

**MAJOR UNUSUAL INCIDENTS (MUIs), UNUSUAL INCIDENTS (UIs) and
ROUTINE OCCURRENCES
A GUIDE to DETERMINATION, RESPONSE and PREVENTION**

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Purpose

The following guide addresses requirements of providers who serve people with developmental disabilities (DD) in Ohio as defined in Ohio's Administrative Code (OAC) 5123:2-17-02.

The focus of this guide is:

- discovery
- reporting
- notification
- required immediate action
- prevention (including trend and patterns)

This guide provides instruction for personnel on what to do immediately upon discovery and then how to quickly prevent recurrence. This guide can be used by providers to create procedures.

All DD providers must follow the requirements of OAC 5123:2-17-02 and section 5123.61 of the Ohio Revised Code; this guide is intended to help providers establish procedures that meet this requirement. However, there may be additional standards providers need to follow. This document is just a guide; each provider must determine what other standards apply and incorporate these into their procedures.

Requirements for Major Unusual Incidents and Unusual Incidents

All DD employees (defined as an employee of the Ohio Department of Developmental Disabilities [DODD], employee of a county board or an employee in a position that includes providing specialized services to an individual) are mandated reporters and must report major unusual incidents (MUIs) and Unusual Incidents (UIs) and take the required actions in accordance with OAC 5123:2-17-02. All DD employees are considered mandated reporters; any instructions to mandated reporters throughout this procedure apply to all DD employees.

The following guide provides instructions for mandated reporters to fulfill their duties including the most important one, which is ensuring health and safety of individuals.

Oversight

DODD conducts reviews of county boards and providers to ensure the health and safety of individuals and compliance with requirements of this rule. Failure to comply with the requirements of this rule may result in sanctioning by DODD including but not limited to suspension or revocation of certifications.

Access to records

Reports made under section 5123.61 of the Revised Code and these rules are not public records as defined in section 149.43 of the Revised Code. Records may be provided to parties authorized to receive them in accordance with sections 5123.613 and 5126.044 of the Revised Code, to any governmental entity authorized to investigate the circumstances of the alleged incident and to any party to the extent that release of a record is necessary for the health or safety of an individual.

Training

All DD providers shall ensure their staff are trained on the requirements of this rule regarding the identification and reporting of MUIs and UIs prior to the provision of services to any individual as required by OAC 5123:2-2-01 (provider certification). Following the initial training, all employees shall receive training during each calendar year which shall include a review of health and safety alerts

released since the previous calendar year's training. Health and Safety Alerts are published by DODD as priority notices of adverse risks and events that have occurred statewide. These Alerts include information on specific issues, risks and dangers, how to identify them, and prevention steps.

Definitions

Major Unusual Incidents (MUIs)

MUI

An MUI refers to the alleged, suspected or actual occurrence of an incident when there is reason to believe the health or safety of an individual may be adversely affected or be placed at reasonable risk of harm.

- Reasonable risk may be better defined as probable risk (will happen or has happened).
- Other risks may be defined as potential risks (might happen) and therefore usually classified as UIs.
- Both incident types are extremely important and require administrative action and a prevention plan that must be included as part of the ISP (My Plan).

Protocol MUIs

Protocol MUIs are those MUIs which may constitute a crime. The categories are:

- Death (Suspicious and Accidental)
- Physical abuse
- Sexual abuse
- Verbal abuse
- Prohibited sexual relations
- Peer-to-peer acts
- Neglect
- Misappropriation
- Exploitation
- Rights code violation
- Failure to report a crime or MUI

Death means the death of an individual (category considers whether death was accidental, suspicious, or by natural causes).

Physical abuse means the use of physical force that can reasonably be expected to result in physical harm or serious physical harm as those terms are defined in section 2901.01 of the Revised Code. Such force may include, but is not limited to, hitting, slapping, pushing, or throwing objects at an individual.

Sexual abuse means 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).

Verbal abuse means purposefully using words or gestures to threaten, coerce, intimidate, harass, or humiliate an individual.

Prohibited sexual relations means an MR/DD employee engaging in consensual sexual conduct or having consensual sexual contact with an individual who is not the employee's spouse, and for whom the MR/DD employee was employed or under contract to provide care at the time of the incident and includes persons in the employee's supervisory chain of command.

Peer-to-peer acts means acts committed by one individual against another when there is physical abuse with intent to harm; verbal abuse with intent to intimidate, harass, or humiliate; any sexual abuse; any exploitation; or intentional misappropriation of property of significant value.

Neglect means when there is a duty to do so, failing to provide an individual with any treatment, care, goods, supervision, or services necessary to maintain the health or safety of the individual.

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

Exploitation means the unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain.

Rights code violation means any violation of the rights enumerated in section 5123.62 of the Revised Code that creates a reasonable risk of harm to the health or safety of an individual.

Failure to report means that a person, who is required to report pursuant to section 5123.61 of the Revised Code, 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 (including misappropriation) or neglect of that individual, and such person does not immediately report such information to a law enforcement agency, a county board, or, in the case of an individual living in a developmental center, either to law enforcement or the department. Pursuant to division (C)(1) of section 5123.61 of the Revised Code, such report shall be made to the department and the county board when the incident involves an act or omission of an employee of a county board.

Required actions for protocol MUIs

All DD providers are required to take the following steps for all protocol MUIs as defined above.

- 1) Ensure health and safety
 - remove or minimize threat
 - check and care for injury (refer to guide section of this document)
- 2) Notify Law Enforcement or 241-KIDS immediately
 - Law Enforcement (if individual is 21 years old or older)
 - 241-KIDS (if individual is 20 years old or younger)
- 3) Notify MUIP within four Hours
 - Use only official reporting lines (see guide section of this document)
- 4) Notify Guardian, Service Facilitator and Provider
 - Must be within same day as the incident discovery

- Providers, developmental centers, or county boards employing a primary person of interest (PPI) shall notify DODD when they are aware that the PPI works for another provider.
 - Note: DO NOT notify PPIs and do not notify persons connected with the PPI (such as spouse, family member, etc.) when there is reason to believe they would support the PPIs interest over the needs of the individual.
- 5) Send written report to MUIP@hamiltondds.org or fax to (513) 559-6610 by 3 p.m. the next working day.
- 6) Follow up with prevention plan
- See Prevention Plans in guide section of this procedure.

Non-protocol MUIs

Non-protocol MUIs are those MUIs which do not constitute a crime but have an adverse effect on the individual. The categories are:

- Death (naturally occurring)
- Attempted suicide
- Law enforcement
- Missing individual
- Medical emergency
- Known injury
- Unknown injury
- Unscheduled hospital admission
- Unapproved behavior support

Attempted suicide means a physical attempt by an individual which results in emergency room treatment, in-patient observation, or hospital admission.

Law enforcement means any incident that results in the individual being charged, incarcerated, or arrested.

Missing individual means an incident that is not considered neglect and the individual cannot be located for a period of time longer than specified in the individual service plan and the individual cannot be located after actions specified in the individual service plan are taken and the individual cannot be located in a search of the immediate surrounding area; or circumstances indicate that the individual may be in immediate jeopardy; or law enforcement has been called to assist in the search for the individual.

Medical emergency means an incident where emergency medical intervention is required to save an individual's life (e.g., Heimlich maneuver, cardiopulmonary resuscitation, intravenous for dehydration).

Known injury means an injury from a known cause that is not considered abuse or neglect and that requires immobilization, casting, five or more sutures or the equivalent, second or third

degree burns, dental injuries, or any injury that prohibits the individual from participating in routine daily tasks for more than two consecutive days.

Unknown injury means an injury of an unknown cause that is not considered possible abuse or neglect and that requires treatment that only a physician, physician's assistant, or nurse practitioner can provide.

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

Unapproved behavior support means the use of any aversive strategy or intervention implemented without approval by the human rights committee or behavior support committee or without informed consent.

Required actions for non-protocol MUIs

All DD providers are required to take the steps listed below for all non-protocol MUIs.

- 1) Ensure health and safety
 - remove or minimize threat
 - check and care for injury (refer to guide section of this document)
- 2) Notify Guardian, Service Facilitator and Provider
 - Must be within same day as the incident discovery
 - Providers, developmental centers, or county boards employing a primary person of interest (PPI) shall notify DODD when they are aware that the PPI works for another provider.
- 3) Send written report to MUIP@hamiltondds.org or fax to (513) 559-6610 by 3 p.m. the next working day.
- 4) Follow up with prevention plan
 - See Prevention Plans in guide section of this procedure

Non-protocol MUI exceptions

All providers shall report any protocol or non-protocol MUI.

- If a non-protocol incident happened while under the care or intervention of a provider, the incident is an MUI.
- If a non-protocol incident happened while the individual was not required to be under the care of the provider, it is not an MUI per rule, but should be documented and treated consistent with a UI.

Other MUI related reporting

Reporting MUI media incidents

When providers become aware that an incident is receiving media inquiries or media coverage, the provider shall report the incident to the MUIP Unit immediately, but no later than 4 hours after discovery.

Reporting MUI type incidents for individuals not served by any DD entity.

In the event that a mandated reporter discovers an allegation consistent with a protocol MUI for a person who is not currently served by any DD entity and unlikely to be served in the future (likely not eligible or willing to apply for services), they shall do what they can reasonably do to support the immediate health and safety of the individual including but not limited to:

- Call 911
 - Contacting law enforcement
 - Call 241-KIDS (if under 20)
 - The reporter would then report the incident, the status of the individual (non-served) and health and safety outcome to MUIP intake through the official MUIP hotline, email MUIP@hamiltondds.org or fax to (513) 559-6610.
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Unusual Incidents (UIs)

UI definition

An Unusual Incident or UI means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the care of individual service plan (My Plan) of the individual, but is not an MUI.

Unusual incidents include, but are not limited to:

- Medication errors
- Falls
- Peer to peer incidents that are not MUIs
- Overnight relocation of an individual due to fire, natural disaster, or mechanical failure
- Any injury to an individual that is not an MUI

UIs often are the most important reports as they give the individual's support persons the ability to head off risks before serious or life threatening injuries or harm comes to the individual.

Required actions for UIs

All DD providers are required to take the following steps for all UIs.

1. ENSURE health and safety
 - remove or minimize threat
 - check and care for injury (refer to guide section of this document)
2. Notify Guardian, Service Facilitator and Provider
 - Must be within same day as the incident discovery
3. Complete (and retain on file) written report
 - Report must include immediate actions, contributing factors, and prevention steps.
 - Send to other involved parties as appropriate.
4. Follow up with prevention plan
 - See Prevention Plans in guide section of this guide

Instructions for Independent Providers

- Independent providers shall treat any incident that is consistent with MUI definitions as an MUI.
- Independent providers shall also submit all UIs to HCDDS MUIP unit.
- The independent provider shall report the UI to the MUIP Unit the same day using the official reporting fax or email of the MUIP Unit whereby assigned MUIP personnel will review and log.
- Ensuring the health and safety of the individual is the priority

What to do if unsure about the type of incident

Ensure the Health and Safety of the Individual first. While MUIs and UIs are clearly defined in this procedure and in rule 5123:2-17-02, there are many incidents which are hard to immediately determine as to whether they are MUIs, UIs, or other. Agency providers, SSA/SFs, and QMRPs, who discover obvious UIs or more routine events according to such criteria, do not require MUIP intervention.

However, agency providers who gain information wherein the individual is likely at risk, the criteria appears consistent with an MUI, or there are just very reasonable concerns as to what occurred, are urged to ensure immediately health and safety and treat as an MUI.

Special reporting

ODODD notifications

Any mandated reporter who becomes aware that a PPI works for more than one provider (or served more than one individual if an independent) shall contact the MUIP Unit through its official lines.

- The MUIP Unit will then notify ODODD of that PPI.
- ODODD will take appropriate action to ensure health and safety of other individuals who may be impacted.
- ODODD may request that HCDDS personnel help in that effort.

Law enforcement involved

All providers/discoverers shall report any law enforcement incident wherein an individual was arrested, incarcerated, or charged for an alleged crime.

- If one of those three actions happened while under the care or intervention of a provider, the incident is an MUI.
- If any of those three actions happened while the individual was not required to be under the care of the provider or intervention, it is not an MUI per law, but must still be reported to MUIP for tracking purposes.
- MUIP will track/log and for the use of ODODD and make available to ODODD upon request.

Guns, drugs, criminal activity, and gang activity

All DD personnel must report to the individual's team and appropriate agency administrator any tangible signs of guns, drugs, criminal activity and gang involvement by the individual or where the individual is being used (exploited) to store guns, drugs, etc., or engage in such activity.

Any DD provider that becomes aware of criminal activity must report this to the local law enforcement and document that this report was made. Reporting to law enforcement is required regardless of whether law enforcement agrees to press charges or not.

- There is a wide scope of risk from slight to great depending on the circumstances.
- The team should collaborate, make sound and reasonable judgment as to the risks involved to the individual and others, and act accordingly.

- If the matter looks to be of an MUI nature, the discoverer should immediately report as described throughout this document.

H1N1 virus

Until otherwise determined by ODODD, in the event that a provider is filing an MUI report of a medical nature (such as an unscheduled hospitalization) wherein H1N1 has been detected, the reporter should indicate that fact so that ODODD and HCDDS may best track and better support individuals as we look at the aggregate effect of this complex illness.

HIV

HIV related incidents wherein individuals infected with HIV are known to be having unprotected sex or engaging in sex without appropriately informing their partners can put both partners at high risk of harm. DD personnel must take reasonable action to ensure the health and safety of the individual and are strongly encouraged to seek legal counsel to review their internal procedures surrounding HIV confidentiality, reporting and care due to the overall complexity.

Routine occurrences

Defining routine occurrences

Many staff have lots of questions about incidents that are NOT MUIs, seem like Unusual Incidents, but are not unusual for a particular individual.

Examples:

- Very superficial injuries such as minor scratches and bruises that stem from an active lifestyle such as playing sports.
- Repeat behaviors such as an individual that picks at his skin in a minor but persistent way.
- Behaviors such as minor aggression (that do not meet the criteria for MUI).
- Seizures that occur regularly.

Many providers and staff are taught to put every occurrence of everything that happens on an incident report. Such practice often overwhelms the individual while also overburdening everyone involved.

Therefore, best practice recommendations are as follows:

- Once staff have data and experience with an individual such that they can predict or anticipate that an individual will be at risk of an incident or will behave a certain way repeatedly, then those events and/or behavior are no longer *unusual*.
- So, if they do not rise to the level of an MUI, and are not unusual, then the behavior should be addressed through a constructive strategy that is specific to the individual.
- Rather than continue to address through UI forms, the individual's team should address through one of the following according to DD rules and what is best for the individual:
 1. A behavior support plan.
 2. Formalized goals in the ISP/My Plan.
 3. A medical or psychiatric treatment plan coordinated by a Physician or mental health professional.
 4. For the really minor simple progress notes or nursing notes.

*See the guide section of this guide for additional scenarios that include routine occurrences, a UI and UI trend, an MUI and MUI trend.

Prevention plans

Health, Safety and Rights

Individuals, Families, Advocates, the Individual's My Plan Team Members, HCDDS Employees, and all mandated reporters, are urged to keep in mind that individual rights and individual health and safety are not exclusive of each other and so prevention efforts should strongly consider all aspects of those factors.

Prevention plans are required for all Unusual Incidents and all Major Unusual Incidents. The prevention plan should ensure all of the following can occur for any individual served by HCDDS.

The individual is supported such that s/he may fully exercise her/his:

Choice/Right to Risk: Choices to live, eat, work, play, participate in activities, etc.

AND

Health/Safety: Maintain a level of physical and financial health and safety that does not put the individual at a level of risk of harm that one could reasonably predict.

Responsibility: If either choice or safety appear in jeopardy or are disputed, the team will work to negotiate an appropriate balance in a time appropriate to the risk. DD providers and county board staff must not provide service or support that one could reasonably predict would cause or allow probable (likely to happen) risk of harm to the individual.

Administrative action and prevention plans

Providers and SSA/SFs shall ensure *immediate* health and safety actions are implemented as soon as they become aware of the incident and according to the needs (risks) posed by the incident and individual. Those same parties shall collaborate to develop and implement *prevention steps to eliminate or reasonably* reduce the risk of recurrence or like incidents as soon as possible.

Administrative or corrective action

Most prevention plans have need for some type of administrative or corrective action. These terms should not be confused with disciplinary action.

- Disciplinary action may be one means of corrective action.
- Re-training, active supervision, mentoring, corrections to existing procedures and systems, environmental changes, staffing changes, etc. are all part of corrective action.
- The Individual, SF, provider of occurrence, and other formal team members will collaborate and will make corrective actions according to and as appropriate to their positions and the rules, policies, and procedures by which they are governed.

Collaboration, development and implementation of prevention plans

The Individual, SSA/SF, provider of occurrence, and other formal team members shall collaborate and will make preventative actions according to and as appropriate to their positions and the rules, policies, and procedures by which they are governed.

- The HCDDS SSA/SF shall verify the collaboration, development, and implementation of the prevention plan.
- If there is an SSA/SF and the individual is served in an ICF/MR, then the SSA/SF will work through the QMRP to gain the prevention plan and verify development and implementation.
- SSA/SFs who are responsible for individuals serviced through Information and Referral only, will be responsible for prevention plans for individuals to whom they are assigned.

Prevention Plans in My Plans

The SSA/SF (or QMRP if an ICFMR) will ensure the individual's support team shall collaborate and ensure the identification, development, and implementation of prevention steps that are addressed with the My Plan (ISP) and do the following:

- Specify the primary cause of the incident and remaining threats, risks, and adverse effects.
- Identify the contributing factors.
- Provide steps/strategies that reasonably aim to minimize recurrence of such incidents in a manner consistent with the individual's rights and his/her health and safety.

Prevention plan efforts specific to MUIs only

When prevention may interfere with investigation

If the incident is an MUI situation where investigation will be done by Law Enforcement, 241-KIDS, and/or MUIP, and the provider and/or the SSA/SF believes that prevention efforts may interfere with investigation efforts, then those parties shall consult with the lead investigative entity as to how best to proceed.

Other prevention plan considerations

Prevention Plans for Individuals with No SSA/SF

If the individual does not have an SSA/SF and the incident occurred under the responsibility of the provider, then that provider shall be responsible for the development and implementation of prevention plans (unless a PPI). If the provider is an ICF/MR, then the QMRP shall be the responsible party.

UI prevention and My Plan exceptions

There are some limited UI type incidents that may simply be a one-time kind of incident unrelated to the individual's disability, other persons, systemic issues, etc. and more the product of a highly unusual environmental event. In these circumstances, no My Plan revision would be required.

Example: A storm occurred the night before school started and a branch fell part way in the path of the sidewalk causing an individual to get scratched. Such an incident is not *usual* but also not worthy of a My Plan change. In such a situation, where the fall was not frequent and not due to the person's disability, a simple indication on the incident form that preventative action was taken and is not applicable to a My Plan change should be sufficient.

Trend and pattern prevention

Trend and pattern prevention definition

Trends and patterns prevention refers to the process of looking at MUIs and UIs beyond single occurrences and identifying whether or not there is a relation between multiple incidents.

- In the event that there is such a relation, then one identifies the associated risks and uses the prevention procedures already described in this guide to address the trend or pattern much like what was done for any single incident.
- Criteria for the types of trends and patterns one should consider are provided further into this guide (part of this section).

The following intends to support provider efforts to meet rule requirements for aggregate MUI and UI reporting and reviewing per Rule OAC: 2-17-02.

Required actions for log and review process

All providers are required to track MUIs and UIs. The tracking of MUI and UI incidents shall be logged and aggregate data (trends and patterns) reviewed.

- UI logs shall be reviewed every 30 days.
- MUI logs shall be reviewed at least quarterly.
- Semi-annual and annual analyses of MUIs require more in-depth consideration than the reviews.

Monthly MUI/UI incident logs

The following action steps related to incident logs must be followed by all providers except independent providers.

1. Review **incidents** that were reported for the month. The log must include:
 - Name of the provider
 - Name of individuals
 - Time/date/location of each incident
 - Brief description of each incident
 - Immediate actions addressed health and safety needs
 - Contributing factors/causes
 - Preventative plan to reduce recurrence (must be clearly addressed)
 - If all incidents (UI and MUI) are tracked in the same log, the log must also include an indication if the incident was a UI or MUI
2. If in doing the monthly UI review, the provider finds one or more incidents listed as UIs that appear more likely to be MUIs, the provider shall report all such MUIs according to the requirements for that incident type already described in this document.
3. For each incident logged, the provider shall ensure that all incidents included preventative measures and provided sufficient information in the log to demonstrate that the incident was reasonably addressed.
4. The provider shall review all incidents for the review period for trends and/or patterns.

- If a trend or pattern is discovered, the provider makes sure that those measures have been addressed through a prevention plan is included in the individual’s My Plan (ISP) per the same basic prevention procedures already described in this guide.
 - If no trend or pattern is apparent, the provider will document that fact as well.
5. For semi-annual and annual analysis, the provider completes the MUI review as described above AND conducts a thorough analysis of the strengths, progress, and areas of concern related to their handling of MUIs.

The provider shall look for trends or patterns according to these minimum areas:

- MUI category types such as more than 3 abuses, neglects, etc.
- Locations where MUIs happened
- Age breakdown per each category (i.e. ages of all in abuse category, known injuries categories, etc.)
- Gender breakdown per each category
- Individuals with multiple MUIs (3 in a quarter, 5 in a semi-annual period, more than 5 in an annual period)
- The analysis must include a comparison between the current year and last year for the same review period.

NOTE: ODODD provides training on these analyses, and HCDDS has posted that training material on its website. HCDDS provides “Train the Trainer” sessions as well.

Logs, Reports and Analyses

The following table shows the type and frequency of logs and reports providers are required to submit to HCDDS or ODODD.

Type of provider	UI logs	MUI Quarterly reports	Semi-annual and annual analyses
Agency Providers	Only when requested by HCDDS. HCDDS will request at least once per year and will give 15 calendar days for provider to submit.	Required to be sent to HCDDS – see due dates below.	Required to be sent to HCDDS – see due dates below.
Independent Providers	Must send ALL UIs to HCDDS; HCDDS maintains the UI logs for independent providers.	Not required.	Not required.

MUI review timelines/ due dates		
What’s due	Applies to	Timeline
1 st Quarter review (Jan. 1 – March 30)	Agency Providers	Due April 30. Send to HCDDS by May 15
Semi- Annual review (Jan. 1 – June 30)	Agency Providers	Due to HCDDS by August 31
3 rd Quarter review (July 1 – Sept. 30)	Agency Providers	Due to HCDDS by November 15
Annual Analysis (Jan. 1 – Dec 31)	Agency Providers	Due to HCDDS by February 28

ODODD's Cognos reports

All providers shall access their own organizational quarterly, semi-annual, and annual analysis through ODODD's Cognos System Data-Base.

- These reports track all MUIs for the provider and format according to the required areas of analysis which should save providers a tremendous amount of time and resources.
- Providers must gain a security affidavit from ODODD to access those reports.
- Once the provider runs the report, the ODODD Cognos Report provides areas within the report to provide written analysis of the data.
- Upon completing their reports and/or analysis, providers (excluding independents) will send the completed ODODD Cognos report to the HCDDS MUIP Unit.
- Providers may include other supplemental reports, graphs, formats, etc.

Official contact for written reports and analyses

MUIP INTAKE/CLOSURE OFFICE Fax:	513-559-6610
MUIP INTAKE/CLOSURE OFFICE Email:	muip@hamiltondds.org

HCDDS review of provider MUI/UI trend and pattern reporting

The HCDDS MUIP Unit will receive and review provider MUI/UI aggregate logs, reports, and analyses according to the required timelines.

- The HCDDS MUIP Unit will follow up in instances where key information is missing, trends or patterns do not appear to be addressed, or the appears to be continued health and safety risks to individuals.
- The MUIP Unit will notify providers of its receipt of the reports, completion of review, etc. in a reasonable time frame. (NOTE: Until the ODODD COGNOS SYSTEM Reports are completed and providers trained, HCDDS cannot establish a finite timeline in which all reports will be reviewed.)
- All reasonable attempts to do so within 60 calendar days from receipt of the providers report will be made.

Additional Technical Support

The MUI and UI process is active versus static as well as very complex. Thus, the MUIP Unit will continue to add information and clarification points to this guide and better organize it as questions and input from mandated reporters arise.

More definitions

Individual means an individual with a developmental disability who is served by the county board or will be a result of an MUI.

Non-Served Individual is an alleged, observed, or reported “victim” of a crime who is not served by the county board.

Victim/at risk individual: wherein this term is used specific to the MUI, it always refers to the central person(s) alleged to have experienced the adverse incident and is always an individual served or not served as a result of the incident.

PPI means “primary person involved” and refers to a person alleged to have adversely affected the individual and/or been responsible for the MUI.

Discoverer means a mandated reporter (such as a DD agency provider, independent provider, County DDS employee, HCDDS contracted agent, etc) who was first to reasonably suspect, witness, or learn of the incident. This is the person who should report to MUIP. However, it is understood that agency providers may choose to have managers, directors, or other designees be informed by their employee-discoverer and then the designee report. That is acceptable as long as the agency understands that the provisions set forth in rule OAC 5123:2-17-02 are met and there are no delays in appropriate reporting and action. Investigators from the investigative entities involved will always need to gain direct information from the discoverer.

Provider means any person or entity that provides specialized services and that is subject to certification, licensure, or regulation by the department regardless of source of payment. "Provider" includes a county board providing services and a county board contracting entity as defined in section 5126.281 of the Revised Code when providing specialized services. Provider includes Agency providers, County Board as a provider, County Board contracting entities as defined in section 5126.281, Developmental Centers, ICF/MRs and Independent/Individual providers. They are further defined as:

- **Agency provider** means a provider, certified or licensed by the department, that employs staff to deliver services to individuals and who may subcontract the delivery of services.
- **County Board as a provider** means the county board when acting as the provider to the individual who is the subject of the incident.
- **Developmental Center** means an ICF/MR under the managing responsibility of the Ohio Department of DD.
- **ICF/MR** means an intermediate care facility for the mentally retarded.

Individual or Independent provider means a provider certified by the department who is self-employed and not an agency and who personally delivers services to individuals and who may not subcontract the delivery of services.

County Board means a county board of developmental disabilities as established under Chapter 5126 of the Revised Code or a regional council of governments as established under Chapter 167 of the Revised Code when it includes at least one county board. HCDDS refers to the Hamilton County Board of Developmental Disabilities and Services.

Department means the Ohio Department of Developmental Disabilities (ODODD) as established by section 121.02 of the Revised Code. ODODD refers to the Ohio Department of Developmental Disabilities.

DD personnel or employee refers to any of the following:

- An employee of the Ohio Department of Developmental Disabilities.
- An employee of a county board.
- An employee in a position that includes providing specialized services to an individual.

MUIP or MUIP Unit refers to HCDDS' Major Unusual Incident and Prevention Unit which works to improve the health and safety of individuals at risk of adverse incidents, determines MUIs, investigates MUIs, and promotes county wide prevention efforts on behalf of individuals in accordance with rule OAC 5123:2-17-02.

Investigative Agent (IA) means an employee of a county board or a person under contract with a county board who is certified by the department to conduct investigations of major unusual incidents. ODODD also employs Investigative Agents who conduct separate investigations where conflicts of interest arise or state intervention is required.

Administrative investigation means the gathering and analysis of information related to a major unusual incident so that appropriate action can be taken to address any harm or risk of harm and prevent future occurrences.

Incident tracking system (ITS) means the department's on-line system for reporting major unusual incidents.

Working day means Monday, Tuesday, Wednesday, Thursday, or Friday except when that day is a holiday as defined in section 1.14 of the Revised Code.

Specialized notification lines

EMERGENCY/MUI HOTLINE 794-3308

The Emergency Hotline is operated 24 hours per day, 7 days per week, including all holidays. This is the primary emergency and MUI notification/reporting line.

- It goes to the MUIP office during office hours Monday – Friday (8am-4pm).
- For all other times, it is directed to an on-call service which connects the caller to an SF. SFs are authorized to better and more immediately respond to the emergency needs of individuals, particularly when resources must be allocated for things like relocation, more staffing, goods, and services, etc.
- Investigators cannot allocate or authorize those things. SFs also are more attuned to programming, team supports, and have a greater likelihood of familiarity of specific individuals than are investigators.
- So, while SFs are the primary responders to this line after-hours, this line still serves as the required MUI reporting line.
- SFs responding to MUI related calls are required to act and report as discoverers if a non-mandated reporter has called them on the hotline OR to provide courtesy notification to MUIP and to verify appropriate health and safety actions a DD mandated reporter has called.

MUIP consult line 910-1281

The Investigative Consult Line is MUIP's dedicated consult line operated and maintained by MUIP Investigators 24 hours, every day, including all holidays to specifically support the investigative and consult needs of Law Enforcement Personnel, 241-KIDS, ODODD, AGO's office, SFs and HCDDS Leadership.

- It differs from the Emergency Hotline in that it is intended to help those needing direct IA support when there exists confusion over a determination, an investigative matter, or a specific health and safety risk wherein the parties listed believe IAs are the best consultant.
- In the case of Law Enforcement, they often are not familiar with the DD system and look to investigators to help them navigate, liaison between parties, collaborate on investigative matters, etc.

Official lines ensure help for those in need

Hamilton County is one of the largest county DD service agencies in the State of Ohio and thus has one of the highest numbers of MUIs in the state. The need then is for MUIP personnel to be highly active and completely focused on the emergency or situation at hand. Leaving messages to the personal email systems or voice mail systems of MUIP personnel fully engaged with law enforcement, individuals in need, etc. is an ineffective means of ensuring a connection. Therefore, we have created our intake system and official lines that more reasonably ensure your connection even when specific MUIP personnel are not available.

Therefore, discoverers and reporters shall use the official HCDDS MUIP UNIT phone numbers, fax number, and email address when reporting any incidents of an MUI nature or when communicating anything to the MUIP Unit personnel.

The only exceptions are:

- When discoverers or reporters call the ODODD Emergency Hotline

- When an investigator has asked the source discoverer or reporter to contact them directly.

Other phone conversations, person- to-person direct conversations, faxes, voicemails or emails to MUIP personal lines, etc. may occur as supportive attempts to share information, but are not acceptable as official notification or reporting.

Below are the official MUI Reporting contacts:

FOR	Contact
Notification to MUIP Unit of an Incident and for Emergency Help call:	MUIP (Notification) Hotline: 513-794-3308 (operated 24 hours a day, every day including holidays)
Written Reports and follow up:	MUIP Email: muip@hamiltondds.org OR MUIP Fax: 513-559-6610
For General MUI Information call:	MUIP Help Desk: 559-6629 (Office hours: 8am-4pm)
EXCLUSIVE for Law Enforcement Personnel, 241-KIDS, SFs on-call, and ODODD MUIP Unit:	Dedicated Investigations Line: 513-910-1281 Find MUIP Official contact information at our website www.hamiltondds.org within the “MUI” tab.

Discovery and immediate health and safety actions for all incidents

Once an MUI/UI incident is discovered by a DD employee/person (mandated reporter) as defined in this procedure, immediate action shall be taken to ensure the individuals health and safety.

First DD responders (called the discoverer) of an MUI or UI, shall always take immediate steps to ensure the health and safety of the individual(s) involved in the incident and any other individuals who are at-risk. Such measures include:

- **Check for injury** - discoverers and those immediately involved shall always check for injury and ensure immediate and ongoing medical attention appropriate to the individual's needs and situation which may involve calling 911.
- **Contact law enforcement** - Contact Law Enforcement if the incident may constitute a crime including individual is at risk of violence or harmful neglect (call 241-KIDS if the individual is under 21 years of age)
- **Immediate removal of risk or threat:**
 - Removal - Protocol MUIs: Providers shall remove any employee from direct contact with any at-risk individual when the employee is alleged to have been involved in protocol type MUIs (abuse, neglect and other protocol types defined in this guide) until such time as the provider has reasonably determined that such removal is no longer necessary. Such a determination must reasonably demonstrate that there is no risk of threat or harm to the individual by the alleged PPI. If the PPI is an employee of a agency provider operating in the DD system, then the PPI shall be removed unless there is clear and reasonable evidence and guardian/individual team agreement why the individual would be best served to be relocated, etc.
 - IF Community PPI Alleged: If the PPI is a community person such as a neighbor, unidentified person, family member who owns a house the individual lives in, etc. the individual may be the one to separate from that scene for their own safety. This can be very difficult if the victim is his or her own guardian and refuses to leave, special provisions (by the individuals immediate support team) will need to be made to support their staying in that environment OR support by law enforcement or even intervention through the courts may be necessary. Likewise, if the individual has an immediate family member or guardian who objects to leaving or allowing the individual to leave the environment, that too may require law enforcement or court intervention. Providers and County Board Staff should act in accordance with the law, their crisis training, and team process.
 - Removal - Non-Protocol MUIs: Providers shall ensure reasonable actions are taken to minimize any immediate risk posed by an environmental issue located on their property or realm of responsibility as well as one posed by an employee(s) who may be responsible for the cause of the incident. If the cause and/or contributing factors are outside the location or personnel of the provider, then the provider or others responsible will consult with the individual's guardian, team and/or MUIP Unit as appropriate.
 - Removal - UIs: Providers shall ensure reasonable actions and necessary measures to protect the health and safety of at-risk individuals. Actions shall be taken to minimize

any immediate risk posed by an environmental issue located on their property or realm of responsibility as well as one posed by an employee(s) who may be responsible for the cause of the incident. If the cause and/or contributing factor lay outside the location or personnel of the provider, then the provider or others responsible will consult with the individual's guardian, team, and or MUIP Unit as appropriate.

The provider and county board shall discuss any disagreements regarding reasonable measures in order to resolve them. If the provider and county board are unable to agree on reasonable measures to ensure the health and safety of at-risk individuals, ODODD shall make the determination.

Written reports

Required detail

Written reports must include detailed information on:

- All involved parties including victims, PPIs, witnesses
- Location of incident
- Causes
- Contributing factors
- Verification that the individual was checked for injury
- Immediate actions to take care of the individual including the removal of any threats
- Injuries and medical care given/sought etc.
- Include administrative action taken and to be taken
- Prevention steps that will minimize recurrence. The initial report may be too soon to identify all necessary prevention measures, but please indicate first steps to be taken.
- Contact numbers and accurate demographics.

If handwritten, please ensure the report is legible. Include facts and professional insights specific to the incident. Do not include gossip, hearsay, or value judgments.

Use full names for reports going to MUIP

Please use full names, not initials. You can redact names if you are sending out to other entities but the MUIP UNIT personnel need to know who specifically was involved to ensure appropriate determinations and health and safety, etc.

Scenarios to Help Identify Incident Types

SCENARIO 1 – Routine Occurrence

Bill Jones loves softball and Pete Rose. Bill plays softball every Friday. Bill has both a mental and physical disability. He is wildly enthusiastic. He does often slide face first into base like Pete did. It is reasonable to assume that he will have bruises and scratches according to that behavior. There is no need for him to stop sliding as long as his injuries remain superficial and consistent with the game. Residential staff persons observe Pete arriving home with scratches on his knees and elbows. They ask Bill how he got the scratches and abrasions on his elbows and knees. He smiles and says: “I did a Pete slide again!” There would not be need to treat as a UIs. His support team should include in the My Plan (ISP) a statement about Bill’s active lifestyle and the fact that he often receives superficial injuries from his sports. The plan would indicate that staff should simply document these specific occurrences on a progress/case note form (could be a nursing note or injury sheet, etc.). My Plan could note that: “staff will address more serious injuries or those of unknown origin as UIs and MUIs according to applicable rules and procedures”.

SCENARIO 2 - UI

Pete Jones likes an active lifestyle as indicated in the last scenario. However, over the last couple of days a very minor knot was noticed on the side of his right knee. First aid was applied, he had no real discomfort. However today, residential staff noticed the knot had grown and looked bruised. It had been thought at first it was due to softball, but staff now suspected something different because the knot was developing much more on the side of the knee than one would expect with the type of slides Pete did when playing softball. When asked, Pete said he did not know where it came from. He indicated it hurt most at work. Pete was taken to the doctor and the knot did not require hospitalization or specific doctor care. It did require frequent ice and all were concerned about preventing further discomfort, infection, etc. Staff talked to Pete and his work staff. It was discovered that the cause of Pete’s knot was that he cannot reach one of the tools he needs on a special rack. So he continually shoves his way into the space between the desk and an iron compressor where his knee hits the very same place every time. Pete likes to please others and so does not ask for help to get the heavy compressor out of the way or getting permission to move the tool to a better location. Thus, this is a UI wherein the team would implement a prevention plan that addresses the situation to Pete’s benefit.

Take it one step further, let us suppose the provider, through their required tracking and review of UIs, discovered that Pete has gotten 3-5 such weird, minor type injuries over the period of 3 months. This would be a trend or pattern. The provider and team recognized that the trend is due to the fact that Pete does not like to ask for help. They then should develop a prevention strategy addressing his unassertiveness and need for support through a specific prevention plan to ensure reduction of injuries that might otherwise become more serious.

Even further, were Pete to have cut himself on the compressor to the extent that he received 5 or more stitches, or had to get a cast on his leg, or any other significant type care defined in the known or unknown injuries of the MUI categories, this would be an MUI.

SCENARIO 3 (MUI)

Pete Jones arrives home after a softball game with the superficial scratches described in the first scenario and as expected. None are serious or even require more than Neosporin. However, Pete is not his usual happy self. When staff asks why he seems down, Pete says: “I’m sorry, I’ll be happy” but continues to seem upset. As he is walking toward his room, staff notices a red mark, about the size of a

hand on the back of Pete's neck. There is no blood, no bruise, and just a little skin breakage. Staff asks Pete if he is okay and how he got the mark on the neck. He replies: "At softball..." Staff immediately put ice on the wound and take care of Pete. Through more conversation, Pete begins to cry and indicates another player grabbed him by the back of the neck, sort of slung him around so that they were face to face, and said he better pay attention or he'd get his butt kicked! Meanwhile the red mark really began to swell. There is cause to suspect physical abuse and verbal abuse.

- Staff should immediately begin MUI action.
- Note that physical abuse does not always have to include an apparent injury.
- Often there is only a tangible risk of injury such as the gunshot that missed, the knife that ripped the clothes but missed skin, the club that simply missed because the individual ducked. In such cases, despite the fact that there was no real injury, the risk of injury or death was probable and so qualified as MUI criteria.

Like UIs, the provider is required to track and review MUIs. Were Pete to have MUIs that were similar in nature or due to a similar cause or PPI, the individual's My Plan Team would be obligated to identify that trend and implement a prevention plan to reduce recurrence of such MUIs and trends. Such as trend might be that he has been the victim of several verbal threats and assaults at softball games and softball activities such as when the team goes to the local hangout, etc.