MUI Training

Major Unusual Incidents & Unusual Incidents

Rule: 5123-17-02- Effective 1/1/2019

Log onto: WWW.NEONCOG.ORG
Major Unusual Incident means:

“the alleged, suspected, or actual occurrence of an incident when there is reason to believe that the incident has occurred.”
**DD Employee Defined**

- An employee of the department;

- A Superintendent, board member, or employee of a residential facility licensed under section 5123.19 of the Revised Code;

- An administrator, board member, or employee of any other public or private provider of services to an individual with a developmental disability; or

- An independent provider.
Common Terms

- **At-risk individual** – an individual whose health or welfare is adversely affected or whose health or welfare may reasonably be considered to be in danger of being adversely affected.

- **Individual** - a person with a developmental disability

- **PPI** – Primary Person Involved – or the person who is alleged to have committed the MUI.

- **Investigative Agent** – (IA) an employee of a county board or a person under contract with a county board who is certified by the department to conduct administrative investigations of major unusual incidents.
There are three categories of major unusual incidents that correspond to three administrative investigation procedures delineated in appendix A, appendix B, and appendix C.

Category A
Category B
Category C
Category A: Accidental or Suspicious Death

The death of an individual resulting from an accident or suspicious circumstances.

- Drowning
- Vehicle accident
- Choking
- Anytime the death was not anticipated or expected.
Category A: Exploitation

The unlawful or improper act of using an individual or an individual’s resources for monetary or personal benefit, profit or gain.

- Identity theft
- Store Rewards Cards
Category A: Failure to Report

Means that a person, who is required to report, has reason to believe that an individual has suffered or faces a substantial risk of suffering any wound, injury, disability or condition of such a nature as to reasonably indicate: 

**abuse, neglect, misappropriation, or exploitation**

that results in a risk to health and welfare of that individual, and such person does not immediately report to a law enforcement agency, or a county board.
Category A: Misappropriation

Means depriving, defrauding, or otherwise obtaining the real or personal property of an individual by any means prohibited by the Revised Code, including Chapters 2911 and 2913 of the Revised Code.

- Theft
- Sale of items
- Food
Category A: Neglect

Means when there is a **duty to do so**, failing to provide an Individual with medical care, personal care or other support that consequently result in serious injury or places an individual at risk of serious injury.

**Serious Injury** means an injury that results in treatment by a physician, physician assistant or nurse practitioner.
Systems Neglect

A substantiated MUI attributed to multiple variables.

**Example:** an individual requires close supervision when eating and their food is to be prepared in a mechanical soft consistency due to a history of choking. The Direct Support Professional working with the individual had not been trained by their employer and the individual’s ISP needs and the individual began choking on non-modified food.
Category A: Physical Abuse

Means the use of physical force that can reasonably be expected to result in physical harm to an individual. Such physical force may include, but is not limited to: hitting, slapping, pushing, or throwing objects at an individual.

- The Individual does not have to be harmed.
- There only has to be the potential for harm.
Definition of Physical Harm

Physical Harm means any injury, illness, or other physiological impairment, regardless of its gravity or duration.

Defined in ORC 2901.01(A)(3)
Category A: Prohibited Sexual Relations

Means a developmental disabilities employee:
- Engaging in a consensual sexual conduct; or
- Having consensual sexual contact with an individual who is not the employee’s spouse
- And for whom the DD employee was employed or under contract to provide care or supervise the provision of care at the time of the incident.
Category A: Rights Code Violations

Any violation of the rights enumerated in section 5123:62 of the Revised Code that creates a likely risk of harm to the health and welfare of an individual.
Category A: Sexual Abuse

Unlawful sexual conduct or sexual contact.
Includes:

- Public indecency
- Importuning — the action of approaching someone and requesting or offering sexual services
- Voyeurism
- Sexual conduct
- Sexual contact
The use of words, gestures, or other communicative means to purposefully threaten, coerce, intimidate, harass or humiliate an individual.

This can include social media, wireless devices and written language.
Category B: Attempted Suicide

A physical attempt by an individual that results in:

- Emergency room treatment
- In-patient observation
- Hospital admission

Suicidal Ideation is not an MUI in and of itself.
Category B: Natural Death

The death of an individual by natural cause without suspicious circumstances.
Category B: Medical Emergency

Means an incident where emergency medical intervention is required to save an individual’s life.

- Choking Relief - back blows or abdominal thrusts
- CPR
- AED
- Epi Pen for allergic reaction
Choking related incidents are on the rise and we need your help!

If you know of someone who has difficulty swallowing or has had recent choking incidents, make sure their medical professional is aware. You could save their life.

Follow people’s prescribed diets and support level.
Prevention is the key!

Assessments and Evaluations:
- What were the results?

Team Discussion
- What does the team suggest based on recommendation (diet, supervision, tracking)

Person Centered Plan
- Are current discussions and risk clearly addressed?
- Dietary guidelines should be included if needed

Training
- Who provides training? It needs to be specific with pictures and demonstrations as well as date/names of trainer and trainee
- Communication – how are changes in the person’s health communicated across all settings and documented
Category B: Missing Individual

An incident that is not neglect, but...

- Their whereabouts are unknown

- The individual is believed to be at or pose an imminent risk of harm to self or others.

- An individual’s whereabouts are unknown for longer than the period of time specified in the individual service plan
Category B: Peer to Peer Acts

Physical abuse, theft, exploitation, sexual act or verbal act involving two individuals when the following conditions are met:

• Value of at least $20

• Results in examination or treatment by a physician, physician assistant or nurse practitioner

• Involves strangulation, a bloody nose, bloody lip, a black eye, a concussion, or biting which causes a break of the skin

• Results in an individual being arrested, incarcerated or the subject of criminal charges
Category B: Significant Injury

An injury of known or unknown cause that is not considered abuse or neglect and that results in:

- Concussion
- Broken bone
- Dislocation
- 2\textsuperscript{nd} or 3\textsuperscript{rd} degree burns
- Immobilization or casting
- Requires 5 or more sutures
There were 142 vehicle-related MUIs reported in calendar year 2017 – that equals one event every 2.5 days. This is a 41% increase from calendar year 2016.

Incidents continue to rise that place people at significant risk.

Injuries resulting from people being unsecured in wheelchairs, left alone in cars, being dropped from lifts, etc. continue to occur.
1. Always check vehicles to ensure that they are empty prior to leaving the vehicle.
2. Always check that individuals/wheelchairs are secured before transporting.
3. Always make sure that supervision is available prior to leaving a person unattended at their home or in the vehicle.
4. Never text and drive.
5. Always ensure vehicle lifts are in proper position and individual is secure.
6. Never drive impaired (alcohol, drugs, and prescription medication).
7. Know your limit...if you are tired and struggling to stay awake, don’t drive!
Category C: Law Enforcement

Any incident that results in the individual served being tazed, arrested, charged, or incarcerated.
Category C: Unanticipated Hospitalization

- Any hospital admission or hospital stay over twenty-four hours that is not pre-scheduled or planned.

- A hospital admission associated with a planned treatment or pre-existing condition that is specified in the individual service plan need not be reported.
Category C: Unapproved Behavioral Support

- The use of a prohibited measure as defined in rule 5123:2-2-06,

- The use of a restrictive measure implemented without approval of the human rights committee or without informed consent of the individual or the individual’s guardian,

- When use of the prohibited measure or restrictive measure results in risk to the individual’s health or welfare.

When use of the prohibited measure or restrictive measure does not result in risk to the individual’s health or welfare, the incident shall be investigated as an unusual incident.
REPORTING RESPONSIBILITIES
Reporting Responsibilities

Reports regarding all MUIs involving an individual who resides in an ICF or who receives round-the-clock waiver services shall be filed and the requirements of this rule followed regardless of where the incident occurred.

* This applies to shared living services.
Reporting Responsibilities

Reports should be filed on the following MUIs regardless of where they occurred:

- Accidental or suspicious death
- Attempted suicide
- Death other than accidental or suspicious death
- Exploitation
- Failure to report
- Law enforcement
- Misappropriation
- Missing individual
- Neglect
- Peer-to-peer act
- Physical abuse
- Prohibited sexual relations
- Sexual abuse
- Verbal abuse
Reporting Responsibilities

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

- Medical Emergency
- Rights code violation
- Significant injury
- Unanticipated hospitalization and
- Unapproved behavioral support
The provider shall immediately, but no later than four hours after knowledge of an MUI, notify the county board of any MUI.
WHERE TO REPORT

- Columbiana, Mahoning & Trumbull Counties 1-800-427-3606

- Cuyahoga County Board MUI Unit 440-333-MUI1 (6841)

- Stark County Board MUI Unit 330-477-4477
WRITTEN REPORTS

- For all MUI’S Providers must submit a written report by 3PM the next working day following the incident.

- The report must contain:
  - Date and time of the incident
  - Where the incident occurred
  - Who was involved in the incident
  - What immediate action was taken to ensure the health and safety of the individuals involved
Reports to Law Enforcement

Reports should be made in the jurisdiction where the incident occurred for the following MUI’s:

- Exploitation or Misappropriation
- Failure to Report
- Neglect
- Peer to Peer Acts
- Abuse-Physical, Verbal, Sexual when of a criminal nature
The Provider must notify the following parties the same day as the incident and document those notifications, attempts to notify, & immediate action taken:

- Guardian or other person whom the individual has identified
- Service and support administrator serving the individual
- Other providers of services as necessary to ensure continuity of care and support for the individual
- Staff or family living at the individual’s residence who have responsibility for the individual’s care
IMMEDIATE ACTION

- Providers must take all reasonable measures to ensure the health and safety of any at risk individuals.

- Providers will notify the county board of immediate action taken and will work with the county board to ensure that the health and welfare of the individual is maintained.
INVESTIGATION REQUIREMENTS

- All employees shall cooperate with Investigative Agent (I.A.) and any entity authorized to conduct investigations.
- Providers should be available to address requests for additional information within the timeframe requested by the department.
The county board will initiate the investigation unless Law Enforcement or Children Services has taken the lead within 24 hours for *Category A* MUI’s.

No later than 3 working days for *Category B* & *Category C* MUI’s.
The department or county board may elect to follow *Category A* investigation requirements for any MUI.

Categories may change at any time during the investigative process.
The prevention plan will be incorporated into the individual’s plan. This includes any trend or pattern information, which ensures that all parties involved with an individual are aware of circumstances that may need monitoring.
Analysis of Trends and Patterns

A trend or pattern:

5 MUI’s of any kind within 6 months
OR
10 MUI’s of any kind within a year

Established trends or patterns should be addressed in the individual’s ISP
Analysis of Trends and Patterns

Established trends & patterns should include:

• Names of individuals
• MUI Categories
• Previously identified trends & patterns for each individual for the past 3 years.
• Actions/preventative measures to address trends & patterns
• This report must be submitted by 2/28 to the local County Board
A case can be closed when

- A thorough investigation has been completed
- The team has collaborated on a prevention plan
- When patterns and trends have been addressed
- When sufficient reasonable measures have been taken to ensure the health and safety of any at risk individual.
Unusual Incidents

An event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual’s care or individual service plan, but is not an MUI. 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 MUI
- Rights code violations or unapproved behavioral supports without a likely risk to health and welfare
- Emergency room or urgent care treatment center visit
- Program implementation incidents
An unusual incident involving the failure to carry out a person-centered plan, when such failure causes minimal risk or no risk.

Examples include, but are not limited to, failing to provide supervision for short periods of time, automobile accidents without harm, and self-reported incidents with minimal risk.

Example: an individual is dropped off at home with no staff present. The individual uses his key and enters the home. The individual is home alone for an hour. There is no known risk to the individual.
UNUSUAL INCIDENTS

- **Independent Providers:** notify the guardian, SSA, and other designees named by the Individual, the same day the incident is discovered.

- Written reports submitted to SSA/County Board the next scheduled working day.

- Appropriate action must be taken to ensure the health and safety of all individuals involved.
The Provider is responsible to conduct an investigation on all Unusual Incidents defined in rule to determine Cause & Contributing Factors and identify a Preventative Action.

This includes all Providers: Agency and Independent as well as family members providing services.
Unusual Incident Investigation

**Cause & Contributing Factors:**
What led to, or caused the incident to happen?

**Preventative Measures:**
What will be implemented in order to prevent the same incident from occurring again.
Example:
James has behavior support strategies in place to assist him when he engages in SIB (slapping his face). He has a history of this SIB when he is unable to communicate displeasure, anxiety or pain.

On Monday morning there was a new staff working with James. James was watching television while waiting for the bus. He continued to display symptoms of agitation that the staff attempted to redirect with positive and preferred activities and statements. When this did not help James to relax, he yelled out and began to slap himself in the face, resulting in a 2” scratch to his cheek.
Unusual Incident Investigation

Cause & Contributing Factors
- Should be a clear statement on the environmental factors that led to the incident
- Should NOT be “Behavioral Issue”

Preventative Measures:
- Should be a new plan or plan of action to support the individual and prevent the incident from occurring again.
- Should NOT be “continue to follow behavior strategies”.
Unusual Incident Investigation

After an investigation by the Home Manager, it was determined that the television was on CNN.

James’ person-centered plan states that he likes to watch Fox 8 news in the morning.
This is important to him, and helps him have a good day.

**Cause & Contributing Factors** – staff did not ensure the TV was on James’ preferred station

**Preventative Measure** – Home Manager will ensure that all staff are re-trained on this aspect of James’ person centered plan, so that his morning is positive and contributes to a good day.
Unusual Incident Investigation

- Cause and Contributing Factors and Preventative Measures will be added to the Unusual Incident Log
- They will be reviewed by the provider at least once per month
- Will be reviewed during Compliance Reviews and implementation will be verified.
- There is a renewed interest at the State Level to ensure that Providers are compliant with the investigation of Unusual Incidents.
**UNUSUAL INCIDENTS**

- **Agency Providers** - Staff should report incident to supervisor/designated MUI contact person.

- Supervisor/Designated MUI contact person should investigate UI to identify the cause, contributing factors, & develop preventative measures to protect health & welfare of any at risk individuals.

- Day Program sites must report all incidents to the provider or family where the individual lives the same day as the incident.
UNUSUAL INCIDENTS

- All providers* must keep a monthly log of unusual incidents that includes:
  - Name of the individual
  - Brief description of the incident
  - Any injuries and how they were treated
  - Date, time and location of the incident
  - Identify trends & patterns
  - Cause and Contributing Factors
  - Preventative measures

The Unusual Incident Logs should only include those incidents defined in the unusual incident definition.

*Agency log to be maintained by Designated MUI Staff
Providers and County Boards share the responsibility for ensuring that trends and patterns of unusual incidents are addressed in the individual’s service plan.
Health & Welfare Alerts

- The DODD has identified areas of risk called **Health & Welfare Alerts**.

- Log onto [DODD.OHIO.GOV](http://DODD.OHIO.GOV), click on Health & Welfare, then Health & Safety Alerts to sign up to receive emails on risk and prevention.

- **All Providers are required to be trained on these annually.**
ABUSER REGISTRY

- When an MUI is substantiated in the following categories:
  - ABUSE – PHYSICAL, VERBAL, SEXUAL
  - NEGLECT
  - MISAPPROPRIATION
  - FAILURE TO REPORT
  - PROHIBITED SEXUAL RELATIONS

The PPI (Primary Person Involved) may be placed on the Abuser Registry.
ABUSER REGISTRY

- The Ohio Department of DD MUI Department reviews the case and determines if the incident should be forwarded to the Registry Committee.

- The Registry Committee refers cases to the Director if there is sufficient evidence to support the provider’s placement on the Registry.
ABUSER REGISTRY

- Any Provider agency including the County Board is required to check the Abuser Registry before hiring an employee to provide services to individual’s with MRDD

- Agencies must check the Abuser Registry annually to ensure that staff are not listed

Log onto DODD.OHIO.GOV, click on Health & Welfare, click on Abuser Registry to check the registry and learn about the appeal process.
BILL OF RIGHTS

- Enacted in 1973 the Bill of Rights is part of the Ohio Administrative Code
- It affords individuals with DD certain rights that historically were denied them
- The team can agree to restrict certain rights with either the guardian’s permission or the individual’s, this must be documented in the individual service plan
• The Right to be treated with respect.

• The Right to a clean, safe place to live and you have the right to a place to be alone.

• The Right to have food that is good for me.

• The Right to go to a church, synagogue or mosque if you want to. And the right not to go to one if you don’t want to.
RIGHTS

• The Right to go to a doctor or dentist when you need to.

• The Right to get other health care services, like speech therapy or physical therapy if you want to. And you have the right to get mental health services if you want to talk about your feelings.

• The Right to get these services in a way that make you feel comfortable.
RIGHTS

• The Right to be alone sometimes, and the Right to keep some things private if you want to.

• The Right to talk to other people.

• The Right to have your own things and the Right to use your things.

• The Right to have men and women as friends.
RIGHTS

- The Right to do things that help you reach your goals.
- The Right to work and make money.
- The Right to be treated fairly
- The Right to live without bullying or abuse
- The Right to do things you enjoy.
The Right to help make decisions that affect your life.

The Right to choose someone to help you make decisions.

You have the right to earn money and pay your bills, save your money, spend your money, and to choose someone to help you with your money.
• The Right to say who can see information about you and your disability.

• The Right to ask for changes when you don’t like something, and you have the right to ask for changes without being afraid of getting into trouble.

• The Right to refuse to take medicine you don’t think you need; to be in control of your own body; and not be held down if you are not hurting yourself or someone else.
• The Right to vote and to learn about laws.

• The Right to decide if you want to take part in a study or an experiment if someone asks you to.

• The Right to say no to taking part in a study or experiment.
• DODD Administrative Rule 5123:2-2-06 offers specific guidelines for dealing with individuals who experience behavior difficulties.
• This rule is meant to ensure that individuals are treated with dignity and respect.
Medical factors must be considered in the development of behavior support services.

A behavior assessment must be completed prior to implementation of behavior support services.

Behavior support methods are integrated into the individual’s service plan and provide a systematic approach to learn new behaviors.
Shift in thinking…

Cultural Shift in practices
Creating Supportive Environments

Efforts directed at mitigating risk of behavior-
Reduction and ultimately eliminating the need for restrictive measures

Creative environments-
With access to preferred activities results in happier, less anxious Individuals who are:
Less likely to engage in unsafe actions due to boredom, frustration, lack of communication, or unrecognized health problems
Including Restrictive Measures

Only when there is a risk of harm or when behavior is very likely to result in the individual being the subject of a legal sanction, eviction, arrest or incarceration.

Absent risk of harm or likelihood of legal sanction, an individual's rights shall not be restricted (e.g., by imposition of arbitrary schedules or limitation on consumption of food, beverages, or tobacco products).
What’s different?

Limits use of restrictive measures

Applies to CBDDs, ICFs, supported living and HCBS providers alike

Requires behavior support strategies to be incorporated into ISP or IP

Outlines who can conduct assessments and develop strategies

Establishes new requirements for human rights committees
What’s the same?

Positive/non-aversive strategies first
You still need to document
You still need informed consent
You still need to report unapproved behavior supports
There are still prohibited measures
You still can and should intervene in a crisis situation to ensure health/safety
• All Behavior Support methods must be reviewed at least annually in conjunction with the ISP review and approved by Human Rights committee.
• Strategies that include restrictive measures must be reviewed at least every 90 days.
• Informed consent must be obtained for any behavior support plan.
## Roles & Responsibilities

### County Board
- Authors/assessors meet qualifications
- Assessment & strategy development
- Strategies meet rule requirements
- Informed Consent
- Provide Admn Resolution of complaint
- HRC approval
- DODD notification
- Assuring training plan
- 90 day team review

### Provider
- Involved in team process of development if invited
- Potentially training of all staff
- Assure health, welfare, and rights safeguards during implementation
- Documentation of strategies and reporting to SA as required.
- Participate in team review
Prohibited Measures are reported as Major Unusual Incidents. These methods are illegal and will never be approved for use, even by the Human Rights Committee. They include:

- Physical Abuse, verbal abuse, sexual abuse.
- Placing the individual in a room with no light.
- Subjecting an individual to painful sound.
- Denial of any meal, snack, or beverage.
- Squirting an individual with any substance.
- Time-out in a time-out room without supervision.
Prohibited Measures cont.

- Prone restraint. "Prone restraint" means a method of intervention where an individual's face and/or frontal part of his or her body is placed in a downward position touching any surface for any amount of time.
- Use of a manual restraint or mechanical restraint that has the potential to inhibit or restrict an individual's ability to breathe or that is medically contraindicated.
- Use of a manual restraint or mechanical restraint that causes pain or harm to an individual
**Prohibited Measures cont.**

- Disabling an individual's communication device.

- Application of electric shock to an individual's body.

- Subjecting an individual to any humiliating or derogatory treatment.

- Using any restrictive measure for punishment, retaliation, instruction or teaching, convenience of providers, or as a substitute for specialized services.
WHAT IS EXPECTED OF YOU

- Your interactions and speech should reflect respect, dignity, and positive regard for the individual.
- You do not use demeaning, belittling, or degrading speech or punishment with the individual.
- Your speech should be even-toned and positive.
WHAT IF YOU NEED HELP

- Contact the individual’s Support Administrator.
- They can offer suggestions or make a referral for a behavior support assessment.
- Keep documentation of behavior issues that come up, this will help in the future if a behavior support strategy is needed.
Person Centered Planning

5 Principles of Person Centered Planning

1. Begins with a comprehensive understanding of the person
2. Empowering informed choices increases independence
3. Involving trusted supports increases opportunities for success.
4. Increasing community membership enhances natural supports.
5. Ensuring plans and services are driven by the person is vital.
There should be a balance between what is **IMPORTANT TO** and **IMPORTANT FOR** a person.....

<table>
<thead>
<tr>
<th>IMPORTANT TO</th>
<th>IMPORTANT FOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>happy, content, fulfilled, comforted</td>
<td></td>
</tr>
<tr>
<td>• Special Olympics</td>
<td></td>
</tr>
<tr>
<td>• Friends/Family</td>
<td></td>
</tr>
<tr>
<td>• Hobbies</td>
<td></td>
</tr>
<tr>
<td>• Routines</td>
<td></td>
</tr>
<tr>
<td>• Religion</td>
<td></td>
</tr>
<tr>
<td>health/safety, wellness &amp; prevention, emotional health; things that assist them to be a valued member of their community</td>
<td></td>
</tr>
<tr>
<td>• Medication</td>
<td></td>
</tr>
<tr>
<td>• Dr. Appts.</td>
<td></td>
</tr>
<tr>
<td>• Transportation</td>
<td></td>
</tr>
<tr>
<td>• Behavior support strategies</td>
<td></td>
</tr>
</tbody>
</table>
Community Integration

- The belief and practice that all Individuals with DD have the right to live, work and relax in the community equally with all citizens.

- Currently the State of Ohio is working under deadlines set by CMS to ensure that all “day programs” are in setting that are in a community integrated setting.
Community Integration

- It is the belief of DODD that all individuals with DD should be able to live in a community setting and not a facility, if they choose to do so.

- Employment First is the practice that Community Employment is the preferred goal of all Individuals if they are interested.

- The Americans with Disabilities Act ensures that all public places are accessible to those with disabilities.
Community Integration

What if everyone you spent time with was paid to be with you?

- That is the reality for the vast majority of the Individuals we work with. The more we can introduce them to their community and the people in it, the more relationships they will make. The Individuals we serve have much to offer their community and it is up to us to assist them in showing it.

Volunteer groups, community clean-up, bible study, kiwanis clubs, Elks, Moose Lodge, Community Theater, etc........not everything is sponsored by CCBDD
Self Determination/Self Advocacy

- All Individuals have the right to make choices about their lives.
- All Individuals can decide for themselves if they would like to have someone help them make choices and they can choose who that person will be.
- An Individual can decide they do not want help making choices.
Self Determination

- An Individual can make choices about where they live and who they live with.

- Individuals decide about what they eat and how they want to spend their time.

- Individuals decide how they want to spend their money.

- Decide if they want to do things like work, volunteer or spend time with friends.
Self Determination/Self Advocacy

- Can be different if an Individual has a guardian, but Self-Determination *usually* means that an Individual can decide what he/she wants for themselves.
Universal Precautions/
Protection against Blood borne
Pathogens (BBP’s)
UNIVERSAL PRECAUTIONS

- Simple but effective safeguards

- OSHA Regulation 1910.1030 (2)(I) information and training

- Since you don’t know whose blood is carrying infectious diseases, treat all blood and certain body fluids as potentially infectious
Blood Borne Pathogens-BBP’s

- Microorganisms normally carried in infected blood and body fluids that can cause diseases

- Some of those can be fatal

- Blood borne pathogens must find a direct route of entry into the body for infection to be possible
BBP’S Enter Body in the following ways:

Direct Contact – Touching the blood or body fluids from an infected person

Indirect Contact – Touching objects that have been infected with blood or body fluids.

Airborne – Breathing in droplets from an infected person’s cough or sneeze.

Vector Borne – An animal or insect bite.
UNIVERSAL PRECAUTIONS

There are six types of pathogens. The two most common are **BACTERIA & VIRUSES**

**Bacteria** – Live everywhere and do not need other living organisms to survive. Natural anti-bodies or medications can control bacteria.

**Viruses** – Depend on other living organisms to survive. Very few medications are effective.

Once a pathogen enters the body the disease process begins. If it overpowers the body’s defense system, you become ill and need medical attention.
**UNIVERSAL PRECAUTIONS**

**Viruses** – Hepatitis, measles, mumps, chicken pox, meningitis, rubella, influenza, warts, colds, herpes, shingles, HIV Infection including AIDS and genital warts.

**Bacteria** – tetanus, meningitis, scarlet fever, strep throat, tuberculosis, gonorrhea, syphilis, chlamydia, toxic shock syndrome, legionnaires’ disease, diphtheria, food poisoning

**Fungi** – Athlete’s foot, ringworm

**Protozoa** – Malaria, dysentery

**Rickettsia** – Typhus, Rocky Mountain Spotted Fever
UNIVERSAL PRECAUTIONS

HAND WASHING

- One of the most effective methods to prevent transmission of pathogens.

- Use soap and water. Wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with single use towel. Use towel to turn off faucet.

- When using Hand Sanitizer – apply enough product to cover all areas of hands; rub hand until dry (20-30 seconds)
UNIVERSAL PRECAUTIONS

HAND WASHING

- Before and after any direct patient contact and between patients, whether or not gloves are worn
- Immediately after gloves are removed
- Before handling an invasive device
- After touching blood, bodily fluids, secretions, excretions, non-intact skin and contaminated items, even if gloves are worn
- During patient care, when moving from a contaminated to a clean body site of the patient
- After contact with inanimate objects in the immediate vicinity of the patient
Primary Protective Equipment

- **Gloves**—Remove after use, before touching non-contaminated items and surfaces, and before going to another patient. Perform hand hygiene immediately after removal; change in between medical procedures w/same person.

- **Gowns/Masks/Facial Shields/Goggles**—to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions

- **Sharps Containers**—dispense used needles
Waste Disposal

- Ensure safe waste management

- Remove PPE right after use

- Treat all waste contaminated with blood, body fluids, secretions and excretions as clinical waste, in accordance with local regulations.

- Human tissues and laboratory waste that is directly associated with specimen processing should also be treated as clinical waste.
Respiratory Protection

- Cover their nose and mouth when coughing/sneezing with tissue or mask; dispose of used tissues and masks and perform hand hygiene after contact with respiratory secretions.

Patient Care Equipment

- Handle equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment.

- Clean disinfect and reprocess reusable equipment appropriately before use with another patient.
Links to Resources

CUYAHOGABDD.ORG
• Click on Resources for Providers for forms and dates to submit semi annual & annual reviews of Trends & Patterns
• Click on Forms to access incident reporting forms and monthly log forms

NEONCOG.ORG-Click on Providers-click on Forms-to access incident forms, monthly logs, semi annual & annual reviews of Trends & Patterns

DODD.OHIO.GOV-Click on Health & Welfare-for Health alerts and more resources
• Click on Rules, then Rules in Effect for current DODD Rules