



Department of
Developmental Disabilities

Office of MUI/Registry Unit

Ted Strickland, Governor
John L. Martin, Director

Health & Safety Alert #40-03-02

Travel Training

Travel Training

Situation: There have been several very serious incidents involving missing persons that have raised many issues that need to be considered in travel training programs.

Alert: A review of MUIs shows that individuals who travel independently should have basic skills to use every day and know what to do in the case of an emergency. There will be times that the buses are not on schedule or an individual may find himself or herself in an unfamiliar place. The Department recommends that all counties establish a travel training protocol to teach individuals to safely use the transit system and provide documentation to the board and providers that this process has been completed. Some items to include in the development of a training program:

- The individual's life skills.
- Money management skills.
- Telephone use.
- Telling time.
- Bus identification.
- Sign identification.
- Street crossing skills.
- Emergency procedure skills.
 - What to do if the individual becomes lost.
 - What the responsibilities are of all parties, including, but not limited to the staff, individual and guardian.
 - Development of a training sequence verifying that the individual has completed the route successfully and safely with independence (i.e., successfully mastered the route five times independently without prompting from the trainer).

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

JANUARY 2004

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Health & Safety Alert # 41-06-07

Choking Study Results

Purpose of This Alert

The Department, in conjunction with the Mortality Review Committee completed a review of over 300 incidents of medical emergencies and deaths related to choking. This Alert is meant to provide information on the foods most typically noted, the location of the incidents, mealtime concerns, and preventive measures to reduce the number of choking incidents.

A. Typical Foods Involved

1. Meat – hamburgers, hotdogs, sandwiches of all types and chicken.
2. Pasta – pizza and other pasta.
3. Vegetables – potatoes which were mainly french fries.
4. Fruits – apples and watermelon.

Meat was noted in 35% of the incidents.

Pasta was noted 15%

Vegetables were noted 10%

Fruits were noted 8%

Miscellaneous cases involving PICA and cases when the food was not identified make up the remainder.

Most of the incidents occurred during lunch and dinner (75%).

B. Location of Incidents

Private ICF/MRs	25%
Workshops	22%
Developmental Centers	11%
Licensed facility	7%
Community	7%
County Board schools	6%
Family home	4%

C. Age Range for Choking Incidents

The age range for the choking incidents was from 2 to 85. It was interesting to note that that 45 to 54 age group has the largest percentage by almost double that of any other group.

0 – 4	3%	45 – 54	33%
5 – 14	3%	55 – 64	18%
15 – 24	7%	65 – 74	6%
25 – 34	11%	75 – 84	4%
35 – 44	15%	85 +	0%

D. Individuals With Identified Mealtime Concerns

It was frequently noted that although individuals may not have had previous incidents, there were identified mealtime concerns. These included:

1. Eating too fast.
2. Stuffing food.
3. Food stealing.

In a number of cases, the food was not cut into the appropriate sized pieces or the incorrect diet was given. There were also several instances where diet changes were not communicated to all persons who assist with meals whether it was workshops or family members or unfamiliar support staff.

E. What We Have Learned

What we have learned is likely what we already understand. Choking can happen easily and quickly to anyone. Make this time as safe as possible by ensuring the applicable preventive measures are in place.

E. Preventive Measures

- Be diligent during meals, supervision must be a high priority.
- Be especially watchful of those individuals with mealtime concerns.
- Be sure good assessments of eating skills have been done where appropriate.
- It is important that correct diets be followed.
- It is important to communicate diet changes to all settings.
- It is important to recognize foods that are common in choking incidents and pay close attention at meals when these are on the menu.
- It is important that diets be properly prepared based on the individual's plan.
- Educate caregivers on the importance of mealtime safety.
- It is an important time for managers, supervisors, volunteers, or family to be present and assist with the meal.
- Use adaptive equipment and aides as indicated.

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

JUNE 2007



Office of MUI/Registry Unit

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Health & Safety Alert #42-03-10

Theft of Medications

Purpose of This Alert

A review of Major Unusual Incidents (MUIs) for calendar year 2009 revealed an ongoing trend of medication thefts. This trend is concerning as medications are accessible throughout our service delivery system. Current literature refers to this phenomenon as “Drug Diversion.” In other words, drugs are diverted from their original source and end up for sale on the streets or used to support another’s addiction. Prescription drug abuse accounts for over 30% of the overall drug problem in the U.S.

According to Pilar Kraman with the Council of State Governments, this problem is also an emerging trend nationally. In 1990, 628,000 individuals abused pain medications for the first time. By the year 2000, that number had increased to nearly 3 million, and has continued to grow.

This is an alarming trend that is affecting our service delivery system. Attention to detail through providers, county boards and the department will be necessary in the future as we encounter these issues.

The following have been identified as targeted medications in various MUIs during calendar year 2009:

Adderall	Depakote	Percocet
Ativan	Hydrocodone	Risperdal
Baclofen	Lithium	Tizanidine
Clonazepam	Lorazepam	Viagra
Clozaril	Oxycodone	Vicodin

Stealing individuals’ medications can result in serious outcomes, such as:

1. The individual doesn’t receive medications as prescribed by the treating physician.
2. The individual may be in unnecessary pain/discomfort.
3. The individual may not progress medically, as expected.

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4. Withdrawal or relapse may occur as a result of not receiving medications as prescribed.

The following helpful hints have been provided to assist with proactively preventing medication thefts.

Preventing or Reducing Occurrences of Medication Theft

- Establish a sound accounting system for all medications:
 - Include a safe/secure storage area with very limited access.
 - Track who is dispensing medications with accountability.
 - Conduct a regular inventory of medications. The frequency should be such that discrepancies can be easily resolved.
 - Track the dispensing of medication including the who, what, and when.
 - Medication errors need to be reported and addressed as part of the system.
 - When a discrepancy is identified it is important to resolve it as soon as possible. If it cannot be resolved, it is important to begin a tracking system to look at the discrepancies over time.
 - Management should monitor on a regular basis, the administration of medication to ensure it is being done correctly.
 - Train support staff on the importance of proper medication administration and storage.
 - Store only those medications necessary to have on-hand (avoid overstocking).

- Practices to avoid:
 - Leaving medication unsecured.
 - Multiple support staff dispersing medications without ongoing oversight.
 - Failure to reconcile medications regularly to assure medication administrative procedures are being followed.
 - Overstocking medications for convenience.
 - Co-mingling medications without a strict system for safe individual dispersal.

Stay alert to signs of drug abuse by caregivers and intervene appropriately. Using drugs while caring for individuals has a risk of harm to individuals through possible neglect and/or abuse.

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

REISSUED: March 2010



Health & Safety Alert #43-11-07

Status Epilepticus

Background

Traditionally, status epilepticus was defined as 30 minutes of continuous seizure activity or a series of seizures without return to full consciousness between seizures. According to the literature, 50,000 to 200,000 cases of status epilepticus occur per year. The overall mortality rate is about 20% with the cause of death most often related to brain injury. It is now known that a period as short as 5 minutes of continuous seizure activity can cause brain injury and that the self-termination of a seizure is unlikely after 5 minutes.

Alert

The need to respond quickly when someone goes into continuous, generalized, convulsive seizure activity is now clear in the literature. County boards, provider agencies, and others need to examine their guidelines or develop guidelines to lessen the response time to 5 to 10 minutes before intervening.

The most common intervention prescribed by a doctor in a non-hospital setting is Diazepam (Valium) or Lorazepam (Ativan). Currently, the medication administration certification class offered to MR/DD personnel teaches the use of rectal Valium (Diastat). Please note that the ability to use rectal Valium may vary based upon the Doctor's Order and you should check with your delegated nurse.

Alerts are issued as general guidelines. We recognize there may be instances when a physician or neurologist has Doctor's Orders that may differ. It is always important to have the physician review and provide guidance regarding any changes.

The information on this topic was obtained from a number of physicians as well as extracting information from the following internet website: <http://www.emedicine.com>. For additional information on this topic, we would suggest visiting the website.

Additional questions can be directed to the MUI/Registry Unit at (614) 995-3810.

NOVEMBER 2007

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Health & Safety Alert #44-09-12

Transition Issues (Red Flags when changing Providers or Settings)

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

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

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

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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



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Health & Safety Alert #45-06-08

Missed Taking Some Medication? Does it really Matter? Yes, It Does Matter!



Between 44,000 and 98,000 Americans die each year as a result of medication errors. Skipping or missing medication can lead to:

- Death
- Unnecessary pain
- Loss of good health
- Hospitalizations

It is estimated that 30 to 50 percent of all prescriptions are not taken correctly.

Common reasons for not receiving medication

- I forgot
- I refused
- No one gave them to me
- My prescription was not filled
- I am confused on how/when to take them
- I don't like the taste
- I don't like how they make me feel



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When a medication is not received consider how significant it is for that individual based on the seriousness of their condition. **Ask – Should the prescribing physician be consulted immediately?** Is there a risk for the individual? Tell someone when there is an error or missed medication. Missing a medication, taking the wrong medication, or receiving more or less than prescribed is always to be recorded on an incident report. Recording incidents should result in action to understand the cause and take preventative measures when needed.

1. GENERAL RULES:

- **NEVER** increase or decrease the medication dosage without consulting a physician. Only a doctor can make this change.
- **NEVER** skip a dose or take extra later to make up for a missed dose without consulting the prescribing physician.
- **KEEP** medications in the package they come in – so there is no confusion over contents.
- Make sure **ORIGINAL** labels are intact.
- Keep medications in a **SAFE PLACE** to avoid misuse.
- **NEVER** give a person medication that was prescribed for someone else.
- **KEEP** records up-to-date and very clearly written.
- Make sure a **DOCTOR** evaluates all medications a person takes. **REMEMBER:** Some medications don't interact well with each other.
- **INFORM** the doctor about allergies or medications that have caused problems in the past.
- **PROPERLY DISPOSE** of all medications that are past the expiration date or that have been discontinued by the prescribing physician. Contact the pharmacist or vendor regarding proper disposal.
- Know your **LIMITS** if you are responsible for administering medication.
- If you have a **QUESTION** about a medication, write it down and get it answered by your delegating nurse, pharmacist, or doctor.
- **ADDITIONAL INFORMATION** about specific medications can be found online at search sites such as <http://www.fda.gov/cder/drug/default.htm>
- **PREPARE** a list of medications that the person is taking and take that **LIST** to the doctor.

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2. Some Questions for the Doctor, Delegating Nurse, or Pharmacist:



- **What is the medicine for?**
- **Will it interact** with medicines already being taken?
- **How often** should it be taken?
- **How much** should be taken?
- Are there any **foods or other medications, supplements, or other things** that should not be taken with it?
- Should it be **taken with** food or on an empty stomach?
- Are there any **special instructions**?
- Are there **side effects** we should watch for and should we report them?
- Can we do anything to **prevent side effects**?
- What should we do if a **dose is missed or incorrect dose given**?
- Do **blood levels** need to be checked with this medication? How often?

For additional information, please contact the MUI/Registry Unit at MUI.Unit@dmr.state.oh.us

JUNE 2008



Health & Safety Alert #46-12-09



Osteoporosis



Osteoporosis is a condition where bones become thin and fragile. This leads to an increased risk of fractures (broken bones).

Osteoporosis is most common in older people, especially older women. The usual reasons for osteoporosis are:

- ❖ Low Estrogen after menopause
- ❖ Older age
- ❖ Family history of osteoporosis
- ❖ Cigarette smoking
- ❖ Drinking alcohol to excess

Men and women who have developmental disabilities may experience risks for developing osteoporosis at younger ages, some risks include:



- ❖ Not enough calcium and Vitamin D (from difficulty with eating, poor food choices, lack of sunlight)



- ❖ Medications that affect calcium and Vitamin D (anti-seizure medications, some antipsychotic medications)

- ❖ Other medications that affect bone density (Corticosteroids taken by mouth for asthma or other reasons, Depo-Provera shots, some cancer treatment medications)



- ❖ Low hormone levels in either men or women (Down Syndrome, Prader-Willi Syndrome)

- ❖ Lack of normal movement patterns (low muscle tone of Down Syndrome, increased muscle tone of cerebral palsy, wheelchair use, being bedridden)

- ❖ Sedentary lifestyle



- ❖ Certain chronic diseases (malabsorption, insulin-dependent diabetes, hyperthyroidism)

- ❖ History of broken bones in the past

WHAT TO DO FOR PREVENTION AT HOME:



- ❖ Increase calcium in the diet (best is low fat dairy products, dark green leafy vegetables, eggs, broccoli, peas, beans, nuts, whole grains)
- ❖ Increase Vitamin C in the diet (fresh fruits, fruit juice with Vitamin C added)
- ❖ Make sure the person gets some outdoor time each day for sun exposure to increase Vitamin D (even 15 minutes with face and arms exposed will help)
- ❖ Weight-bearing activities such as walking
- ❖ Exercises that involve resistance, such as working with small weights
- ❖ Provide a safe environment in order to avoid falls



RISK FACTORS FOR FALLS: See new Falls alert #20-12-09

- ❖ Muscle weakness or balance problems
- ❖ Lack of physical activity
- ❖ Functional limitations, cognitive impairment or dementia
- ❖ Use of psychoactive medications
- ❖ Home hazards



TALK TO THE HEALTH CARE PROVIDER:

- ❖ If the person has some of the risk factors, explain your concern to the doctor and ask for bone density testing.
- ❖ If the person takes a medication that might be problematic, ask if it can be changed or if calcium and Vitamin D supplements might help.
- ❖ If the person has low bone density, ask about a medication to help prevent further bone loss.
- ❖ If an individual shows signs of pain, loss of motor skills, or has self-injurious behaviors, consider whether there might be a broken bone – see the health care provider for an exam.



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

REISSUED: DECEMBER 2009



Health & Safety Alert #47-05-09

H1N1 Flu (Swine Flu) Virus

What is H1N1 Virus?

H1N1 Influenza (Swine flu) is a respiratory disease of pigs caused by type A influenza viruses that causes regular outbreaks in pigs. H1N1 influenza viruses cause high levels of illness and low death rates in pigs. H1N1 influenza viruses may circulate among swine throughout the year, but most outbreaks occur during the late fall and winter months similar to outbreaks in humans. The classical swine flu virus (an influenza type A H1N1 virus) was first isolated from a pig in 1930.

H1N1 Virus in Humans

What are the symptoms of H1N1 influenza in humans?

The symptoms of H1N1 influenza in people are expected to be similar to the symptoms of regular human seasonal influenza and include fever above 100, fatigue, lack of appetite, and coughing. Some people with H1N1 influenza also have reported runny/stuffy nose, sore throat, chills, headache, body ache, nausea, vomiting, and diarrhea. In the past, severe illness and deaths have been reported with H1N1 influenza infection in people. Like seasonal flu, H1N1 influenza may cause a worsening of underlying chronic medical conditions. People with symptoms should see their doctors and stay home from work or school.

Emergency warning signs in children that need urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

Emergency warning signs in adults that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

Can people catch H1N1 influenza from eating pork?

No. H1N1 influenza viruses are not transmitted by food. You can not get H1N1 influenza from eating pork or pork products. Eating properly handled and cooked pork products are safe. Cooking pork to an internal temperature of 160 degrees Fahrenheit kills the H1N1 influenza virus as it does other bacteria and viruses.

How does H1N1 influenza spread?

Influenza viruses can be directly transmitted from pigs to people and from people to pigs. Human infection with influenza viruses from pigs are most likely to occur when people are in close proximity to infected pigs, such as in pig barns and livestock exhibits housing pigs at fairs. Human-to-human transmission of H1N1 influenza can also occur. This is thought to occur in the same way as seasonal influenza occurs in people, which is mainly person-to-person transmission through coughing or sneezing of people infected with the influenza virus. People may become infected by touching something with influenza viruses on it and then touching their mouth or nose.

What is being done?

The United States Government has declared a public health emergency in the United States. CDC's response goals are to reduce transmission and illness severity, and provide information to help health care providers, public health officials and the public address the challenges posed by this emergency. CDC is issuing and updating interim guidance daily in response to the rapidly evolving situation. CDC's Division of the Strategic National Stockpile (SNS) continues to send antiviral drugs, personal protective equipment, and respiratory protection devices to all 50 states and U.S. Territories to help them respond to the outbreak. The H1N1 influenza A virus is susceptible to the prescription antiviral drugs oseltamivir and zanamivir. In addition, the Federal Government and manufacturers have begun the process of developing a vaccine against this new virus.

Prevention

What you can do to stay healthy

- Take everyday actions to stay healthy:
 - ❑ Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. If you don't have a tissue, cough and/or sneeze into your shirt sleeve.
 - ❑ Wash your hands often with soap and warm water for about 15 to 20 seconds, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
 - ❑ Avoid touching your eyes, nose, or mouth. Germs spread that way.
 - ❑ Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

- Follow public health advice regarding school closures, avoiding crowds, and other social distancing measures.
- Develop a provider/family emergency plan as a precaution. This should include storing a supply of food, medicines, facemasks, alcohol-based hand rubs, and other essential supplies.
- If there are still questions and/or concerns call 1-800-CDC-INFO or visit the website <http://www.cdc.gov/h1n1flu/qa.htm>
- Ohio Department of Health H1N1 (Swine influenza) Information line is open 8 a.m. to 5 p.m., Monday through Friday. Please call 1-866-800-1404 or visit the website for more information http://www.odh.ohio.gov/landing/phs_emergency/swineflu.aspx

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

ISSUED MAY 2009



Department of Developmental Disabilities

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Health & Safety Alert # 48-11-11

A Brief Guide to Understanding the Risk of Pressure Sores (Bedsore)

What are pressure or bedsore (Decubitus Ulcers)?

Pressure or bedsore are ulcers which may occur on areas of the skin that are under pressure from lying in bed, sitting in a wheelchair, and/or wearing a cast or brace for a prolonged period of time; or in areas that are continually damp.

When does a pressure or bedsore develop?

A bedsore develops when blood supply to the skin is cut off for as little as two hours. As the skin dies, the bedsore first starts as a red, painful area, which if untreated can break open and become infected. A bedsore can become deep, extending into the muscle, and if left untreated can cause death. **Observation and routine skin care are the keys to prevention!**

Who is likely to develop a pressure sore?



- Someone who has had a long illness or life-long disability. This may result in being confined to bed or a chair for long periods.
- Someone who has poor circulation.
- Someone who is under-nourished.
- Someone who is overweight.
- Someone who has difficulty with mobility.
- Someone who is incontinent and left to lie in urine. This can leave skin wet, which makes it more prone to superficial damage.
- Someone who slides or is pulled along a chair or bed regularly.

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On Which parts of the body will pressure sores develop?

- Areas more likely to develop pressure sores are heels, elbows, shoulders, and the bony parts of your bottom (the areas that are in contact with your bed or chair, or where two bony areas are in contact with each other).

How are pressures or bedsores prevented?

The best methods of preventing bedsores and preventing progression of existing bedsores include: careful observation, frequent turning and repositioning, providing soft padding in wheelchairs and beds to reduce pressure, and providing good skin care by keeping the skin clean and dry.

Bedsores can be prevented by inspecting the skin for areas of redness (the first sign of skin breakdown). When a pressure sore first appears, it may be no more than a red area, the size of a penny, which feels warmer than the rest of the skin. If this area is pressed, it remains red and does not blanch (go white). For individuals with dark skin, it is the heat that indicates the start of the damage.

Education of caregivers for at-risk persons is the most productive way to prevent pressure ulcers. Steps toward prevention include:

- Identifying individuals at high risk for pressure ulcers;
- Ensuring that people who are immobile change their position at least every two hours to relieve pressure;
- Using items that can help reduce pressure caused by bed sheets and wheelchairs (e.g., pillows, sheepskin, foam padding, and powder);
- Making sure the person eats healthy, well-balanced meals;
- Encouraging daily exercise, including range-of-motion exercises for people who are immobile; and
- Following good skin care, including inspecting the skin every day and keeping skin clean and dry. People with no restraints need to take extra steps to limit areas of moisture.

Can I treat a bedsore?

Your doctor or nurse should be consulted immediately if you suspect the development of a pressure sore.

Specific treatment of a bedsore is determined based on the severity of the condition. Treatment may be more difficult once the skin is broken, and may include:

- Removing pressure on the affected area;
- Protecting the wound with medicated gauze or other special dressings;
- Keeping the wound clean;
- Transplanting healthy skin to the wound area; and
- Medication (e.g., antibiotics to treat infections).

What happens if a pressure or bedsore is left untreated?

When a bedsore is left untreated the bedsore will continue to erode at the skin and muscle tissue and will expose bones and joints. People who have bedsores due to a preexisting health condition already have a decreased immune system and are much more susceptible to the spread of infection from an advanced bedsore stage.

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



Health & Safety Alert #49-12-09

H1N1 Influenza Vaccine and Planning Information

****Revised Update: Please note the recent changes as identified in the bold print below. Individuals with developmental disabilities have now been added to the priority group for the H1N1 Vaccine.**

The H1N1 virus continues to cause illness, hospitalizations and deaths in the U.S. With cooler months upon us, the Centers for Disease Control and Prevention (CDC) is concerned that the H1N1 virus could lead to a particularly severe flu season this year. The seasonal flu vaccine is not expected to provide protection against H1N1 influenza; however, an H1N1 vaccine is currently available in limited quantities and the federal government and vaccine manufacturers are working to make more vaccine available as soon as possible.

Who is recommended to receive the H1N1 influenza vaccine?

The priority groups recommended to receive the 2009 H1N1 influenza vaccine include:

- Pregnant women because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- Household contacts and caregivers for children younger than 6 months of age because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants younger than 6 months old might help protect infants by “cocooning” them from the virus;
- Healthcare and emergency medical services personnel because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity. Personnel who care for people with developmental disabilities fall into this category;
- All people from 6 months through 24 years of age
 - Children from 6 months through 18 years of age because cases of 2009 H1N1 influenza have been seen in children who are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and,

- Young adults 19 through 24 years of age because many cases of 2009 H1N1 influenza have been seen in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,
- Persons ages 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza. This includes persons with heart disease, kidney disease, liver disease, lung disease, or metabolic disease, such as diabetes, asthma, anemia, or other blood disorders; anyone with a weakened immune system due to HIV/AIDS or other diseases affecting the immune system, long-term treatment with drugs such as steroids, or cancer treatment with x-rays or drugs, **persons with neurological and neuro-developmental conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (developmental disability), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].**

How can we ensure individuals or employees who fall in one of the priority groups receive the vaccine?

Local County Boards of Developmental Disabilities and/or provider organizations must contact their local health department to coordinate assistance with vaccinations and other pandemic flu preparedness planning.

What happens once the demand for vaccination of the priority groups is met?

Once the demand for vaccine for the prioritized groups has been met at the local level, vaccinations should begin for everyone from the ages of 25 through 64 years. Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. However, once vaccine demand among younger age groups has been met, vaccination should be offered to people 65 or older.

Will the seasonal flu vaccine protect against the H1N1 flu?

No. While the seasonal flu vaccine does not protect against the H1N1 flu, you are encouraged to get a seasonal flu vaccination.

Are there other resources available for pandemic flu planning?

Yes. Pandemic flu planning resources can be found on the Ohio Department of Developmental Disabilities website at <http://www.dodd.ohio.gov/> and on the Ohio Department of Health's website at <http://www.odh.ohio.gov/>. More detailed information will be added to the department's website in coming weeks. Residential facilities may be interested in the Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist found at <http://www.flu.gov/professional/pdf/longtermcare.pdf>.

It is important that organizations providing support for the same individual (such as residential and day services) communicate with each other as comprehensive plans and strategies to manage during a pandemic flu are developed. During the planning process, organizations are encouraged to recognize any potential systemic ripple effects related to

their planned actions, and discuss these potential impacts with the affected organizations. For example, the closing of a day program would have significant impact upon the residential provider.

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

REVISED: DECEMBER 2009



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

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

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

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

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.

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.
-

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/

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.

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/>



Health & Safety Alert # 53-11-10

Post-Seizure Care

Background

Seizure disorders are quite common for many individuals with developmental disabilities. The service delivery system has done a good job defining, planning for, and intervening appropriately when an individual has a seizure. There is a tremendous amount of literature available to the field defining seizures and identifying seizure care plans. However, there is not much literature to address “Post-Seizure Care” for individuals with developmental disabilities.

Alert

The MUI/Registry Unit has identified health and safety risks for individuals after they have had a seizure. In many cases, the individual is tired following a seizure, and the first thing they want to do is lie down and rest. This makes perfect sense, and in most cases, it is just what the individual needs. In a few cases however, allowing the individual to go to his/her bedroom to rest without supervision can have dire consequences. There have been instances of choking, additional seizures, and shortness of breath that have been documented post-seizure. (The primary concern is that the above noted episodes are occurring, and care providers are unaware that they are occurring as they left the individual alone to rest.) This alert has been created to heighten awareness of supervision needs for individuals following a seizure. The attached post-seizure guide has been developed by department physicians to give providers of service a tool to help guide appropriate supervision occurs following a seizure.

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

ISSUED November 2010

1800 Sullivant Avenue
Columbus, Ohio 43222
dodd.ohio.gov

(614) 995-3810 (Phone)
(614) 995-3822 (Fax)
(866) 313-6733 (Hotline)

Post-Seizure Guide

Name: _____

Date /
Time: _____

	Now	5 min.	10 min.	15 min.	30 min.	45 min.	60 min.	2 hrs.	3 hrs.	4 hrs.
Vitals:										
Pulse										
Blood Pressure										
Respirations										
Breathing Pattern										
Temp										
O2 Sat										
Neuro Checks:										
Pupils										
Level of alertness										
Response to deep pain (Pressure on eyeballs)										
Speech (if appropriate)										

Eyes on (until 20 min.)

If seizures recur, then return to seizure care and notify medical / nursing. Keep individual on his or her side while seizing.



Department of
Developmental Disabilities

Office of MUI/Registry Unit

Ted Strickland, Governor
John L. Martin, Director

Health & Safety Alert # 54-10-10

Welfare Trends (NCI Survey)

Draft Information Alert on Health and Welfare trends noted in the NCI Survey

October 2010

The National Core Indicators (NCI) is a national standardized survey developed to measure key components of quality in a state or region's service delivery system for individuals with a developmental disability. Through a comparison of the Ohio results from the 2008-2009 survey and comparisons with national averages at that time and preliminary results of the 2009-2010 survey the Ohio Department of Developmental Disabilities has identified concerning trends in the area of health and welfare.

Although 97% of individuals reported being in good health, according to this NCI data, Ohio shows a significant lag in the following important health and welfare indicators:

- **Physical Exams.** A person with a developmental disability in Ohio was 15% less likely to have had a complete physical within a year when compared to the national average in the '08-'09 report. We have actually lost ground from '08-'09 to '09-'10, dropping from 73.1% to 70.5% of respondents having had an exam within a year.
- **Dental Visits.** A person with a developmental disability in Ohio was 21% less likely to have had a routine dental visit within a year when compared to the national average. Although we have made some gains in this area, moving from 57.5% having had a routine dental visit within a year in '08-'09 to 61% in the '09-'10 survey, there is still room for improvement. The national average in '08-'09 was 72.6%.
- **Flu Vaccine.** A person with a developmental disability in Ohio was 31% less likely to have had a Flu vaccination within a year when compared to the national average. In the '08-'09 report, 38.6% of respondents had a Flu vaccine. Through the Swine Flu epidemic, covered in the '09-'10 survey affirmative responses grew to 41.4%. As we move into another Flu season, we do not want to lose this momentum

Again with Flu season around the corner, it is important that we assist the people we serve in getting these basics of healthcare met. Please consider the following recommendations to help improve these trends. This information should be reviewed and updated through the annual Individual Service Plan process.

- Remind and assist individuals to review their records for the last physical exam and to schedule one if it's been longer than a year.
- Remind and assist individuals to review records for the last dental exam and to schedule one if it's been longer than a year.
- Remind and assist individuals to talk to their physicians regarding the appropriate use of the Flu vaccine.
- Visit the Every Healthy Person page on the DODD website at <http://dodd.ohio.gov/health/wellness.htm>
- Obtain additional information on the Flu and other Health issue through various sources including the Ohio Department of Health website.

ISSUED 10/10



Department of
Developmental Disabilities

Office of MUI/Registry Unit

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

Health & Safety Alert #55-07-11

Medication Administration

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

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

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

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

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

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

The 5 Rights of Medication Administration are:

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

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

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

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

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

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

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

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

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

8 Steps towards Safe & Successful Medication Administration

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

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

REISSUED: July 2011

Health and Welfare Alert

Sexual Abuse Prevention and Reporting

#56-02-13



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, implementing immediate actions and timely reporting. The Ohio Department of Developmental Disabilities (DODD) has identified these red flags through review of alleged sexual abuse cases and although they are not seen frequently, they are important enough to try and avoid entirely.

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

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 proper authorities as they should. "Sexual abuse" is defined as unlawful sexual conduct or sexual contact as those terms are defined in section 2907.01 of the Revised Code and the commission of any act prohibited by section 2907.09 of the Revised Code (e.g., public indecency, importuning, and voyeurism).

There are different reasons why suspected sexual abuse may not be reported. These include the following:

- The individual may not be able to clearly express what occurred (or is occurring) in ways that others understand.
- The individual may not realize that he or she has been victimized.
- The individual may be afraid to reveal what has occurred.
- The individual's allegations may be dismissed as fabrications or untruthful reports.

- Persons aware of the suspected sexual abuse may be reluctant to get help and remain silent.
- Possible signs of sexual abuse are not recognized or are not fully considered by staff and others close to the individual.
- Staff may fear reprisal if a co-worker is the suspected perpetrator.
- Staff may be uncertain if the actions described or observed constitute sexual abuse.
- Staff may also be uncertain about what to do – how the suspected sexual abuse should be reported, and to whom.

When suspected sexual abuse is not reported, the individual may continue to be victimized and suffer the consequences repeatedly. Needed services and supports to assist the individual in response to such an event cannot then be provided.

Service Providers of all types must be prepared to respond to incidents of suspected sexual abuse. Listed on the following page are basic steps that service providers should take to protect the health and welfare of the person.



Be aware of the possible signs of sexual abuse. This includes but is not limited to:

- Bruising, bleeding, soreness, redness, irritation, itching, and unusual discharges.
- Torn or stained underwear or linens.
- Difficulty in walking or sitting.
- Ongoing and unexplained health problems such as stomach pain.
- Display of new fears.
- Withdrawal from previously enjoyable activities, places, or persons. The person may suddenly avoid these places or people, or display fear or discomfort.
- Changes in sleep patterns such as nightmares, trouble sleeping, sudden bedwetting, and other sleep problems.
- Changes in appetite, loss of appetite, weight gain or loss.
- Resistance to being touched or undergoing physical examination.
- Sudden or marked changes in behavior; for example, aggression, attention-seeking behavior, self-destructive behavior, depression, refusal to participate in activities, clinging to others.
- New sexual knowledge or sexual behavior, including hints about sexual activity.
- Unexplained accumulation of money or gifts.
- Sexually transmitted diseases

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.

Steps to Take

- 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.
- 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.

More Info

For further assistance regarding sexual assaults contact

Ohio Alliance to End Sexual Violence
888.876.8388

Rape, Abuse and Incest National Network
1.800.656.4673

National Sexual Violence Resource Center
<http://www.nsvrc.org/>

For Questions or Comments

For questions or comments regarding this alert, please contact the MUI/Registry Unit.

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