Ohio | Department of Developmental Disabilities

Unusual Incident Investigation Training

DODD/MUI Registry Unit

6-9-15

Using Go to Webinar

Once you have joined the webinar, you will see the **Attendee Control** Panel and Grab Tab. The Control Panel contains panes that can be expanded or collapsed by clicking the Plus icon or Minus icon on the left side of each pane. **Note:** Viewing the Attendee List, raising your hand and asking questions are only available if the organizer has enabled these features.

Attendee List - Displays all the participants in-session (if enabled by the organizer)

Grab Tab –Allows you to open/close the Control Panel, mute/unmute your audio (if the organizer has enabled this feature) and raise your hand

Audio pane – Displays audio format. Click **Settings** to select Mic & Speakers devices

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Webinar details – Provides a quick reference, and the Webinar ID can be given to someone to join through www.joinwebinar.com

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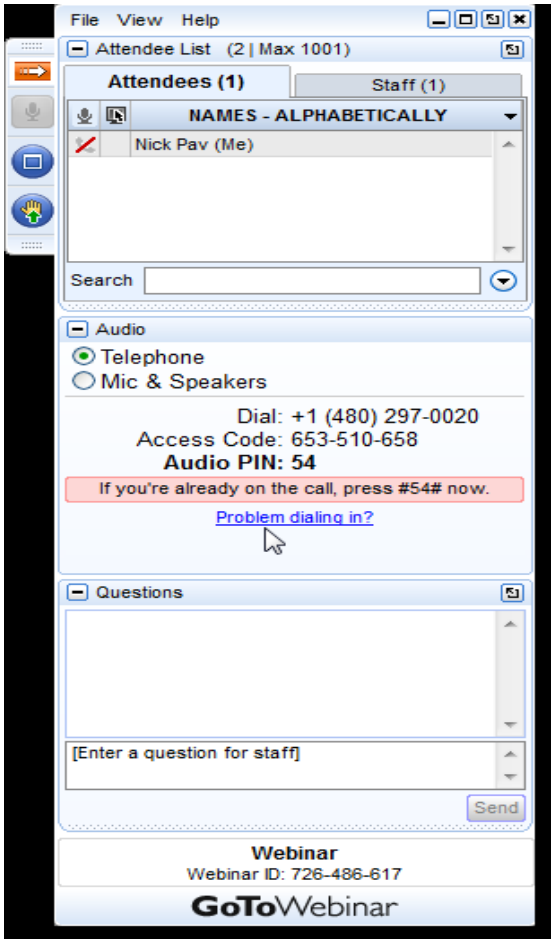

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Attendance Policy

- To receive CPD units for attending attendees must show an in-session duration (or the time an attendee was logged in to the webinar) of at least 75 percent but not greater than 125 percent of the total duration of the webinar. Attendees who show an in-session duration of less than 75 percent or more than 125 percent will NOT receive credit for attendance, or any available CPD units. The in-session duration is tracked by GoToWebinar's automated reporting tools. Attendees must show an in-session duration of at least 45 minutes but less than 90 minutes to qualify for CPDs for Brown-Bag Thursday webinars, which are 60 minutes.

- Definitions
- Example 1: Tabitha logged in to the Brown-Bag Thursday webinar at 11:50 a.m. The webinar started at noon. She viewed the webinar until it ended at 1 p.m. Her in-session duration on the GoToWebinar report shows as 70 minutes, or 116 percent. Tabitha will receive CPD units.

- Example 2: Becky logged in to the Brown-Bag Thursday webinar at 11:55 a.m. The webinar started at noon. She had a meeting at 12:30 and left her desk without logging out. She returned to her desk at 1:30 and logged out of the webinar. Her in-session duration on the GoToWebinar report shows as 95 minutes, or 160 percent. Becky will not receive CPD units because her in-session duration was greater than 125 percent.

- Example 3: Yanni logged in to the Brown-Bag Thursday webinar at 11:50 a.m. The webinar started at noon. He had to leave his office at 12:20, and logged out of the webinar before leaving. His in-session duration on the GoToWebinar report shows as 30 minutes, or 50 percent. Yanni will not receive CPD units because his in-session duration was less than 75 percent.

- Webinar Duration The duration, in minutes, of the webinar
- In-Session Time stamp of when attendee joined and exited the webinar
- In-Session Duration Time attendee remained in-session (participating in the webinar)
- Join Time stamp of when attendee joined the webinar
- Leave Time stamp of when attendee exited the webinar

Housekeeping

Group Attendance sheets for MUI-facilitated trainings should be emailed in the Excel Format located on website at Group Viewing Sheet to Connie.McLaughlin@dodd.ohio.gov or Debra.Forrest@dodd.ohio.gov

You do not need to send to anyone else.

Proof of Continuing Professional Development Units will be emailed for those who **actively** participated in the Webinar within 30 days of Webinar

Follow up by Email or Phone to MUI Office at 614-995-3810.

Thank you for your participation!

Unusual Incident Investigations

A new emphasis on Unusual Incident Investigations went into effect 9/3/13 with latest rule.

Unusual Incident Means?

"Unusual incident" means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care or individual service plan, but is not a major unusual incident.

Unusual incident includes, but is not limited to, dental injuries; falls; an injury that is not a significant injury; medication errors without a likely risk to heath and welfare; overnight relocation of an individual due to a fire, natural disaster, or mechanical failure; an incident involving two individuals served that is not a peer-to-peer act major unusual incident; and rights code violations or unapproved behavior supports without a likely risk to health and welfare.

"Incident report" means documentation that contains details about a major unusual incident or an unusual incident and shall include, but is not limited to:

(a) *Individual's name;*

(b) Individual's address;

(c) Date of incident;

(d) Location of incident;

(e) Description of incident;

(f) Type and location of injuries;

(g) Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;

(h) Name of primary person involved and his or her relationship to the individual;

(i) Names of witnesses;

(j) Statements completed by persons who witnessed or have personal knowledge of the incident;

(k) Notifications with name, title, and time and date of notice;

(l) Further medical follow-up; and

(m) Name of signature of person completing the incident report.

(M) Unusual Incident Requirements

(M) Requirements for Unusual Incidents

(1) Unusual incidents shall be reported and investigated by the provider.

(M) Requirements for Unusual Incidents

- (2) Each agency provider shall develop and implement a written unusual incident policy and procedure that:
- (a) Identifies what is to be reported as an unusual incident which shall include unusual incidents as defined in this rule;
- (b) Requires an employee who becomes aware of an unusual incident to report it to the person designated by the agency provider who can initiate proper action;
- (c) Requires the report to be made no later than twenty-four hours after the occurrence of the unusual incident; and
- **(d) Requires the agency provider to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals.**

(M) Requirements for Unusual Incidents

- (3) The agency provider shall ensure that all staff are trained and knowledgeable regarding the unusual incident policy and procedure.

(M) Requirements for Unusual Incidents

- (4) If the unusual incident occurs at a site operated by the county board or at a site operated by an entity with which the county board contracts, the county board or contract entity shall notify the licensed provider or staff, guardian, or other person whom the individual has identified, as applicable, at the individual's residence. The notification shall be made on the same day the unusual incident is discovered.

(M) Requirements for Unusual Incidents

- (5) Independent providers shall complete an incident report, notify the individual's guardian or other person whom the individual has identified, as applicable, and forward the incident report to the service and support administrator or county board designee on the same day the unusual incident is discovered.

(M) Requirements for Unusual Incidents

- (6) Each agency provider and independent provider shall review all unusual incidents as necessary, but no less than monthly, to ensure appropriate **preventive measures** have been implemented and **trends and patterns identified and addressed as appropriate.**

(M) Requirements for Unusual Incidents

- (7) The unusual incident reports, documentation of identified trends and patterns, and corrective action shall be made available to the county board and department upon request.

(M) Requirements for Unusual Incidents

- (8) Each agency provider and independent provider shall maintain a log of all unusual incidents. **The log shall include, but is not limited to, the name of the individual, a brief description of the unusual incident, any injuries, time, date, location, and preventive measures.**
- Unusual Incident Report Form

(M) Requirements for Unusual Incidents

- (9) The agency provider and the county board shall ensure that trends and patterns of unusual incidents are included and addressed in the individual service plan of each individual affected.

What is a UI Trend?

- Three of the same or similar incidents in a week or five in a month.
- What is the prevention plan?
- Ensure health and welfare
- How is this addressed in the ISP?
- Who will monitor compliance?

UI Trends

- Examples – Falls, Peer/Peer Acts, Med Errors which includes missed meds, finding meds on the floor, ect… Unknown Injuries, Rights Violations, UBS…
- Scenario – Two Individuals live in IO Waiver Home together for 8 years. A new Individual with a diagnosis of Autism moves into the home. He has always lived with his mom. New Individual while adjusting will run through the house hitting peers and staff.

Oversight

- (N)(1) The county board shall review, on at least a quarterly basis, a representative sample of provider logs, including logs where the county board is a provider, to ensure that major unusual incidents have been reported, preventive measures have been implemented, and that trends and patterns have been identified and addressed in accordance with this rule. The sample shall be made available to the department for review upon request.

Oversight

(N)(2) When the county board is a provider, the department shall review, on a monthly basis, a representative sample of county board logs to ensure that major unusual incidents have been reported, preventive measures have been implemented, and that trends and patterns have been identified and addressed in accordance with this rule. The county board shall submit the specified logs to the department upon request.

Oversight

(N)(3) The department shall conduct reviews of county boards and providers as necessary to ensure the health and welfare of individuals and compliance with this rule. Failure to comply with this rule may be considered by the department in any regulatory capacity, including certification, licensure, and accreditation.

SSA Rule O.A.C. 5123:2-11

(j) Provide ongoing individual service plan coordination to ensure services and supports are provided in accordance with the individual service plan and to the benefit and satisfaction of the individual. Ongoing individual service plan coordination shall:

(i) Occur with the active participation of the individual and members of the team;

(ii) Focus on achievement of the desired outcomes of the individual;

(iii) Balance what is important to the individual and what is important for the individual;

(iv) Examine service satisfaction (i.e., what is working for the individual and what is not working); and

(v) Use the individual service plan as the fundamental tool to ensure the health and welfare of the individual

SSA Rule

(k) Review and revise the individual service plan at least every twelve months and more frequently under the following circumstances:

(v) Identified trends & patterns of major unusual incidents

(D) Reporting Requirements

(D)(1)-All MUIs should be reported for those living in ICFs or receiving around the clock services

(1) Reports all major usual incidents involving an individual who resides in an intermediate care facility or who receives round-the-clock waiver services shall be filed and the requirements of this rule followed regardless of where the incident occurred.

(D)(2)-These MUI Reports shall be filed regardless where the incident occurs:

(2) Reports regarding the following major unusual incidents shall be filed and the requirements of this rule followed regardless of where the incident occurred:

(a) Accidental or suspicious death;

(b) Attempted suicide;

(c) Death other than accidental or suspicious death;

(d) Exploitation;

(e) Failure to report;

(f) Law enforcement;

(D)(2)-These MUI Reports shall be filed regardless where the incident occurs

(g) Misappropriation;
(h) Missing individuals
(i) Neglect;
(j) Peer-to-peer act;
(k) Physical abuse;
(l) Prohibited sexual relations;
(m) Sexual abuse; and
(n) Verbal abuse.

(D)(3) Reports regarding the following MUIs shall be filed when with provider:

Shall be filed and the requirements of this rule followed only when the incident occurs in a program operated by a county board or when the individual is being served by a licensed or certified provider:

(a) Medical emergency;

(b) Rights code violation;

(c) Significant injury;

(d) Unapproved behavior support; and

(e) Unscheduled hospitalization.

Appendix C

Cases investigated by IA- Format Requirements

Law Enforcement, Unapproved Behavior Supports and Unscheduled Hospitalizations.

Law Enforcement

Only reportable if the individual is C.I.A. Charged, Incarcerated or Arrested.

IMMEDIATE ACTION

1. Circumstances surrounding the incident: Who, what when, where, why, and how. Was staff present or not.
2. Was the individual's supervision level met? Was staff trained?
3. Prior LE involvement?
4. Is the individual's supervision level adequate to ensure health and welfare?
5. Is the individual uncooperative with staff and following ISP?
6. Substance abuse problems? Are issues addressed in the ISP? Counseling?
7. Outcome of court situation.

Unapproved Behavior Support

- Describe the intervention that was used. Do not use acronyms such as MANDT, COPE, PST, You're Safe, I'm Safe, etc. Clearly describe the actions of the staff and individual, and the positions of their bodies during the intervention. How long was the individual restrained?
- Provide a timeline of events prior, during and after the UBS.
- Was the UBS warranted? Was it necessary to assure the health and welfare of the individual and others in the vicinity?
- Was there injury? If so, was excessive force used? Abuse?

Unapproved Behavior Support

- Did the individual require outside medical treatment or see a DD facility nurse?
- Describe any injuries.
- History of UBSs and if a Behavior Support Plan is in place or is being developed.
- Was staff trained?
- When information does not add up, talk to the individual and involved staff to rule out Physical Abuse or Neglect.

Unscheduled Hospitalization

- Reportable if not addressed in ISP

1. Describe how the individual was for at least the 24 hours before the hospitalization. Was the individual complaining of not feeling well 2 days before? Were they taking their prescribed medications? Were the individual's symptoms addressed in a timely manner? Check nursing notes, if any.
2. Medical history discussion, relevant diagnoses, or recent health related issues.
3. Recent medical appointments or hospitalizations.
4. Toxic levels of medications- rule out medication errors and Neglect. Include the last time the medication levels were checked and last medication dose adjustment. Include the name of the medications and dosages, if necessary.
5. If relevant, did the individual have flu or pneumonia shot?
6. Include diagnosis and discharge instructions in the report.

Elements of an effective Incident Report

- Who – Staff and individuals involved in the incident
- What – What happened before (antecedent), during (detailed account) and after (immediate action) the incident
- When – Date and time of incident (Timely)
- Where – Location of the incident

Goals-accurate information and prevention!

What are some examples of "not so right" questions?

UI Investigations

Three questions

- What Happened?
- Why did it happen?
- What are you going to do about it?

What comes first ?

HEALTH AND SAFETY

IMMEDIATE ACTIONS COME FIRST
IMMEDIATE ACTIONS COME FIRST
IMMEDIATE ACTIONS COME FIRST

SAY IT WITH ME…

Scenario

Immediate Actions

- Always document what actions were taken following the incident
  - Assessed for injuries
  - Called 911
  - Initiated first aid
  - Separated the individuals
  - Notified law enforcement
  - Notified the county board/IA

Cause & Contributing Factors

- What Happened?
- Why did it happen?
- Drill Down into the incident to identify the Root Cause as well as Contributing Factors.

Prevention Plan

- All UI's require a prevention plan
- All UI logs need prevention plans
- A good prevention plan may prevent an MUI.
- Is this a UI trend?

Prevention Plan

Do not blame the victim…

Consider ..

- Will this make a difference in the life of this individual and/or other individuals?
- How will you make sure that the prevention measure was implemented?

Scenario and Discussion

Begins With a Thorough Investigation that

- Interviews all appropriate people.
- Reviews all facts.
- Determines the root cause.
- Identifies other contributing factors such as:

Staff
Equipment
Individuals
Policies
Environment
Communication Systems
Leadership

UI Investigation

- (M)(2)(d) – Requires the agency provider to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at risk individuals…

UI Investigation

- Unusual incident includes, but is not limited to: dental injuries; falls; an injury that is not a significant injury; medication errors without a likely risk to health and welfare; overnight relocation of an individual due to a fire, natural disaster, or mechanical failure; an incident involving two individuals served that is not a peer-to-peer act major unusual incident; and rights code violations or unapproved behavior supports without a likely risk to health and welfare.

How to Investigate a UI?

- Start with the Incident Report:
- Description: Does the information given by staff explain what happened? Did the witness tell us the Who, What, Where and When?
- Immediate Action
- What was happening prior to incident? What was staff and individuals doing prior.
- Antecedents

How to Investigate a UI?

- Was there an Injury? Does the Injury match the story given as to how it occurred? Medical Treatment?
- Unknown Injury? Does staff document on the IR how this may have occurred?
- Where did this occur? Bathroom, bedroom?
- Witnesses – Staff and Individuals! Anyone Else
- Notifications

How to Investigate a UI?

- Interview as soon as possible after the incident so information will not be lost.
- It is difficult to recall specifics related to an incident the more time has passed.
- What do we know about the Individual? ISP, BSP, and Relevant Medical Info.
- What do we know about others involved? This would include peers, staff, family, ect…
- Working and personal relationships

How to Investigate a UI?

- What is the Cause?
- What are some of the Contributing Factors?
- How can we prevent this from occurring again?

Rights Investigation

- On Monday, 9/5/13, While getting individuals ready for work, Sam M told me that he hates the home manager Carla Tortelli. Sam told me that yesterday he went out into the living room and Carla was sitting on the sofa playing a game on her IPad. Sam said that he went up to the television and turned the channel so he could watch a football game. Sam claims that Carla told him "I was watching that." Sam says this upset him and didn't think it was fair so he went back to his room. Sam says that Carla came back to his room and told him that when her show was over he could watch what he wanted. Sam does not think that Carla is nice and is now asking to buy a television for his room.

Rights Investigation

- What is your immediate action?
- Who will you interview?
- History of the Individual and Staff Involved?
- Contributing Factors?
- Prevention Plan?

Peer/Peer Investigation

- Incident Description: Mike F. Matthew was at his day site when he grabbed another peer because he wanted to touch the peers leather coat. Staff were moving to separate the two men as Matt would not let go of the coat. Before staff could separate the peer (William C) fell to the ground.

Peer/Peer Investigation

- Immediate Action
- Did William have an Injury? Was he assessed and did he receive treatment?
- Was Mike firmly fixed and does injury make this an MUI?
- What is the supervision level for Mike and William?

Peer/Peer Investigation

- History? Does Mike have a history of grabbing people or only people with certain clothing?
- Does William have an unsteady gate or a history of falls?
- What are the Contributing Factors?
- What is the Prevention Plan?

Falls Investigation

- Incident Description: Individuals were eating breakfast when Barbara S stood up from the table and fell to the ground. Barbara must have bumped her head on the table. She has a red mark on her head. She seemed fine so we helped her up to her chair and she finished drinking her juice. Incident was called into the Supervisor on Call.

Falls Investigation

- Immediate Action?
- What treatment was needed for injury?
- How did she Fall?
- Why did she Fall?
- History?
- Supervision Level? What if Barbara is eyes on?
- Contributing Factors?
- Prevention Plan?

UBS Investigation

- When Adam came home off the bus I was standing at the front door waiting for him and Blake. Blake was in front of Adam and walking slow as usual. Adam told Blake to hurry the hell up. He bumped into Blake a little and then walked onto the porch. I told Adam that he needs to be nicer to his roommate. Adam told me to shut the F*** Up and to mind my own business. Due to his behavior I informed Adam that he would not be going to the dance tonight. Adam told me to go to H***.

UBS Investigation

- Immediate Action?
- What time does the bus drop folks off?
- What time is the dance?
- Was there a risk to the individual? How did he handle not going to the dance?
- Contributing Factors?
- Prevention Plan?

Dental Injury

- When I woke Joey up this morning I noticed that one of his front teeth was chipped. I helped him with his morning routine and looked around his room to see if I could find the rest of his tooth. He does not seem to be in pain and it is only the one front tooth.

Dental Injury

- Immediate Action
- Who to interview? (Individual does not verbally communicate and would be difficult to get information from.)
- Supervision Level
- Ask previous staff if they remember seeing his tooth in place?
- What activities is he involved with?
- History of falls?

Dental Injury

- Peer/Peer?
- Can you determine how this may have occurred.
- Cause & Contributing Factors
- Prevention Plan

Medication Error Investigation

- On Tuesday 3/7/15, Terry B. was accidentally given 10mg of Niacin. I was passing out medications to the guys in the home. We were rushing around to get on the bus and I gave him the Niacin. The Niacin belongs to Howard L. I contacted the supervisor who will contact the Nurse on duty.

Medication Error Investigation

- Immediate Action is important when a med error occurs.
- Always review the risk on medication errors.
- Review Medication Administration and your policies and procedures in regards to passing medications.
- Look for trends
- Contributing Factors and Prevention Plan?

Prevention Planning

Elements of a Good Prevention Plan

- Based on a thorough investigation which gives an explanation of “cause”. The prevention plan should attempt to address each cause identified not just “the obvious case.”
- Addresses other significant factors that played a role in the incident.
- Is not just “a plan to plan,” but is specific in identifying WHO is going to do WHAT, WHEN, WHERE, and HOW.

Elements of a Good Prevention Plan

- Takes into account not only “people” issues, but “systems” issues.
- One that not only addresses immediate action, but attempts to address long term planning towards a desired outcome.
- Includes involvement of the person and their guardian (as applicable) in the planning process.
- Shared across a variety of settings and includes feedback from a variety of disciplines for a holistic approach to a desirable outcome.

Scenario and Discussion

Bill lived in a home with 3 other men on IO waivers. Bill required *close supervision* due to his history of inappropriate sexual activity. There were 2 staff assigned during waking hours. At 6:30 pm Paula, a new staff person walked into Bill's room to find he and housemate Ted engaged in a sexual act. Both men quickly pulled up their pants and Ted ran out of the room. Paul the other direct staff, had taken Ron, one of the housemates down the block to the corner store to obtain cigarettes. Ron would get very agitated and hard to manage if he could not smoke. Paula had been assisting Andy (housemate) in cleaning up the kitchen after dinner when she decided to check on Bill and Ted.

Elements of a Good Prevention Plan

Prevention planning:

A quality prevention planning process includes the
steps that have been taken for a specific case, as
well as any steps that will be systemic in nature,
regarding future prevention.

Elements of a Good Prevention Plan

Prevention plans are not developed in a vacuum and should be a means to an end.

Both specific preventions for the individual case and far reaching system changing preventions should be included in a good prevention plan.

Prevention Plan

Does the action to be taken address the cause of the incident?

Is the action to be taken within the control of responsible person?

Are the necessary resources available?

If the preventative action is effectively implemented, can it minimize recurrence of the incident?

Physical Abuse – Prevention Planning

Immediate Action/Prevention

- **Separation of family/staff (PPI) from individual.**
- **Immediate medical assessment (as applicable).**
- **Counseling if necessary for the individual victim.**
- **Training on crisis intervention – COPE, PACES.**

Physical Abuse – Prevention Planning

- Monitoring of staff providing services
- Special team meetings to get team input into support for the victim/peer (if consumer)
- Education for all staff indicating that physical abuse will not be tolerated
- Discussion of Abuser Registry/outcomes

Ohio

Department of Developmental Disabilities

Office of MUI/Registry Unit

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

Health and Welfare A

Sexual Abuse Prevention and Rep

#56-0

Purpose

The purpose of this alert is to remind those who are involved in providing care, managing programs, investigating or overseeing the investigation of alleged sexual abuse cases about the importance of recognizing the signs of sexual abuse,

Service providers have duties and responsibilities to protect individuals from harm, including reporting suspected sexual abuse. Unfortunately, sexual abuse is under-reported. This means that incidents of suspected sexual abuse are not reported to the

- Persons aware of the suspected s abuse may be reluctant to get an remain silent.
- Possible signs of sexual abuse are recognized or are not fully consid by staff and others close to the individual.

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Sexual Abuse Prevention Plan

Immediate Actions

- Get the individual appropriate medical attention.
- Take immediate action to protect the person from further assault
- Report immediately to law enforcement or CSB
- Report to the County Board immediately but within 4 hours
- Sexual assault assessment, when appropriate, should be sought immediately.
- Remember to NOT imply blame on the victim.

Sexual Abuse Prevention Plan

Immediate Actions

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

Sexual Abuse Prevention Plan

Immediate Actions

- Ask questions like “Were you able to..?” instead of ”Why didn’t you?” when talking to the individual.
- Emotionally support the alleged victim
- Remember to refer the individual for counseling and victim’s assistance as appropriate.
- Notify DODD MUI Unit if the alleged PPI is a County Board Employee. Screen the individual for pregnancy and/or sexually transmitted disease.

Peer to Peer Act Definitions

Physical Act that occurs when an individual is targeting, or firmly fixed on another individual such that the act is not accidental or random and the act results in an injury that is treated by a physician, physician assistant, or nurse practitioner. Allegations of one individual choking another or any head or neck injuries such as a bloody nose, a bloody lip, a black eye, or other injury to the eye, shall be considered major unusual incidents.

Minor injuries such as scratches or reddened areas not involving the head or neck shall be considered unusual incidents and shall require immediate action, a review to uncover possible cause/contributing factors, and prevention measures.

Peer to Peer Acts Prevention Plan

- Assess living arrangement of peers involved in physical abuse; any patterns, appropriateness of roommate selections.
- Is the BSP appropriate/interventions understood?
- Is supervision maintained/appropriate?

Peer to Peer Act Definitions

Sexual Act which means sexual conduct and/or contact for the purposes of sexual gratification without the consent of the other individual.

Verbal Act which means the use of words, gestures, or other communicative means to purposefully threaten, coerce, or intimidate the other individual when there is the opportunity and ability to carry out the threat.

Peer to Peer Act-Verbal

- Training interventions, program revisions for peers involved in verbal act of one another.

- Assess the placement situation.
  - Are the individuals compatible?
  - Is the placement a nice fit for those involved?
  - Is the guardian included in discussions?
  - Does there continue to be unresolved health/safety issues?

Verbal Abuse – Prevention Planning

- Separation of family/staff/(PPI) from individual.
- Counseling, if necessary, for the individual victim.
- Training on crisis intervention, sensitivity training for employees.

Verbal Abuse – Prevention Planning

- Administrative oversight/monitoring of staff interventions.
- Special team meeting to get team input into the supports for the peer/victim (if consumer).
- Education of all staff indicating verbal abuse will not be tolerated.

Neglect – Prevention Planning

- Separation of family/staff (PPI)/ individual during investigation.
- Immediate medical assessment (as applicable).
- Disciplinary action for specific offense.
- Staff training – ISP (supervision levels, treatment requirements).
- Special Team Meetings with recommendations.
- Guardian/family notification/feedback.
- Specify who is responsible for what follow-up (evaluation, team meeting, staff training, revising the ISP, etc.).

Misappropriation Prevention Planning

- Has a system problem been identified?
  - Locking the lockbox
  - Keys to the home
  - Lack of accounting for funds used
  - Accessibility of funds to numerous people

Misappropriation Prevention Plan

- Have outcomes been reviewed for all homes, not just the one identified in the MUI?
- Administrative oversight/review of system.
- Are policies/procedures revised as a result of these changes?

Law Enforcement – Prevention Planning

- Why was the person arrested?
- Is there treatment being sought for the issue? (Drug/alcohol counseling, psychiatric follow-up, anger management, etc.).
- Was supervision an issue in the person being able to offend?

Law Enforcement – Prevention Planning

- What has changed to help support the individual?
- Who is responsible for follow-up?
- What are the timeframes identified?
- Verify implementation of outcomes.

Attempted Suicide – Prevention Planning

- How did the person attempt to harm themselves? Have steps been taken to eliminate opportunities for similar risks (e.g., removal of knives, securing of medications, etc.)?

- Has a suicide risk assessment been completed? What is being done to proactively address the issues?

Attempted Suicide – Prevention Planning

- Has supervision been discussed?
- Staffing Changes?
- Who is responsible/What are the timeframes?
- Verify implementation of outcomes.

Missing Person – Prevention Planning

- Have supervision levels been addressed? Are they appropriate?
- What are the risk factors? How is the team addressing the absence to avoid future situations like this?
- Is the person really missing? Are adjustments required to the ISP regarding community involvement? This is clearly related to the risk/analysis.

Medical Emergency – Prevention Planning

- What is the person's current medical condition?
- Are any follow-up medical orders/ recommendations being implemented? Who is responsible? What are the specific timeframes?
- Are any changes required for the ISP? Who is following up? What are the specific timeframes?
- Choking Incidents - diet textures, Supervision, meal pace, adaptive equipment.

Unknown Injury – Prevention Planning

- Has the source of the injury been identified?
- Are there suspicions as to how the injury occurred?
- Has the environment been modified to address the source of the injury? (Actual/suspected); (coffee table, corner of bed, light fixture, etc.) e.g., bruises match up to the corner of the coffee table, etc.

Unapproved Behavior Support – Prevention Planning

- Are staff trained appropriately in crisis intervention?
- Are the behavior plan/interventions addressing the problematic behaviors?
- Are staff trained on the plan? If not, who is responsible and when will it be done?
- Has a risk assessment been conducted regarding the intervention techniques?

Unapproved Behavior Support – Prevention Planning

- Has a physician reviewed the program for any intervention that may be contraindicated?
- Is a plan necessary to address the behavior?
- Is a revision to a current plan required?
- Has a team meeting been held? Are there any outcomes? Who, what, when? Be specific and include timeframes and deadlines.

Client Rights – Prevention Planning

- What right was violated?
- Has appropriate disciplinary action been taken with the support staff?
- Has retraining occurred with the alleged PPI?
- What about overall rights/sensitivity training for agency personnel

THANK YOU!

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