



**Summary of DODD Rule # 5123:2-17-02**  
**Addressing major unusual incidents and unusual incidents to ensure health, welfare, and continuous quality improvement.**

**Definitions:**

***IA***—*Investigative Agent*

***ITS***—*Incident Tracking System*

***Independent Provider*** –A self-employed person who provides services for which he or she must be certified and does not employ, either directly or through contract, anyone else to provide the services.

***Primary Person Involved (PPI)***--The person alleged to have committed or to have been responsible for the Category A incident.

***Provider***--An agency provider , county board provider, or independent provider that provides specialized services.

***Qualified Intellectual Disability Professional*** – this term replaces QMRP  
The definition has not changed, just the name.

***Specialized Services***

Any program or service designed and operated to serve primarily individuals, including a program or service provided by an entity licensed or certified by the department.

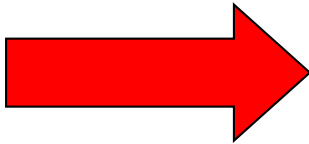
## There are 3 categories of major unusual incidents: A, B, and C

MUIs are reported as a specific category: A, B, or C. The rule has a list of what counts for each category and we are outlining those below.

**Category A Incidents** are cases in which the police, or IA (Investigative Agent) *may be* involved in the investigation. The following events should be reported as a Category A incident:

- Accidental or suspicious death
- Exploitation (the unlawful act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain.)
- Failure to report (not reporting a reportable incident)
- Misappropriation (depriving, defrauding, or otherwise obtaining the real or personal property of an individual)
- Neglect (failing to provide an individual with any treatment, care, goods, supervision or services necessary to maintain the health or welfare of that individual)
- Peer-to-peer acts of
  - o Exploitation
  - o Theft (real or personal property valued at \$20 or more or property of significant personal value to the individual)
  - o Physical act
    - The individual is targeting or firmly fixed on another individual
    - The act is NOT random or accidental
    - Results in an injury that is treated by a physician, physician's assistant, or nurse practitioner.
    - Choking, or any other head or neck injuries (whether or not it receives treatment or not) like a bloody nose, bloody lip, or black eye
    - (Minor injuries (scratches or reddened areas not involving the head or neck) are Unusual Incidents.)
  - o Sexual act (without consent)
  - o Verbal act (words, gestures, or other communicative means to purposefully threaten, coerce, or intimidate when there is the opportunity and ability to carry out the threat)
- Physical abuse (using physical force that can result in physical harm)
- Prohibited sexual relations (an employee engaging in consensual sexual contact with an individual who is not the employee's spouse, and for whom the employee was employed or under contract to provide care or supervise the care)
- Rights code violation

- Sexual abuse
- Verbal abuse (use of words, gestures, or other communicative means to purposefully threaten, coerce, intimidate, harass, or humiliate).



### ***ACTION STEP***

*Stop here and review the above list for Category A incidents. Let's talk more about a few points of this extensive list to be sure that you understand them fully.*

## **A Peer-to-Peer Incident is called a Peer-to-Peer Act.**

Peer-to-peer acts that meet the listed requirements are reported as a Category A incident. A few things to keep in mind:

A peer-to-peer act PHYSICAL act occurs when an individual is **firmly fixed or targeting** another individual. **The act is NOT accidental or random.** If individual John is upset with individual Bill for turning off the television and gets up and punches Bill in the face, it was intentional. In another scene...if John is upset that the television is turned off and begins to become aggressive, and while running out of the room, John's erratic movements cause him to kick Bill in the shin as he is passing by, it was accidental. Therefore it is NOT a Category A incident.

Further, the physical act must result in an injury that needs physician treatment, or involves the head or neck. When John punched Bill in the face, it was a Category A because it was targeted; it is also a Category A because it resulted in a bloody nose, which involves the head/neck. Even though the bloody nose did not require a physician's treatment, it still involved the head/neck area and is therefore a Category A incident. Choking is also automatically a Category A incident.

If the physical peer-to-peer act resulted in scratches anywhere besides the head/neck, then it is only to be reported as an Unusual Incident.

A peer-to-peer VERBAL act states that it is an individual using 'words, gestures, or other communicative means to purposefully threaten, coerce or intimidate'. The DODD added the phrase 'other communicative means' as a reference to other technological ways that an individual can verbally abuse another. For example, threatening text messages or voicemails, or intimidating Facebook posts are all considered Category A incidents.

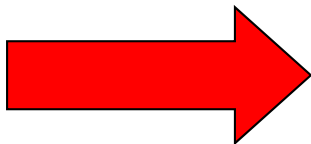
## Peer-To-Peer Act Law Enforcement and Notifications.

Law enforcement calls were not always necessary for peer-to-peer acts and it seemed to be one more step that was not always warranted. So, the DODD changed the rule to better use your time and the time of the law enforcement officers in your area. Now, notifications shall be made to law enforcement **WHEN AN ALLEGED CRIME HAS BEEN COMMITTED**.

Further, notification shall be made to the individuals, individuals' guardians, and other persons whom the individuals have identified in a peer-to-peer act, **unless such notification could jeopardize the health and welfare of an individual involved**.

**Category B Incidents** are cases investigated by the IA. They include:

- Attempted suicide (results in ER treatment, in-patient observation or hospital admission)
- Death other than accidental or suspicious death
- Medical emergency (emergency medical intervention is required to save an individual's life)
- Missing individual (an incident that is not considered neglect and an individual's whereabouts, after immediate measures taken, are unknown and the individual is believed to be at or pose an imminent risk of harm to self or others)
- Significant injury (an injury of known OR unknown cause that is not considered abuse or neglect and results in concussion, broken bone, dislocation, second or third degree burns or that requires immobilization, casting, or five or more sutures)



### ***ACTION STEP***

*Let's take a closer look at some of these Category B definitions and what that means to you.*

**In a missing individual case, take immediate measures before declaring him/her missing.**

With a Missing Individual incident, be sure to 'take immediate measures' first and foremost. This includes checking all around the immediate area and in other rooms, etc. It is a Category B incident **ONLY WHEN THE INDIVIDUAL IS AT RISK TO HIM/HERSELF OR OTHERS**. If they are not at an imminent risk to self or others, this is reported as an Unusual Incident only.

**Be sure staff are clear on what is listed in the person's service plan.**

## **A Significant Injury can be of known OR unknown cause.**

When you report a Significant Injury incident, you will be prompted to note if it was from an unknown or a known cause. Be sure to note the cause before you start the reporting process, as the system will ask you which one it was.

**Category C Incidents** are investigated by the IA and include:

- Law enforcement (an individual is arrested, charged, or incarcerated)
- Unapproved behavior support (use of an aversive strategy or intervention prohibited)
- Unscheduled hospitalization (is NOT due to a pre-existing condition that is specified in the service plan)

## **Appendix C regarding Category C Incidents.**

Appendix C Protocol and form can only be used with Category C incidents. Appendix C forms can be completed by the SSA and the Provider who was providing services when the incident occurred. The IA or the MUI Contact will enter the information into ITS (Incident Tracking System), and the IA will be responsible for reviewing it and ensuring everything is complete and accurate.

*From the DODD rule #5123-2-2-06:*

“G) Use of a restrictive measure without prior approval by the human rights committee

(1) Use of a restrictive measure, including use of a restrictive measure in a crisis situation (e.g., to prevent an individual from running into traffic), without prior approval by the human rights committee shall be reported as 5123:2-2-06 9 "unapproved behavior support" in accordance with rule 5123:2-17-02 of the Administrative Code.

**(2) Nothing in this rule shall be construed to prohibit or prevent any person from intervening in a crisis situation as necessary to ensure a person's immediate health and safety.”**

**Major Unusual Incidents can shift categories, based on the investigation**

## Unusual Incidents

**Unusual Incident:** “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; incident involving two individuals served that is not a peer-to-peer act major unusual incident; and rights codes violations or unapproved behavior supports without a likely risk to health and welfare.”

## Reporting Requirements

- **Reports regarding any MUI involving an individual who residents in an intermediate care facility or who receives round-the-clock waiver serves shall be filed and the requirements followed REGARDLESS OF WHERE THE INCIDENT OCCURRED.**
- **Category A: Contact the county board of DD within 4 hours.**
- For all MUIs, all providers need to submit a written incident report to the county board contact no later than 3pm the next working day. Include all the working knowledge of the incident that you have.
- Independent providers are required to submit incident reports as well.
- For Category A Incidents, reports should be filed NO MATTER WHERE THE INCIDENT OCCURRED.
- For Category B Incidents, reports should be filed 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.
- When a provider places an employee (PPI) on leave or taken other protective action, the provider must keep the county board or department informed with any change in status of that employee. The provider needs to notify the county board of any changes regarding the protective action as well.
- Nothing in this MUI Rule is meant to relieve mandatory reporters of the responsibility to notify administration or a designee of neglect, abuse, or mistreatment.
- Providers need to report to the law enforcement entity that has jurisdiction of the location where the incident happened.
- Incident report form should be submitted to your county board of DD

**When you call law enforcement, you MUST document the time, date and name of the person you reached.**

- The Ohio State Highway Patrol has jurisdiction and should be notified for any Category A incident that happens at a developmental center, if it constitutes a criminal act.

**Provider's Role: Ensure the health and welfare of the individual;  
Report as required; Document everything.**

**Support Broker for an individual enrolled in the self-empowered life funding waiver needs to be notified of all MUIs.**

### **Investigation procedure:**

Here's what you need to know about the way incidents are investigated:

- Even if the MUI is reported as a Category B or C, the county board can choose to investigate it as a Category A if they see fit.
- If the MUI involves a criminal investigation, the county board investigation can be closed as soon as the MUI is properly coded and the history and preventative measures regarding the PPI have been reviewed.
- County board staff can help the investigative agent by gathering documents, entering info into ITS, or fulfilling category C administrative requirements.
- Written summaries are due no later than 5 (five) WORKING DAYS following the recommendation via ITS. Category C incidents do not require a summary letter.
- An individual, individual's guardian, other persons whom the individual has identified, or provider may dispute the findings of an investigation. To dispute, write a letter and provide supporting documentation and send it to the county board superintendent within 15 CALENDAR days after you receive the finding.
- The county board is NO LONGER REQUIRED to provide notification to the provider within 5 days of the case being closed.

## **Providers are required to report MUI trends and patterns**

### **SEMI-ANNUALLY**

Your trend and pattern report only needs to be submitted twice a year (mid-year and end of year). The county board will review the report and provide an analysis as needed. When writing your report, be sure to include any preventative measures that you have taken that address the trends or patterns that you might see. (Sample reports can be printed from course)

You have one month (30 days) to write your report after the six months pass. When you are making your report, you must include:

- Date of review
- Person completing the review
- Time period of review
- Comparison of data for previous 3 years
- Explanation of data
- Data for review by MUI Category Type
- Specific trends by residence, region, or program
- Previously identified trends and patterns
- Action plans and preventative measures to address

### **An established trend or pattern is defined as:**

**5 Incidents of any kind in 6 months**

**OR**

**10 Incidents of any kind in 1 year**

**OR**

**Any MUI pattern identified by the individual's team**

This rule covers not only MUIs, but also UIs (Unusual Incidents). Let's cover that now.



**Providers need to document and investigate UIs.**

**Independent Providers must also maintain a log of unusual incidents.**

**The county board will review a sample of UI logs. Provide the form when requested by your county board of DD.**

Providers should document and investigate UIs and keep a record that is readily available. In your record, you must identify the cause and contributing factors of the UI, as well as preventative measures to protect the health and welfare of any at-risk individuals.

**Independent Providers need to complete an incident report, notify the individual's guardian, as applicable on THE DAY THE UI IS DISCOVERED.**

Here are sample phrases for preventive measures:

Preventive measures for an individual with frequent falls:

- Physical assistance with transitions and reminders to the individual to ask for assistance when getting up to transition.
- Encourage individual to take his time and to ask staff for assistance.
- Wearing tennis shoes to ensure the individuals safety while walking.
- Refraining from wearing sandals and slip on shoes.

# MUI Reporting Reference Sheet

## Category A

Accidental or Suspicious Death	Peer-to-Peer Act (theft, exploitation, physical act, verbal act, sexual act)
Exploitation	Abuse: Physical, Sexual and Verbal
Failure to Report	Prohibited Sexual Act
Misappropriation	Rights Code Violation
Neglect	

## Category B

Attempted Suicide	Missing Individual
Medical Emergency	Death (NOT accidental or suspicious)
Significant Injury (known OR unknown)	

## Category C

Law Enforcement	Unscheduled Hospitalization
Unapproved Behavior Support	



## Report It

1. Assure Immediate Safety of Individual
  2. Call Law Enforcement if necessary
2. Remove employee from direct contact if accused of abuse
3. If Category A, notify the County Board within 4 hours of discovery
4. Submit a written incident report no later than 3pm the next working day.