



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 18-09-12**

**CHOKING**

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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.**

**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.

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- 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

**RE-ISSUED 9/2012**



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## Health & Safety Alert #20-04-12

### Falls

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

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

#### **Known Facts about Falls:**

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

#### **Individual Internal Risk Factors:**

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

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

**Environmental External Risk Factors:**

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

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

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

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

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

Common causes included:

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

**Falls Prevention:**

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

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

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

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

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

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

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

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Department of  
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John R. Kasich, Governor  
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**Health & Safety Alert # 31-09-12**  
**Preventing the Flu**  
**Seasonal Influenza Vaccination Time is Here!!**

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

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

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

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

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

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

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

**People at High Risk for Developing Flu-Related Complications:**

- People 65 years and older;

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- People who live in nursing homes and other long-term care facilities that house those with long-term illnesses;
- All children 6 to 23 months of age;
- People with any condition that can compromise respiratory function or the handling of respiratory secretions (that is, a condition that makes it hard to breathe or swallow, such as brain injury or disease, spinal cord injuries, seizure disorders, or other nerve or muscle disorders.)
- People who live with or care for others who are high risk for complications. This includes:
  - Household contacts and caregivers of people with certain medical conditions including asthma, diabetes, and chronic lung disease.
- Pregnant women
- American Indians and Alaskan Natives

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

**People who have medical conditions including:**

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

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

### **Who Should not be Vaccinated?**

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

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

### **Vaccine Side Effects**

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

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

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

### **Good Health Habits**

Good health habits are also an important way to help prevent the flu.

- **Avoid close contact.**  
Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- **Stay home when you are sick.**  
If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
- **Cover your mouth and nose.**

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

- **Clean your hands.**

Washing your hands often will help protect you from germs.

- **Avoid touching your eyes, nose or mouth.**

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

**If you do not have a personal physician, local Departments of Health often offers flu shots at a reasonable cost. When obtaining your annual flu vaccine, ask your physician if you qualify for the pneumonia vaccine also.**

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## Health & Safety Alert #44-09-12

### Transition Issues (Red Flags when changing Providers or Settings)

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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.**

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*The State of Ohio is an Equal Opportunity Employer and Provider of Services*

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: September 2012**



Department of  
Developmental Disabilities

Office of MUI/Registry Unit

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

## Health & Safety Alert #50-03-12

### Reward Cards

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The purpose of this alert is to notify all providers, county boards, individuals and their families about the practice of employees using their personal reward cards when purchasing groceries and other items for individuals, resulting in discounted gas, personal benefits or other items for the employee.

Reward cards have evolved from earning small discounts towards gas or groceries to in some cases receiving money back on purchases or certificates towards future purchases. Employees should not use their personal rewards card for individual's purchase when they would gain a personal benefit. When an employee uses an individual or an individual's resources for monetary or personal benefit, profit, or gain, it may be considered improper and may meet the definition of Exploitation as defined in the MUI Rule (O.A.C. 5123:2-17-02).

For example, if an employee uses their influence to have an individual do their weekly shopping at Kmart so that they can use their Kmart reward card (which earns them a gift certificate for future purchases based on a percentage of purchases made), this could be considered exploitation because the employee is personally benefitting from the individual.

It is important that individuals have the opportunity to choose where they want to shop and make these choices independently. Employees should

assist individuals in signing up for loyalty cards when appropriate. It is recommended that agencies have a policy/procedure that addresses the use of employee personal reward cards for individual's purchases.

This alert has been created in an effort to promote awareness of this situation and avoid any future negative outcomes related to this issue/

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

**REISSUED: March 2012**



Department of  
Developmental Disabilities

Office of MUI/Registry Unit

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

## Health & Safety Alert #51-09-12

### Health and Well Being is Priority One

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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.

**REISSUED: September 2012**



Department of  
Developmental Disabilities

Office of MUI/Registry Unit

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

## Health & Safety Alert #52-11-12

### Winter Weather Alert

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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 additional Winter Health Safety Tips: visit the Ohio Committee for Severe Weather Awareness at:

<http://www.weathersafety.ohio.gov/WinterHealthSafetyTips.aspx>

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

**RE-ISSUED: November 2012**

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



# Ohio Committee For Severe Weather Awareness

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## Winter Health and Safety Tips

Winter's various dangers to people can occur suddenly, like a heart attack while shoveling snow, or slow and stealthily like carbon monoxide poisoning. Hypothermia and frostbite are always a concern, especially for the elderly and for people with chronic health conditions. The Ohio Department of Health and the Ohio Department of Aging offer these safety tips to help keep you and your family safe this winter season.

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### Snow Shoveling Safety

Keep walkways around the home clear of snow and ice. Snow shoveling can cause serious injuries or death to people who are elderly, have chronic health problems or are not used to strenuous activity. If you are in one of these categories, you may want to use a snow blower or hire a snow removal service.

If you choose to do this heavy work yourself, remember that your body may tire quicker in the cold. Do not overextend yourself. Take short breaks in between shoveling. Exhaustion can make the body more susceptible to cold injuries.

#### Tips:

- Wear sturdy shoes with rugged soles to help prevent slips and falls.
  - Never smoke while shoveling. Tobacco smoke constricts blood vessels just as cold air does; the combination could be dangerous.
  - If you become short of breath while shoveling, stop and rest. If you feel pain or tightness in your chest, become dizzy, faint or start sweating heavily, stop immediately and call for help.
  - Have a partner monitor your progress and share the workload. If you have a heart attack, your partner can call for help and if trained, perform cardiopulmonary resuscitation (CPR) until help arrives.
  - Use a sturdy, lightweight shovel to push the snow out of the way. If you must lift the snow, take small scoops. A shovel-full of dry snow can weigh about four pounds; wet snow can weigh significantly more.
  - Warm up before shoveling by walking and stretching your arms and legs for a few minutes. Warm muscles are less likely to be injured and work more efficiently.
  - If you use a snow blower, keep in mind that pushing a snow blower through heavy, packed snow can present a health risk.
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### Avoiding Slips and Falls

Winter in Ohio can be unpredictable. Snow, sleet and icy roads and walkways can make getting around not only inconvenient, but dangerous. Use these simple precautions to decrease your risk of falling:

- Take it slow. Allow extra time to get places in the winter. Try to avoid carrying heavy packages while walking on ice or snow – it can leave you feeling unbalanced.
- Keep rock salt, sand and a shovel available. Rock salt is a chemical de-icing compound that reduces the risk of slipping.
- Wear appropriate footwear. Winter boots provide more traction than tennis or dress shoes. Carry a

- cell phone when walking in inclement weather.
- Ask for help. If you have to walk across an icy sidewalk or parking lot, try to find a steady arm to lean on. Most people will gladly help an older person navigate a slippery walkway.
- Continue your exercise regimen indoors, if possible.

For additional information on preventing falls, visit the CDC website: [www.cdc.gov/features/fallrisks/](http://www.cdc.gov/features/fallrisks/)

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## Hypothermia

When exposed to cold temperatures, the body begins to lose heat faster than it can be produced. Prolonged exposure to 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 at very cold temperatures, but can occur even at cool temperatures (above 40° F) if a person becomes chilled from rain, sweat or submersion in cold water. Hypothermia can also occur inside a building. The thermostat should be set no lower than 65-70 degrees if the occupants are 75 years or older.

### Signs of Hypothermia

- Confusion or memory loss
- Sleepiness
- Slowed, slurred speech or shallow breathing
- Weak pulse or low blood pressure
- Exhaustion
- A change in behavior during cold weather or a change in the way a person normally looks
- A lot of shivering or no shivering; stiffness in the arms or legs
- Poor control over body movements or slow reactions
- Chilly rooms or other signs that a person has been in a cold place

### Who is at risk of hypothermia and how can it be prevented?

- Infants younger than one year of age are at risk. They should never sleep in a cold room and should wear warm clothing or a snug-fitting sleeper to prevent loss of body heat. Do not place blankets in the crib. Instead use a sleep sack to keep infants warm. Pre-warm vehicles before taking infants out into extreme cold weather.
- Children lose heat faster than adults do. They have a larger head-to-body ratio than adults do, making them more prone to heat loss through the head. Ensure children playing outside cover their heads (with hats or hoods) and come inside periodically to warm up.
- If you don't eat well, you might have less fat under your skin. Fat can protect your body. It keeps heat in your body. Make sure you are eating enough food to keep up your weight.
- People with serious mental illnesses, developmental or cognitive disabilities who may not hear temperature or weather advisory warnings broadcast on TV or radio or may not fully recognize the significance of the cold weather warnings.
- Some medicines can increase the risk of accidental hypothermia. These include drugs used to treat anxiety, depression, or nausea. Some over-the-counter cold remedies can also cause problems.

Some illnesses may make it harder for your body to stay warm. They include:

- Disorders of the body's hormone system such as low thyroid (hypothyroidism)
- Any condition that interferes with the normal flow of blood such as diabetes
- Skin problems, such as psoriasis, cause your body to lose more heat than normal. Visit your doctor regularly to help keep any illness under control, and try to stay away from cold places.

Other health conditions might hinder the ability for people to either move to a warmer place, or put on additional clothing, or wrap up in a blanket. For example:

- Severe arthritis, Parkinson's disease, or other illnesses can physically make it harder to move around.
- A debilitating illness such as a stroke can leave a person paralyzed and impair the ability to think clearly.
- Memory disorders or dementia can impair the ability to think clearly and make simple decisions.
- A fall or other injury can hinder movement or judgment.

Alcoholic drinks can also make a person lose body heat faster. People at risk of hypothermia should use alcohol moderately, if at all. They should not drink alcohol before bedtime when the temperatures become colder.

### What can you do if you think someone might have hypothermia?

First, take his or her temperature. If the temperature does not rise above 96 degrees, call for help. This person must be seen by a physician.

While waiting for help to arrive, keep the person warm and dry. Wrap the person in extra blankets, coats, towels. Use whatever you may have available. Your own body can serve as warmth. Lie close, but be gentle. Rubbing the skin of an older adult can make problems worse because his/her skin is thinner and could easily be torn or injured by vigorous rubbing. Set the thermostat for at least 68 to 70 degrees.

Remember to check the forecast for very cold or very windy weather. On these days, it might be best to remain indoors.

Hypothermia-associated deaths occurring in Ohio

Ohio Deaths From Hypothermia 2005 - 2010

Year	Primary Underlying Cause	Other Deaths with mention of hypothermia	Total deaths associated with hypothermia
2008	20	27	47
2009	24	34	58
2010	27	33	60
2011*	13	21	34
2012*	6	11	17

Source: Ohio Department of Health's Center for Public Health Statistics and Informatics, Oct 2012

Note: Each death is assigned a primary underlying cause of death for purposes of public health reporting. Those numbers are provided in the second column. The "other" deaths are cases where hypothermia was mentioned as an additional cause of death, but another reason was the primary underlying cause. For example, some deaths were given the primary underlying cause of death as "drug overdose" or "fall," but hypothermia was mentioned as an additional cause.

\*Data for 2011 and 2012 are preliminary and subject to change.

## Frostbite

Frostbite is the most common cold-related injury. Frostbite is an injury to the body caused by freezing of skin tissue. Frostbite causes loss of feeling and color in the affected areas. It most often affects the nose,

ears, cheeks, chin, fingers or toes. Frostbite can permanently damage the body and severe cases can lead to amputation. The risk of frostbite is increased in people with reduced blood circulation, those who drink alcoholic beverages, the elderly and people who are not dressed properly for extremely cold temperatures.

At the first signs of redness or pain in any skin area, get out of the cold or protect any exposed skin – frostbite may be beginning. The following signs may indicate frostbite: a white or grayish-yellow skin area; skin that feels usually firm or waxy; numbness. A victim is often unaware of frostbite until someone else points it out because the frozen tissues are numb.

## What to do

If you detect symptoms of frostbite, seek medical care. Because both frostbite and hypothermia result from exposure, first determine whether the victim also shows signs of hypothermia, as described above. Hypothermia is a more serious medical condition and requires emergency medical assistance.

If there is frostbite but no sign of hypothermia, and 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 can increase the damage.
- Immerse the affected area in warm – not hot – water (the temperature should be comfortable to the touch of 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.
- Do not 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.

These steps are not substitutes for proper medical care. Hypothermia is a medical emergency and frostbite should be evaluated by a healthcare provider. It is a good idea to take a first aid and emergency resuscitation (CPR) course to prepare for cold-weather health problems.

Taking preventative action is your best defense against having to deal with extreme cold-weather conditions. By preparing your home and car in advance for winter emergencies, and by observing safety precautions during times of extremely cold weather, you can reduce the risk of weather-related health problems.

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## Carbon Monoxide Poisoning and Fire Prevention

As the weather turns cold, Ohioans look for ways to save on heating costs during these tough economic times. The use of alternative heating sources such as portable heaters, fireplaces and wood stoves increases. Fire deaths and carbon monoxide poisoning are increased risks from using alternate heating sources. Home heating equipment is among the top causes of fires and CO poisoning. The Ohio Departments of Health and Aging suggest the following safety tips to prevent injury from carbon monoxide poisoning and fire.

- Install a battery-operated carbon monoxide detector and smoke alarms throughout the home, and check or replace the batteries twice a year, when you change the time on the clocks every spring and fall. If the CO detector or smoke alarm sounds, leave the building immediately and call 911.
- Have a fire safety escape plan. Keep escape routes clear and free of clutter and trip hazards. Keep a robe, slippers, eye glasses and keys close to the bed.
- Have your heating system, water heater, and any other gas, oil or coal-burning appliance serviced by a qualified technician every year.
- Seek prompt medical attention if you suspect CO poisoning, or are feeling dizzy, light-headed or nauseous.

- Do not heat your house by using a gas oven.
- Do not run or warm a vehicle inside a garage that is attached to the home, even if the garage door is open.

**If using a fireplace or wood stove:**

- Have your chimney or wood stove inspected and cleaned annually by a certified chimney specialist.
- Keep the hearth area clear of debris, decorations and flammable material.
- Do not burn anything in a stove or fireplace that is not vented.
- Do not leave fires burning unattended.

**If using a portable heater:**

- Keep the heater at least one foot away from people, pets and objects.
- Do not leave portable heaters on when no one is home.
- Turn the heater down or off when you are sleeping.
- Unplug electrical appliances/heaters when not in use.
- Never hang damp clothes near a heater to dry them.

For additional information on winter health and safety, visit the following:

Centers for Disease Control and Prevention (CDC) <http://emergency.cdc.gov/disasters/winter/>  
Ohio Department of Health <http://www.odh.ohio.gov/features/odhfeatures/winterweather.aspx>  
Ohio Department of Aging <http://www.aging.ohio.gov/information/emergencypreparedness/>

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