant coat and boots.
- Be sure to cover hands, feet, face, nose, and head very well. A warm hat (hood is critical as up to 40 percent of the body's heat is lost if your head isn't covered).
- Wear a hat, scarf, and mittens/gloves

When exposure to cold weather occurs for long periods, health emergencies can occur.

Hypothermia

When exposed to cold temperatures, your body begins to lose heat faster than it can be produced. Prolonged exposure to the cold will eventually use up your body's stored energy. The result is hypothermia, or abnormally low body temperature. Body temperature that is too low affects the brain, making the victim unable to think clearly or move well. This makes hypothermia particularly dangerous because a person may not know it is happening and won't be able to do anything about it.

Hypothermia is most likely to occur at very cold temperatures, but it can occur even at cool temperatures (above 40 degrees Fahrenheit) if a person becomes chilled from rain, sweat, or submersion in cold water.

What to do:

If you notice any of these signs, take the person's temperature. If it is below 95 degrees, the situation is an emergency; get medical attention immediately.

If medical care is not available, begin warming the person, as follows:

- Get the victim into a warm room or shelter.
- If the victim has on any wet clothing, remove it.
- Warm the center of the body first: chest, neck, head and groin; using an electric blanket, if available. Or use skin-to-skin contact under loose, dry layers of blankets, clothing, towels, or sheets.
- Warm beverages can help increase the body temperature, but do not give alcoholic beverages. Do not try to give beverages to an unconscious person.
- After body temperature has increased, keep the person dry and wrapped in a warm blanket, including the head and neck.
- Get medical attention as soon as possible.

A person with severe hypothermia may be unconscious and may not seem to have a pulse or to be breathing. In this case, handle the victim gently and get emergency assistance (911) immediately. Even if the victim appears dead, CPR should be provided. CPR should continue while the victim is being warmed, until the victim responds or medical aid becomes available. In some cases, hypothermia victims who appear to be dead can be successfully resuscitated.

Frostbite

This is an injury to the body caused by exposure to cold temperatures. At the first sign of redness or pain in any skin area get out of the cold and protect any exposed skin.

Signs/Symptoms of frostbite include:

- A white grayish-yellow skin color
- Skin that feels unusually firm or waxy
- Numbness

What to do:

If you detect symptoms of frostbite, seek medical care immediately.

If (1) there is frostbite but no sign of hypothermia and (2) immediate medical care is not available, proceed as follows:

- Get into a warm room as soon as possible.
- Unless absolutely necessary, do not walk on frostbitten feet or toes; this increases the damage.
- Immerse the affected area in warm, not hot, water (the temperature should be comfortable to the touch for unaffected parts of the body).
- Or, warm the affected area using body heat. For example, the heat of an armpit can be used to warm frostbitten fingers.
- Do not rub the frostbitten area with snow or massage it at all. This can cause more damage.

- Don't use a heating pad, heat lamp, or the heat of a stove, fireplace, or radiator for warming. Affected areas are numb and can be easily burned.

Winter Weather Precautions

- Avoid going outside without proper clothing including hats and gloves.
- Don't stay outdoors too long in the extreme cold.
- Make sure individuals are well supervised so accidental exposure to extreme temperatures is avoided.
- Understand first aid for Frostbite and Hypothermia so immediate attention can be given in an emergency situation.
- Prepare in advance when conducting outdoor activities and trips. Take along extra clothing, blankets, warm liquids, etc.
- Be very careful with any heating elements. (Space heaters, fireplaces, furnaces, etc.) Assure that all are in good working order before being used for the winter.
- Avoid walking on frozen ponds or lakes unless the ice has been checked and is safe.

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

RE-ISSUED: November 2011

**Please find attached a Winter Awareness correspondence from the Ohio Committee for Severe Weather Awareness.*



Governor John R. Kasich

American Red Cross
Emergency Management Association of Ohio
Hands On, Central Ohio
National Weather Service
Ohio Department of Aging
Ohio Department of Commerce-State Fire Marshal
Ohio Department of Education

Ohio Department of Health
Ohio Department of Insurance
Ohio Department of Natural Resources
Ohio Department of Public Safety -Ohio EMA
Ohio Department of Transportation
Ohio Insurance Institute
Ohio News Network

FOR IMMEDIATE RELEASE

November 9, 2011

Contact: Kelli Blackwell, Ohio EMA, 614-799-3694

Don't Get Caught in the Cold – Get Ready for Winter
Winter Safety Awareness Week is November 13-19

Columbus, OH – A freak October snowstorm that dumped up to 32 inches of snow on the New England states two weeks ago was responsible for 29 deaths and caused power outages to 2 million people. Ohio hasn't seen snow yet this season, but with overnight temperatures dipping in the 30s, and chilly, frosty mornings, we know that winter is on its way. The Ohio Committee for Severe Weather Awareness (OCSWA) encourages everyone to take the time now to prepare themselves and their homes for the upcoming season.

In a coordinated effort with OCSWA, Governor John R. Kasich has proclaimed November 13-19 as Ohio's Winter Safety Awareness Week. This is an ideal time for homes, schools, businesses and organizations to update their safety plans and disaster supply kits and prepare for winter-related incidents.

"Don't let winter catch you off-guard. Winterize your homes and vehicles now, before the first major snowfall hits," said Nancy Dragani, executive director of the Ohio Emergency Management Agency. "Heavy snow and ice can bring down power lines for days. So, get ready now, just in case. Ensure your smoke and carbon monoxide detectors are working. Ensure you have enough stored food and water to supply your family for several days. Review your emergency plans. Purchase a NOAA Weather Radio to be notified of storm watches and warnings in your area."

To help prepare for the upcoming winter months, OCSWA recommends the following:

Prepare your home for winter. Cut and remove low-hanging and dead tree branches. Ice, snow and strong winds can cause tree limbs to break and fall. Have your gutters cleaned. Snow and ice can build up quickly if gutters are clogged with debris. Have auxiliary heaters, furnaces and fireplaces maintenance checked or serviced before using. If using a portable generator, read instructions thoroughly to guard against carbon monoxide poisoning. Review your homeowner's insurance policy; consider your need for flood insurance.

Prepare winter disaster kits for the home and vehicle. Refresh stored nonperishable foods and bottled water. Change the batteries in your smoke detectors, carbon monoxide detectors and radios. Winter emergency kits should include warm clothing, blankets, flashlights, new batteries, coats, hats, gloves, a battery-operated or hand-cranked radio, first aid kit, and enough nonperishable food and water (one gallon per person, per day) to sustain each family member for at least three days. Have stored food, bottled water and supplies for your pets, as well.

-more-

"Teaching Ohioans Severe Weather Safety and Preparedness"

www.weathersafety.ohio.gov

Invest in a NOAA Public Alert/Weather Radio. Every home, school and business should have a tone-alert weather radio with a battery back-up. Weather and public alert radios are programmed to automatically sound an alert during public safety and severe weather events. Click on www.weather.gov/nwr/ for additional information.

Update your disaster preparedness plans. Every home, school, business and organization should have written plans for the different types of disasters that can occur. Review the plans with the entire family or staff. Everyone should know what to do in the event of a snow or ice storm, a prolonged power outage, a flood or fire. Post contact information for your local emergency management agency. Prepare and practice drills that require sheltering in place and evacuation. Update your emergency contact list and establish a meeting place outside of the home, school or business, where others will know where to find or meet you.

The Ohio Committee for Severe Weather Awareness is an advocate for emergency preparedness and is comprised of representatives from the American Red Cross; Emergency Management Association of Ohio; National Weather Service; Hands On, Central Ohio; Ohio Department of Public Safety-Emergency Management Agency; Ohio Insurance Institute; Ohio News Network; Ohio Department of Commerce – State Fire Marshal; and the Ohio Departments of Aging, Education, Health, Insurance, Natural Resources, and Transportation.

For additional information on winter weather safety and severe weather preparedness, visit OCSWA's site at www.weathersafety.ohio.gov.

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Department of
Developmental Disabilities

Office of MUI/Registry Unit

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

Health & Safety Alert #55-07-11

Medication Administration

Each year between 50,000 - 100,000 Americans die as a result of medication errors. In addition, another 1.3 million Americans are injured due to medication errors (Institute of Medicine (IOM), 2006). This alert has been developed to help address issues surrounding medication administration in an effort to protect the health and welfare of Ohioans with Developmental Disabilities. All medications have risks and need to be handled and administered thoughtfully and carefully.

Medication Administration Certification prepares staff to give oral and topical medications in general; it does not give DD personnel all the information they need to pass all medications to any person.

Before DD personnel pass any medications to any person they must have appropriate certification and training and be sure to know the following about each of the medications:

- What the medication is
- What is it used for
- What is the expected outcome
- Are there any special instructions or precautions related to giving the medication or to the person taking the medication
- What are potential problems or side effects
- Who to call if there are problems or the expected outcome does not occur

This information can be obtained through pharmacy handouts, physician instructions, a medication handbook (such as the Nurse's Drug Handbook), or other reputable source.

This information should be in writing and available at all times.

The 5 Rights of Medication Administration are:

- The **right medication**
- At the **right time**
- In the **right amount**
- To the **right person**
- By the **right route**

The Medication Administration Record (MAR) and the medication label must be checked 3 times to assure the 5 Rights during every medication administration:

- First check the label against the MAR to assure the label and MAR details are current, that they match, that the medication label matches what is in the container and that the medication dosage for that time has not already been given.
- Check the label and MAR a second time when putting the medication into the medication cup to be sure the correct medication and the correct amount is being prepared for the correct person at the correct time for the correct route.
- Finally, the MAR and label should be checked again as the medication container is being closed. This is to assure again that the right medication is being prepared in the right amount at the right time to be given to the right person by the right route.

A medication error has occurred whenever one of the 5 Rights is not correct. All medication errors are by definition Unusual Incidents and should be recorded like all Unusual Incidents (per OAC 5123:2-17). A medication error may also be an MUI if there are significant risks or harm to the individual as a result of an error.

Physicians, Nurse Practitioners or another legally authorized healthcare professional *must* prescribe the appropriate dosage, interval and reason for administration of an as needed (PRN) medication; even if the medication can be purchased over-the-counter: DODD authorization for unlicensed personnel to administer medications only authorizes medications to be administered by unlicensed personnel if they have been prescribed.

- To meet the requirement that unlicensed personnel do not make judgments about medications being given, the reason for the PRN should be stated clearly. Examples include:
 - Temperature over 102;

- Complaint of pain as evidenced by___;
 - Individual has not had a bowel movement for over 24 hours etc.
- If a PRN is to be given based on a condition (Ex: bowel issue) the condition must be monitored closely to ensure the PRN is given when needed and as prescribed.

Individual Specific Training: Must occur before an employee gives any medication to a particular person. It is information about the PERSON. What are their diagnoses and health conditions? Do they have preferences about time, place or approach? How do they express discomfort or distress? Do they typically communicate if something is wrong? If so how? Do they have routines or behavioral responses that need to be considered in relationship to medication administration?

Medications need to be secured for safety: This means medications may be locked if there are reasons to support this action. Examples include potential theft or inadvertent consumption by another individual. Having someone other than the individual unlock medications does not mean that an individual cannot self-administer.

8 Steps towards Safe & Successful Medication Administration

- 1) Communicate well: Confirm who is getting the prescription filled and who is administering the medication. Assure that prescriptions are picked up promptly from the pharmacy and are available to the person who is giving the medication when needed.
- 2) Check the medications: Each container from the pharmacy should be checked to assure that the medication is correct, the dosage accurate, and that the pharmacy's description of the medication matches what is in the container.
- 3) Accurately document information on the MAR: Specific follow up checking must occur to make sure the MAR information is entered correctly and medication administered properly. If the MAR and the medication container do not match, find out which is right before giving the medication to the individual.
 - unlicensed personnel are only authorized to transcribe onto the MAR from pharmacy label containers, (Except for dosage changes to current medications, or prescribed directions for over-the-counter medications).

- 4.) Assure that the correct medications are given to the correct person: If you don't know with certainty, always ask before giving a medication.
 - 5.) Secure medications appropriately: Medication theft and unplanned consumption of medications are ongoing risks that must always be assessed. Access to medications should be limited to prevent hazards or abuse. Controlled substances should be regularly accounted for.
 - 6.) Have a back up plan in place: Someone else should be prepared to give medications if the person responsible for medication administration cannot be there at the time the medication needs to be given.
 - 7.) Always assure the 5 RIGHTS for every medication: Confirming these rights will help assure that medication administration occurs without error.
- The procedures for correct medication administration can be found in the DODD Medication Administration Curriculum on the DODD website:
<http://dodd.ohio.gov/health/masresources.htm#curriculum>

REISSUED: July 2011