

MUI AND UI FACT SHEET

O.A.C. 5123-17-02

Major unusual incident" means the alleged, suspected, or actual occurrence of an incident described in paragraph (C) (16) (a), (C)(16)(b), or (C)(16)(c) of this rule when there is reason to believe the incident has occurred. 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. There are (19) nineteen types of incidents defined in the rule that are considered major unusual incidents (MUIs).

Unusual incident" means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care or individual service plan, but is not a major unusual incident. Unusual incident includes, but is not limited to, dental injuries; falls; an injury that is not a significant injury; medication errors without a likely risk to 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 behavioral supports without a likely risk to health and welfare; emergency room or urgent care treatment center visits; and program implementation incidents.

All agency providers and county boards shall ensure staff employed indirect service positions are trained prior to direct contact. Those in non-direct service positions must be trained no later than 90 days of hire date. Thereafter, all employees shall receive MUI training during each calendar year which shall include a review of health and welfare alerts released since the previous calendar year's training. Health and Safety alerts can be found at: <https://dodd.ohio.gov/wps/portal/gov/dodd/health-and-welfare/health-and-welfare-alerts/>

All incidents require that immediate action is taken to protect individuals from further harm, that an investigation is conducted to determine the cause of the incident and contributing factors, and that a prevention plan is developed to reduce the likelihood of future occurrences.

MUIs are reported to the local County Board of Developmental Disabilities (DD), which then reports the information to the Department of Developmental Disabilities (DODD). County Boards of DD are responsible for immediate action, investigations, and prevention planning for each incident. In order to demonstrate compliance, a provider/county board must be able to evidence the following:

Upon identification of a **Major Unusual Incident**, the provider took the following immediate actions as appropriate:

- Ensure that individual received immediate and on-going medical attention for injuries (document that action)
- Removal of an employee from direct contact with any individual when the employee is alleged to have been involved in physical or sexual abuse until such time as the provider has reasonably determined that such removal is no longer necessary;
- All other necessary measures to protect the health and welfare of individuals.
- Notification to the County Board about the below listed incidents within 4 hours of discovery:
 - Accidental or suspicious death;
 - Exploitation;
 - Misappropriation;
 - Neglect;
 - Peer-to-peer act;
 - Physical abuse;
 - Prohibited sexual relations;
 - Sexual abuse;

Verbal abuse; and

When the provider has received an inquiry from the media regarding a major unusual incident.

[After Hours MUI Contact Information](https://dodd.ohio.gov/wps/portal/gov/dodd/your-family/your_cb_and_provider/4-find-your-county-board) for the county boards and COGs are available through the Department's Website At: https://dodd.ohio.gov/wps/portal/gov/dodd/your-family/your_cb_and_provider/4-find-your-county-board

Providers must complete a written incident report documenting the major unusual incident or unusual incident. The report must include but is not limited to the following:

- 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 primary person involved 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 and signature of person completing the incident report.

A written incident report is submitted to the County Board by 3:00 p.m. The county board shall enter preliminary information regarding the major unusual incident in the incident tracking system and in the manner prescribed by the department by five p.m. on the first working day following the day the county board receives notification from the provider or otherwise becomes aware of the major unusual incident.

If applicable, the provider makes appropriate notifications to other agencies:

- Children's Services
- Law Enforcement

Documented evidence that the provider made notification on the same day of the major unusual incident to the following as applicable:

- Guardian
- Service and Support Administrator
- Other providers of services as necessary to ensure continuity of care and support for the individual
- Staff or Family who provide direct supervision in the home

The provider cooperated with the investigation of MUIs by:

- Providing requested information in a timely manner
- Providing results of an internal investigation (if conducted) to county board within 14 days of completion
- Providing evidence that a prevention plan was identified, a collaborative team effort by relevant involved parties participated in the prevention plan, and that the prevention plan addressed the causes and contributing factors identified in the investigation.
- Submitted evidence that the prevention plan is being implemented and made part of the plan and that the individual's Service Plan was revised if necessary.

Upon identification of an **Unusual Incident**, the provider took the following immediate actions as appropriate:

- Report was made to the designated person
- The Unusual Incident report was made within 24 hours of the incident
- Appropriate actions were taken to protect the health and safety of the at-risk individual
- Investigation occurred to identify causes and contributing factors and an effective prevention plan.
- The provider at the time of the UI should notify other providers of services (as appropriate) to ensure continuity and support of the individual.

The provider/County Board as provider conducts a monthly review of Unusual Incidents

Each agency provider and independent provider shall maintain a log of all unusual incidents. The log shall contain only unusual incidents as defined in paragraph (C)(25) of this rule and shall include:

- Name of Individual
- Description of Incident
- Injuries
- Time of Incident
- Date of Incident
- Location of Incident
- Cause and contributing factors
- Preventative Measures to address both the individual incidents and identified trends.
- Review for any missed MUI's

Evidence that the provider completed the required review of MUIs as follows:

- Annual In-Depth Review (Due by February 28)

Evidence that all incidents were reported as either an unusual incident or major unusual incident.

For your convenience, additional resources are available on the Department's website at:

<https://dodd.ohio.gov/>.

Preventing the Spread of Bloodborne Pathogens

Bloodborne pathogens, such as bacteria and viruses, are present in blood and body fluids and can cause disease in humans. The bloodborne pathogens of primary concern are hepatitis B, hepatitis C and HIV. These and other bloodborne pathogens are spread primarily through:

- **Direct contact.** Infected blood or body fluid from one person enters another person's body at a correct entry site, such as infected blood splashing in the eye.
- **Indirect contact.** A person's skin touches an object that contains the blood or body fluid of an infected person, such as picking up soiled dressings contaminated with an infected person's blood or body fluid.

Follow standard precautions to help prevent the spread of bloodborne pathogens and other diseases whenever there is a risk of exposure to blood or other body fluids. These precautions require that all blood and other body fluids be treated as if they are infectious. Standard precautions include maintaining personal hygiene and using personal protective equipment (PPE), engineering controls, work practice controls, and proper equipment cleaning and spill cleanup procedures.

TO PREVENT INFECTION, FOLLOW THESE GUIDELINES:

- Avoid contact with blood and other body fluids.
- Use CPR breathing barriers, such as resuscitation masks, when giving ventilations (rescue breaths).
- Wear disposable gloves whenever providing care, particularly if you may come into contact with blood or body fluids. Also wear protective coverings, such as a mask, eyewear and a gown, if blood or other body fluids can splash.
- Cover any cuts, scrapes or sores and remove jewelry, including rings, before wearing disposable gloves.
- Change gloves before providing care to a different victim.
- Remove disposable gloves without contacting the soiled part of the gloves and dispose of them in a proper container.
- Thoroughly wash your hands and other areas immediately after providing care. Use alcohol-based hand sanitizer where hand-washing facilities are not available if your hands are not visibly soiled. When practical, wash your hands before providing care.

TO REDUCE THE RISK OF EXPOSURE, FOLLOW THESE ENGINEERING AND WORK PRACTICE CONTROLS:

- Use biohazard bags to dispose of contaminated materials, such as used gloves and bandages. Place all soiled clothing in marked plastic bags for disposal or cleaning. Biohazard warning labels are required on any container holding contaminated materials.
- Use sharps disposal containers to place sharps items, such as needles.
- Clean and disinfect all equipment and work surfaces soiled by blood or body fluids.
 - Use a fresh disinfectant solution of approximately 1½ cups of liquid chlorine bleach to 1 gallon of water (1 part bleach per 9 parts water, or about a 10% solution) and allow it to stand for at least 10 minutes.
 - Scrub soiled boots, leather shoes and other leather goods, such as belts, with soap, a brush and hot water. If worn, wash and dry uniforms according to the manufacturer's instructions.

IF YOU ARE EXPOSED, TAKE THE FOLLOWING STEPS IMMEDIATELY:

- Wash needlestick injuries, cuts and exposed skin thoroughly with soap and water.
- If splashed with blood or potentially infectious material around the mouth or nose, flush the area with water.
- If splashed in or around the eyes, irrigate with clean water, saline or sterile irrigants for 20 minutes.
- Report the incident to the appropriate person identified in your employer's exposure control plan immediately. Additionally, report the incident to emergency medical services (EMS) personnel who take over care.
- Record the incident by writing down what happened. Include the date, time and circumstances of the exposure; any actions taken after the exposure; and any other information required by your employer.
- Seek immediate follow-up care as identified in your employer's exposure control plan.

Occupational Safety and Health Administration (OSHA) regulations require employers to have an exposure control plan, a written program outlining the protective measures the employer will take to eliminate or minimize employee exposure incidents. The exposure control plan guidelines should be made available to employees and should specifically explain what they need to do to prevent the spread of infectious diseases.

Additionally, OSHA requires that a hepatitis B vaccination series be made available to all employees who have occupational exposure within 10 working days of initial assignment, after appropriate training has been completed. However, employees may decide not to have the vaccination. The employer must make the vaccination available if an employee later decides to accept the vaccination.

Check out OSHA's website (www.osha.gov) or refer to your employer's exposure control officer for more information on OSHA's Bloodborne Pathogens Standard (29 CFR part 1910.1030).

Removing Disposable Gloves

Note: To remove gloves without spreading germs, never touch your bare skin with the outside of either glove.

1 PINCH GLOVE

Pinch the palm side of one glove near your wrist. Carefully pull the glove off so that it is inside out.



2 SLIP TWO FINGERS UNDER GLOVE

Hold the glove in the palm of your gloved hand. Slip two fingers under the glove at the wrist of the remaining gloved hand.



3 PULL GLOVE OFF

Pull the glove until it comes off, inside out. The first glove should end up inside the glove you just removed.



4 DISPOSE OF GLOVES AND WASH HANDS

After removing the gloves:

- Dispose of gloves and other personal protective equipment (PPE) in a proper biohazard container.
- Wash your hands thoroughly with soap and running water, if available. Otherwise, rub hands thoroughly with an alcohol-based hand sanitizer if hands are not visibly soiled.