

MUI Rule Training Effective 9/3/13

MUI/Abuser Registry Unit

Purpose of Training

This training is intended for Direct Service Professionals and covers the following topics:

- *MUI Rule Definitions*
- *Reporting Requirements*
- *Patterns and Trends*
- *Health and Safety Alerts*
- *Abuser Registry*
- *Rights*

What is O.A.C. 5123:2-17-02?

The MUI Rule establishes the requirements for addressing major unusual incidents and unusual incidents and implements a continuous quality improvement process in order to prevent or reduce the risk of harm to individuals.

Unusual Incidents Requirements



UI Definition

"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 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 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.

Who Must Write Incident Reports?

Any person who provides any type of service to an individual with developmental disabilities includes, but not limited to:

- Direct Care Staff (residential & workshop)
- SSAs
- Bus Drivers/Bus Monitors
- Job Coaches
- Work Supervisors
- Nurses
- Volunteers

Requirements of an Incident Report

- *Individual's name;*
- *Individual's address;*
- *Date of incident;*
- *Location of incident;*
- *Description of incident;*
- *Type and location of injuries;*
- *Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;*
- *Name of PPI and his or her relationship to the individual;*
- *Names of witnesses;*
- *Statements completed by persons who witnessed or have personal knowledge of the incident;*
- *Notifications with name, title, and time and date of notice;*
- *Further medical follow-up; and*
- *Name of signature of person completing the incident report.*

Unusual Incidents

Requires the 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.

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

Prevention Plan

- All UI's require Causes and Contributing Factors
- 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?



MUI Means...

The alleged, suspected, or actual occurrence of an incident when there is reason to believe the health or welfare of an individual may be adversely affected or an individual may be placed at a likely risk of harm, if such individual is receiving services through the developmental disabilities service delivery system or will be receiving such services as a result of the incident. There are three categories of major unusual incidents that correspond to three administrative investigation procedures delineated in appendix A, appendix B, and appendix C to this rule.

Key Points:

- Alleged, suspected or actual occurrence**
- Reason to believe a person is at risk of harm based on facts present not opinion**
- Receiving services or will be as a result of incident**



Physical Abuse

- Physical force
- Reasonably be expected to result in harm

***Examples:** Hitting, slapping, pushing, dragging or throwing an object when the allegation indicates that it could reasonably result in harm.*

Crimes against People with Disabilities

According to the National Crime Victimization Survey, 2008 published by the U.S. Department of Justice in December 2010, persons ages 12 to 24 and ages 35 to 49 with disabilities were nearly **twice** as likely as persons in these age groups without disabilities to be victims of violent crime when comparing rates that were not adjusted for age. The study also indicates:

- About 15% of violent crime victims with disabilities said that they suspected that they had been targeted due to their disabilities
- Among persons with disabilities, females had a higher risk of violent crime than males (after adjusting for age) in 2008

Physical Abuse Trends 2012

1469 Allegations were reported and 373 (25%) were substantiated. Break down by PPI Type is as follows:

- *Family-98(26%)*
- *Employees 107(29%)*
- *Others-54(14%)*
- *Unknown-56(15%)*
- *Friend-53(14%)*
- *Guardian-4 (1%)*
- *Payee-1(1%)*

Cause/Contributing Factors:

- Control, mean, unrealistic expectations, retaliation, intimidation for covering up theft



Verbal Abuse

Verbal abuse which means the use of words, gestures, or ***other communicative means*** to threaten, coerce, intimidate, harass or humiliate an individual.

Verbal Abuse Trends 2012

812 Allegations were reported and 301 (37%) were substantiated. Break down by PPI Type is as follows:

- Employees-158 (52%)**
- Others-56 (19%)**
- Family-35(12%)**
- Friend-28 (9%)**
- Unknown-16 (5%)**
- Guardian-8 (3%)**

Cause/Contributing Factors:

- Control; unrealistic expectations**
- Staff are in challenging situation with little support**
- Staff are scheduled an excessive amount of hours**



Sexual Abuse

- Unlawful sexual contact
- Unlawful sexual conduct
- Public indecency, voyeurism, importuning, etc.

Sexual Abuse Trends 2012

371 Allegations were reported and 76 were substantiated (20%). Break down by PPI:

- Others-30 (39%)
- Family-18 (24%)
- Unknown-8 (11%)
- Friend-5 (7%)
- Employees-13 (17%) - *Increase over 2011*
- Guardian-1(1%)
- Payee-1 (1%)



Misappropriation

- With intent
- Deprive, defraud, or otherwise obtain real or personal property
- As prohibited in Ohio Revised Code 2911 and 2913

Misappropriation Trends 2012

1344 Allegations were reported and 763 were substantiated (57%). Break down by PPI:

- Unknown-424 (56%)
- Employees-171 (22%)
- Guardian-4 (Less than 1%)
- Others-105 (14%)
- Family-45(6%)
- Payee-14 (2%)



Neglect

- A duty
- Failing to provide treatment, care, goods, supervision or services
- Necessary to maintain the health or welfare of the individual
- What is Reasonable Risk? Harm more likely than not could occur

Neglect Trends 2012

1836 Allegations and 1072 Substantiated Cases (58%).

Break down by PPI:

- Employees-892 (83%)
- Others-56 (5%)
- Family-104 (10%)
- Guardian-15 (1%)
- Unknown-5 (1%)

Neglect

- Failing to provide supervision made up 66% of all substantiated neglect cases.
- Failing to provide treatment was 34% of all substantiated 2012 cases.

What is Systems Neglect?

When a individual is neglected and the neglect is not the result of a particular person/people, a system neglect is identified. A systems issues is a process that involves multiple components playing a role in a the neglect.

Causes & Contributing Factors

- Supervision Levels are not met by:
 - Scheduling Problems; Impaired Staff
 - Employee-No Shows, Planned sleeping and/or leaving
- Not following supervision levels (i.e., community, mealtimes).
- No training or lack of training on supervision levels (1:1, 24-7 eyes on, etc.) Risk of Harm?

Causes & Contributing Factors

- Criminal activity – not feeding/medication
- Medical attention – will not call 911
- Dietary Texture, Pacing
- Failure to follow ISP
- Failure to follow Doctor's orders
- Lack of training on treatments (i.e., turning schedule, monitoring treatments).

Medical Emergency

Medical emergency. "Medical emergency" means an incident where emergency medical intervention is required to save an individual's life

Examples include: choking relief techniques such as back blows or cardiopulmonary resuscitation, epinephrine auto injector usage, or intravenous (for dehydration)

Medical Emergencies-2012

667 Medical Emergencies were filed in 2012 which is an increase from 631 in 2011.

- Heimlich and Back blows were used 290 and 66 times respectively accounting for 53% of all medical emergencies. These interventions were successful in all but 9 incidents when the individual died due to choking
- 85 were due to dehydration, which is the 2nd highest category



Attempted Suicide

Physical attempt that:

- Results in ER treatment or
- Inpatient observation or
- Hospital admission

In 2012, there were 57 attempted suicides reported and 2 individuals died as a result.

Take any suicidal talk very seriously. It's not just a warning sign that the person is thinking about suicide — it's a cry for help.

Death Definitions

- Accidental or suspicious death. "Accidental or suspicious death" means the death of an individual resulting from an accident or suspicious circumstances (Category A)
- Death other than accidental or suspicious death. "Death other than accidental or suspicious death" means the death of an individual by natural cause without suspicious circumstances (Category B)



Deaths Trends-2012

All deaths of individuals served

- *There were 723 reported deaths in 2012.*
- *Heart disease continues to be the leading cause of death for Ohioans with disabilities (14%) as well as the general population.*
- *Pneumonia and aspiration pneumonia continue to make up the next largest causes of death.*
- *The average age of the 723 individuals who died in 2012 was 50.42 years compared to the average populations life expectancy is 78.5 years (CDC).*
- *Incidents of cancer related deaths accounted for 9 % of all individuals who died in the system.*
- *In 2012, 9 people died due to choking. This was an increase of 3 from 2011.*

Every Healthy Person

The “*Every Healthy Person*” initiative is a joint effort between the Ohio Department of Developmental Disabilities (DODD) and the Ohio Department of Health (ODH) to focus attention on the importance of preventive healthcare, including periodic health care screenings, for people with developmental disabilities. The joint initiative complements [Healthy Ohioans](#)—a statewide health and wellness plan to replace unhealthy habits with healthy ones.



Exploitation

- Unlawful or improper act
- Using individual
- Individual's resources for personal benefit, profit, or gain

There were 147 allegations of exploitation and 83 substantiations in 2012.



Failure to Report (Registry)-2012

- Developmental Disabilities employee unreasonably failed to report Abuse or Neglect
- Knew or should have known
- Failure would result in a substantial risk of harm

In 2012, there were 135 allegations and 77 (57%) substantiated

Significant Injury

Significant injury means an injury of known or unknown cause that is not considered abuse or neglect and that results in concussion, broken bone, dislocation, second or third degree burns or that requires immobilization, casting, or five or more sutures. Significant injuries shall be designated in the incident tracking system as either known or unknown cause.

- *Replaces known and unknown injury MUIs*

2012 Known Injury Stats

There were 1278 reported known Injuries.

- Seizure – 69 (5%)
- Peer/Peer – 15 (1%)
- Medical – 25 (2%)
- Falls – 762 (60%)
- Behavior – 116 (9%)
- Accident – 291 (23%)

Law Enforcement

Individual is:

Charged (C)

Incarcerated (I)

Arrested (A)

In 2012, there were 424 MUIs for Law Enforcements.

Missing Individual

An incident that is not considered neglect and an individual's whereabouts after immediate measures taken are unknown and the individual is believed to be at or pose an **imminent risk of harm to self or others**. An incident when an individual's whereabouts are unknown for longer than the period of time specified in the individual's service plan that does not result in imminent risk of harm to self or others shall be investigated as an unusual incident.

Peer to Peer Acts

Peer-to-peer act. "Peer-to-peer act" means one of the following incidents involving two individuals served:

- *Exploitation*
- *Theft*
- *Physical Act*
- *Sexual Act*
- *Verbal Act*



Peer to Peer Act Definitions

- Exploitation which means the unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain.
- Theft which means intentionally depriving another individual of real or personal property valued at *twenty dollars or more or property of significant personal* value to the individual.

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 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.



Prohibited Sexual Relations

- Developmental Disabilities employee
- Consensual sexual conduct or contact
- With an individual who is not their spouse
- Employed or under contract to provide care to the individual at the time of the incident
- Anyone in the Developmental Disabilities employee's supervisory chain of command

19 Allegations and 8 Substantiated Cases (42%) in 2012

Rights Code Violation

"Rights code violation" means any violation of the rights enumerated in section 5123.62 of the Revised Code that creates a likely risk of harm to the health or welfare of an Individual.

81 Allegations of Rights Code Violation and 42 Substantiated Cases (52%)

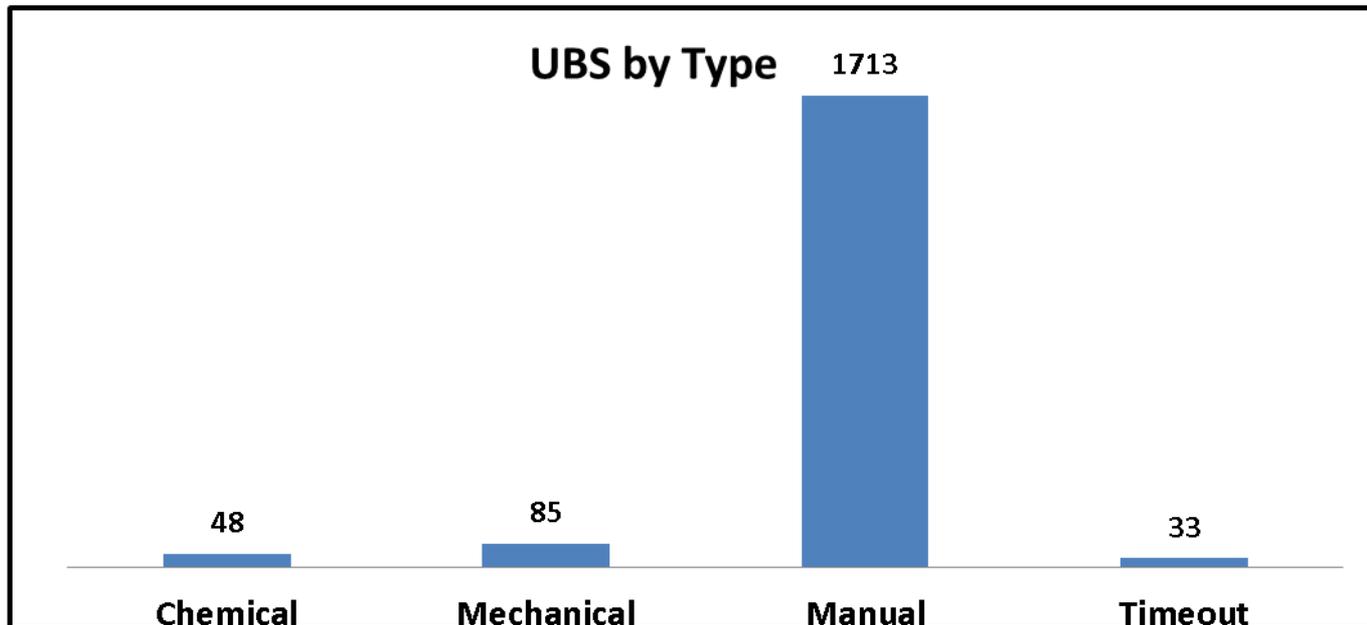


Unapproved Behavior Support

*Unapproved behavior support. "Unapproved behavior support" means the use of an aversive strategy or intervention prohibited by paragraph (J) of rule 5123:2-1-02 of the Administrative Code or an **aversive strategy** implemented without approval by the human rights committee or behavior support committee or without informed consent, that results in a likely risk to the individual's health and welfare. **An aversive strategy or intervention prohibited by paragraph (J) of rule 5123:2-1-02 of the Administrative Code that does not pose a likely risk to health and welfare shall be investigated as an unusual incident.***

Unapproved Behavior Support 2012

There were 1,879 UBS reports made in 2012.



Unscheduled Hospitalizations

Unscheduled hospitalization. "Unscheduled hospitalization" means any hospital admission that is not scheduled unless the hospital admission is due to a pre-existing condition that is specified in the individual service plan indicating the specific symptoms and criteria that require hospitalization.

Unscheduled Hospital-2012

- In 2012, there were 4,348 reports of unscheduled hospitalizations (leading reported MUI)

Some Examples:

- The individual has labored breathing and rapid heartbeat and is admitted to the hospital with a diagnosis of pneumonia.
- The individual is lethargic and unsteady, goes to the ER and is hospitalized for a possible medication error.
- Individual goes to ER and is sent home after 25 hours.

(D) Reporting Requirements





(D)(4) Upon Identification or Notification of MUI, Provider or County Board Shall:

Take immediate actions to protect all at risk individuals which shall include:

- a. Immediate or ongoing medical attention as appropriate
- b. Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the provider has reasonably determined that such removal is no longer necessary;
- c. Other measures as necessary

The Department shall resolve any disagreements



(D)(5) County Board Upon Notification Shall:

- Ensure reasonable measures are appropriate
- Determine if additional measures are needed
- Notify the Department if circumstances in Paragraph (I)(1) of this rule are present requiring a Department directed investigation



(D)(6) Immediate to 4 Hour Reporting

Provider or county board as a provider, using county board identified system for MUIs, should report incidents or allegations of:

- (a) Accidental or suspicious death;
- (b) Exploitation;
- (c) Misappropriation;
- (d) Neglect;
- (e) Peer-to-peer act;
- (f) Physical abuse;
- (g) Sexual abuse;
- (h) Verbal abuse; and
- (i) When the provider has received an inquiry from the media regarding a major unusual incident.



(D)(7) Submit Written Incident Report by 3:00 p.m. the Next Working Day

- Agency providers and county boards as providers
- Department prescribed format
- Individual providers notify county board contact person
- Potential or determined MUI



(E) Alleged Criminal Acts

The provider shall immediately report to the law enforcement entity having jurisdiction of the location where the incident occurred, any allegation of exploitation, failure to report, misappropriation, neglect, peer-to-peer act, physical abuse, sexual abuse, or verbal abuse which may constitute a criminal act. The provider shall document the time, date, and name of person notified of the alleged criminal act. The county board shall ensure that the notification has been made.

(F) Abused or Neglected Children

- Allegations of Abuse or Neglect per Ohio Revised Code 2151.03 and 2151.031
- Under the age of 21
- Report to local public children's agency
- The county board shall ensure reports have been made

Abuser Registry



Abuser Registry

The Ohio Department of Developmental Disabilities (“Department”) maintains an Abuser Registry which is a list of employees who the Department has determined have committed one of the Registry offenses listed below. If your name is placed on the Registry you are barred from employment as a Developmental Disabilities employee in the state of Ohio. Because other state agencies require employers to check the Abuser Registry, placement on the Registry also prohibits you from being employed (1) by a Medicaid agency, being an owner (5 percent or more) of an agency or having a Medicaid Provider Agreement as a non-agency provider; (2) in a position to provide Ombudsman services or direct care services to anyone enrolled in a program administered by the Ohio Department of Aging; and (3) by a home health agency in a direct care position and may prevent you from being hired in a nursing home or residential care facility in a direct care position.

Registry Offenses

- **Physical Abuse**
- **Sexual Abuse**
- **Verbal Abuse**
- **Prohibited Sexual Relations**
- **Neglect**
- **Misappropriation (Theft)** - obtaining the property of an individual or individuals, without consent, with a combined value of at least \$100. Theft of the individual's prescribed medication, check, credit card, ATM card and the like are also Registry offenses.
- **Failure to Report Abuse, Neglect or Misappropriation**
- **Conviction or plea of guilty to:** Offense of Violence - R. C. 2901.01, including convictions for the offense of Assault, Menacing, Domestic Violence or Attempting to commit any offense of violence; Sexual Offenses - R. C. Chapter 2907; Theft Offenses - R. C. Chapter 2913; Failing to provide for a functionally impaired person – R.C. 2903.16; Patient Abuse or Neglect - R.C. 2903.34; Patient Endangerment - 2903.341; and/or Endangering Children - 2919.22.

QUICK FACTS:

*Prevents persons who were DD employees from working in this field
Currently 465 people placed on the Abuser Registry (8-22-13)*

Is It All Cases of Abuse/Neglect, etc?

- **Registry Definition**
- **Proof Levels**

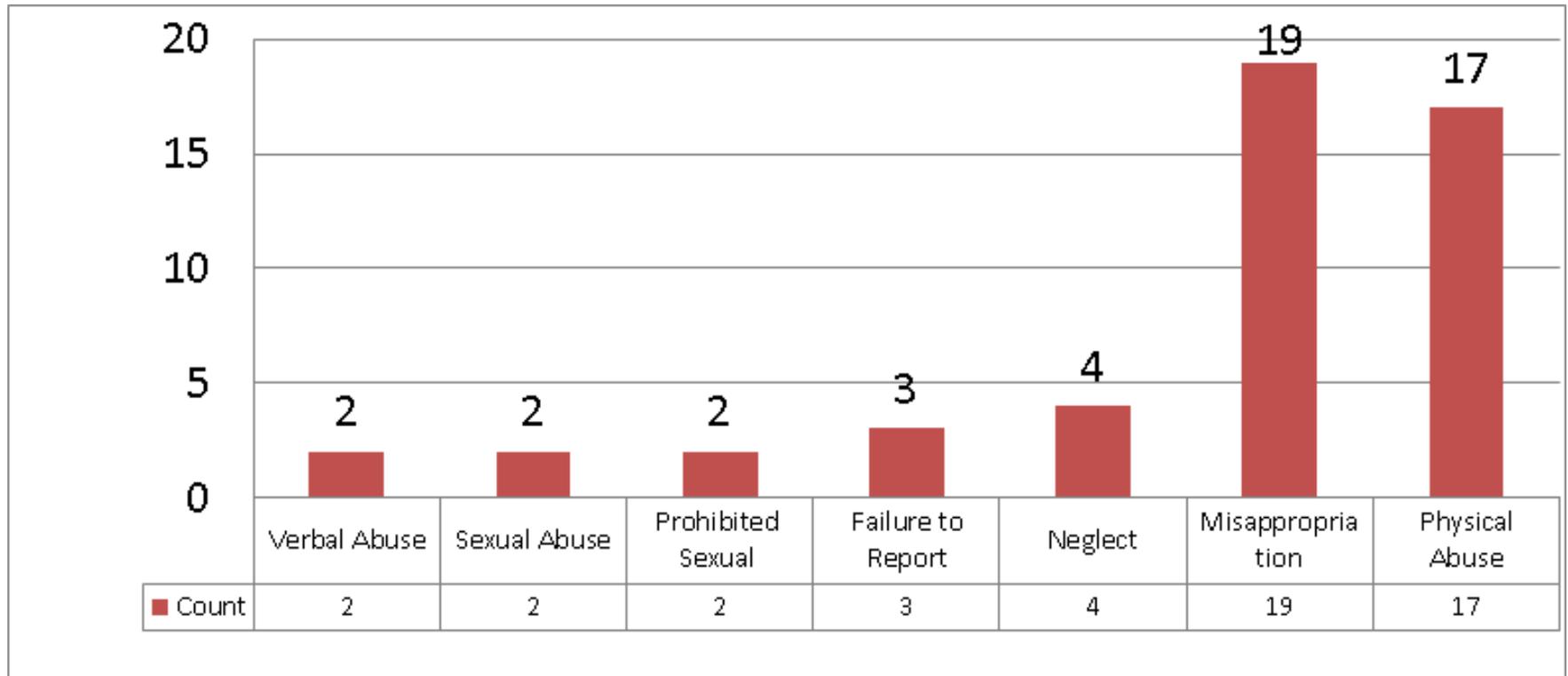
Abuser Registry

- **Knowingly – Aware that conduct will probably cause a certain result**
- **Recklessly – Headless indifference to the consequences.**
- **Negligently – Substantial lapse in care, failure to perceive or avoid risk**

Abuser Registry Process

- All Substantiated cases are screened after being closed on ITS
- Registry Investigators review the entire file
- If it meets criteria goes to External Committee
- Notified by Certified Mail
- Opportunity for a Hearing / Affidavit
- Final decision made by Director
- If decision is for placement, name goes on the list

Abuser Registry Placements



49 People were added to the Abuser Registry in 2012 and 47 in 2011.

Health & Safety Alerts



Health & Safety Alerts issued 2012-2013

- **51-09-12 Health and Safety Priority One**
- **44-09-12 Transition Issues**
- **18-09-12 Choking**
- **31-09-12 Preventing the Flu**
- **02-06-12 Keeping Safe in the Summer (Parts 1 & 2)**
- **20-04-12 Falls**
- **50-03-12 Reward Cards**
- **56-02-13 Sexual Abuse Prevention and Reporting**
- **37-01-13 Hot Water Burns**

Health and Safety is Priority 1- Alert #51-05-11

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.

Transition Issues

Alert #44-08-10

- 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.

Transition Issues

- Changes in caregivers
- Move to a different home (environment)
- New medication or system
- New roommate or housemate
- Change in supervision (BSP)
- Change in diet/texture
- Change in services provided
- Job change
- Change in service coordinator
- New pharmacy provider
- Hospitalization
- Retirement

Choking

Alert #18-04-03

Choking Prevention:

- Cut food into small pieces.
- Encourage individuals to chew slowly and completely before swallowing.
- Do not talk or laugh while you have food in your mouth.
- Use any needed adaptive equipment.
- Do not run or play while you have food in your mouth.
- Eat with other people who can help you.
- Make sure proper supervision is provided.
- Serve food in proper diet texture

Steps to Take if someone is choking:

- Always follow your First Aid training
- If an individual's airway is blocked, have someone call 911 immediately (if another person is unavailable, call 911 yourself) and perform Abdominal Thrust (formerly known as the Heimlich maneuver). This has been extremely successful in dislodging foods.
- If an individual is in a wheelchair or has physical characteristics that make it difficult to do Abdominal Thrust, move the individual to a flat, hard surface to ensure the greatest success. Be ready to initiate quick chest compressions to help unblock airway.
- Even if the Abdominal thrust is successful, immediately notify a health care professional. It is advisable to have the individual physically checked by a health care professional follow



Preventing the Flu

Alert #31-10-11



The single best way to protect against the Flu is to get vaccinated each fall.

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 loose this momentum.

Preventing the Flu

- ***Avoid close contact.*** Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- ***Stay home when you are sick.*** If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
- ***Cover your mouth and nose.*** Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
- ***Clean your hands.*** Washing your hands often will help protect you from germs.
- ***Avoid touching your eyes, nose or mouth.*** Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

If you do not have a personal physician, local Departments of Health often offers flu shots at a reasonable cost.

Preventing the Flu

People at High Risk for Complications From the Flu Include:

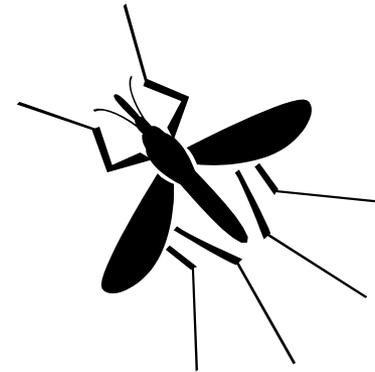
- *People 65 years and older;*
- *People who live in nursing homes and other long-term care facilities that house those with long-term illnesses;*
- *Adults and children 6 months and older with chronic heart or lung conditions, including asthma;*
- *All children 6 to 23 months of age;*
- *People with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

Keeping Safe in the Summer

Alert 2-06-12

Protect against:

- Sunburn
- Dehydration
- Sun Stroke and Heat Stroke
- Food Poisoning
- Creepy Crawlers & Flying Critters
- West Nile Virus
- Water Safety Rules
- Summer Camps
- Cuts-Barefoot/Sandals
- Burns from Outdoor Grills



Planning can make all the difference

Falls

Alert #20-04-12

- Falls accounted and 45% of all injuries reported as MUIs in Ohio last year. There are numerous other falls without injury or only minor injury that also occur and result in an unusual incident.
- Falls are a significant issue for individuals with developmental disabilities, and each fall has the potential for resulting serious harm.
- Falls can occur as a result of both internal and external factors.

Reward Card

Alert #50-03-12

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).

Hot Water Burns

Alert #37-01-13

- *Don't run to answer the phone.*
- *Don't check to see who is at the door.*
- *Don't leave siblings or unfamiliar caretakers to watch them.*
- *Don't rely on bathtub seats or rings. They create a false sense of security for the parent or caregiver.*
- *Get all of your supplies and clothing items ready before entering the bathroom.*
- *Turn hot water heater thermostat to 120 degrees Fahrenheit or less.*
- *Install scald resistant faucets, a tempering valve, or a thermostatic mixing valve. (This very simple step is critical to hot water safety and burn prevention).*
- *Always test the temperature before someone gets in the bathtub or shower. Wait until the tub water is at the depth you want. Test the water with your wrist.*

Sexual Abuse Prevention

Alert #56-02-13

- 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.

Preventing Physical Abuse

Alert #22-7-13

- Screen your employees prior to hiring.
- Check references and any gaps in
- employment. Be sure to follow all back ground check requirements.
- Post numbers to call for help. Make sure everyone (staff, individuals, and families) know who to call to get help.
- Observe how employees interact. Ongoing training and communication is important. Talk about the expectations about how people should be treated using the Positive Culture Initiative as a guide. Visit all places individuals are receiving services.
- Ensure staff are given tools to do their job .Be mindful of staff who are working excessive hours and the impact.
- As a supervisor, do unannounced visits. Welcome family and friends to do the same if agreeable to individual.

Winter Weather Alert #52-11-11

- 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.

Individuals' Rights

The rights of Ohio citizens with Developmental Disabilities were established in legislation that was passed by the Ohio legislature in 1986.

In your role as a service provider to individuals with DD, it is very important that you know and understand these rights.

The rights can best be summarized in the following 2 statements:

- As a professional, you have a responsibility to ensure the health, safety and welfare of the individuals we support.
- Individuals have the right to self-determination – to choose their own lifestyle.

Right: Be treated nicely at all times and as a person



**Right: Have a clean safe place to live in
and a place to be alone.**



Right: Have food that is good for you



**Right: Be able to go, if you want, to any church,
temple, mosque**



Right: Be able to go a doctor or dentist when you are sick



Right: Be able to have people help you with the way you walk, talk or do things with your hands, act or feel, if you need it



**Right: Be able to have people help
and teach you, if you want**



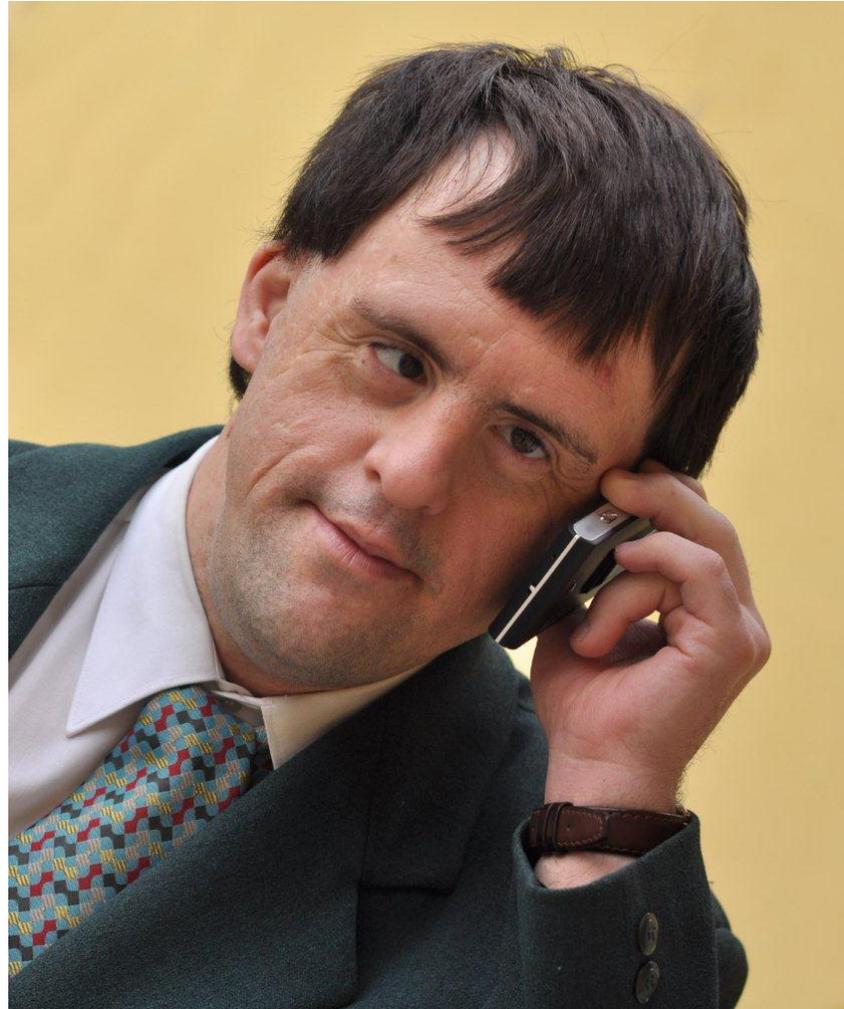
Right: Be able to have time and a place to go be by yourself



Right: Be able to call, write letters or talk to anyone you want about anything you want



**Right: Be able to have your own things
and use them**



Right: Be able to have men and women as friends



- **What opportunities are individuals given to have relationships?**
- **What if the only chance you had to see your friends or significant other was at work?**

Right: Be able to join activities that will help you grow to be the best person you can be



Right: Be able to work and make money



Right: Be treated like everyone else



**Right: Not be hit, yelled at, cursed at, or called names that hurt you.
Be Free from Abuse**



Right: Be able to learn new things, make friends, have activities to do and go out in the community.



**Right: Be able to tell people what you want
and be part of making plans or decisions about
your life**



Right: Be able to use your money to pay for things you need and want with help, if you need it



**Right: To say yes or no to before people talk
about what you do at work or at home
or look at your file**



Right: Be able to complain or ask for changes if you don't like something without being afraid of being in trouble



**Right: Not to be given medicine that you don't need
or be held down if you are not
hurting yourself or others.**



Right: To vote and learn about laws and your community



Right: To say yes or no to being part of an experiment



THANK YOU!

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Abuse/Neglect Hotline

1-866-313-6733