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MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) POLICY

Policy Reference:
Automated External Defibrillator (AED)

Policy Number
AED 1.00

Ohio Revised Code Reference:
37101.85

I. SUBJECT

Automated External Defibrillator (AED)

II. PURPOSE

It is the purpose of this policy to establish the procedures and protocols for the use of Automated External Defibrillator (AED) equipment.

III. POLICY

A. The Muskingum County Board of Developmental Disabilities (County Board) shall authorize the operation of AED to minimize the risk of Sudden Cardiac Arrest among its students, enrollees, employees, and visitors. Operation for AED equipment shall conform to standards of the American Heart Association and requirements of the Ohio Revised Code Section 3701.85.

B. A copy of this policy and subsequent procedures shall be available to anyone upon request.

IV. ANNUAL REVIEW AND ADOPTION OF POLICIES

This policy shall be maintained on file in the County Board Administrative Offices and shall be reviewed and updated annually.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with the Board policy and applicable rules, regulations and statutes.

Board Adopted: July 12, 2007
Reviewed with approval: January 3, 2008
Revised: January 1, 2009; January 14, 2010
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
I. PURPOSE

A. The procedures and protocols described in this document comprise a plan through which the Muskingum County Board of Developmental Disabilities (MCBDD) may administer its automatic external defibrillator program. This program conforms to standards set forth by the American Heart Association (AHA) and will follow the requirements of the Ohio Revised Code, Section 3701.85. It is the goal of the Board to minimize the risk associated with Sudden Cardiac Arrest (SCA) among its enrollees, employees, students, and visitors. This plan should be followed by all personnel. A copy of this plan is to be made available to every employee upon hiring and a copy will be supplied to any one upon request. This plan will be reviewed annually, and updated whenever new or modified tasks or procedures are implemented.

A copy of this plan has been provided to the local EMS agencies listed below:

1. Community Ambulance Service
   952 Linden Ave.
   Zanesville, Ohio 43701
   Phone: 740-454-6800

2. Falls Twp. Vol. Fire Department
   3095 Dillon Falls Rd.
   Zanesville, Ohio 43701
   Phone: 740-453-1942

II. DEFINITIONS

A. Sudden Cardiac Arrest (SCA): A condition that occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart’s electrical rhythm called ventricular fibrillation (VF). This erratic and ineffective electrical heart rhythm causes complete cessation of the heart’s normal function of pumping blood resulting in sudden death. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillator or AED, delivered within a short time of the onset of the VF.

B. Automated External Defibrillator (AED): A device used to treat a patient with a cardiac arrest whose heart is beating erratically. The AED will analyze the heart’s rhythm and advise the operator if a shock able rhythm is detected. If a shock able rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

C. AED Site Coordinator: The person designated by the Board who conducts the day-to-day duties associated with the AED program and serves as the Medical Director’s point of contact for the AED program. The program nurse has been designated as the Board’s AED Site Coordinator.

D. Medical Director: A designated licensed physician providing medical oversight to the program, who is responsible for medical control, development, implementation, and establishing response procedures and quality assessment.
E. AED Response Team: A group of trained rescuers who provide basic life support (CPR and first aid) and apply the AED during medical emergencies.

F. AED Trained Responder: A person designated to respond to medical emergencies and who possesses proper training in CPR, first aid, and AED use within the confines of the AED program including defibrillation of the victim.

III. RESPONSIBILITIES

A. Medical Director: The oversight physician providing medical direction to this program is:

   Name: Dr. Vicki Ann Whitacre
   Address: Zanesville Muskingum County Health Department
            205 North Seventh Street
            Zanesville, Ohio 43701
   Phone: 740-454-9741 e-mail vickiannw@zmchd.org

B. Medical Direction will include the following:

   1. Providing medical direction for the use of AEDs.
   2. Writing standing orders for AED use.
   3. Reviewing and approving guidelines for emergency procedures related to the use of AED’s.
   4. Evaluating post event review forms and digital downloads from AED use.

C. AED Site Coordinator. The MCBMRDD site coordinator is:

   Name: Tobie Snow, R.N.
   Address: Starlight School
            1330 Newark Rd.
            Zanesville, Ohio 43701
   Phone: 740-455-4177
   E-mail tobiesnow@muskingumdd.org

D. Site Coordination will include the following:

   1. Coordinating equipment and necessary maintenance.
   2. Maintaining on file specification/technical information for each approved AED model assigned to or donated to the program.
   3. Revision of this plan as required.
   4. Monitoring the effectiveness of the system.
   5. Communications with the medical director on issues related to the medical emergency response program including post event reviews.
   6. Supervise routine maintenance checks of AEDs and related supplies according to each AED’s operating instruction manual.
   7. Organizing all initial and annual training programs.
8. Maintaining a posted list of AED trained responders near each AED and near each building’s base phone.

9. Conducting post incident debriefing sessions for any employees involved in AED use events.

E. AED Response Team and AED Trained Responders

AED Trained Responder responsibilities:

1. Activating internal emergency response system and providing prompt basic life support including AED and first aid according to training and experience.

2. Understanding and complying with the requirements of this protocol.

School / Workshop Office responsibilities:

1. Receiving emergency medical calls from internal locations.

2. Contacting the external community 9-1-1 response team if required.

3. Deploying AED Trained Responders to emergency locations.

4. Assigning someone to meet responding EMS/Police/Fire and direct personnel to the site of the medical emergency.

IV. AED UNITS – LOCATION / SPECIFICATIONS / SAFETY

A. Location

Cardiac Science POWERHEART AED G3
Automated External Defibrillator
Location: 1. Starlight School – Nurse’s Clinic
2. Annex (Adult Day Program) – Nurse’s Clinic
3. Newark Rd. Workshop – Nurse’s Clinic

Medtronic LIFEPAK CR PLUS
Defibrillator with ADAPTIV Biphasic Technology
Location: 1. Zane Street Administration Bldg.

B. Specifications

The manufacturer’s operation and service manuals for each AED model will be kept in the nurse’s clinic where the unit is housed.

C. Safety

Safety alert descriptions and symbol descriptions for each AED model will be listed and placed inside the AED case. Safety information pertinent to the use of the AEDs will be included in all initial and refresher training programs. Safety information is also available in each manufacturer’s operation and service manuals on site.

V. AED USE PROTOCOL

A. Purpose
To establish an action plan for responding to a medical emergency

B. Training Requirements

Appropriate staff is expected to provide emergency care and will be trained in CPR and AED use. The American Red Cross or American Heart Association standards will be taught by a certified instructor.

C. Designated Emergency Medical Responders

Appropriate registered, certified, and licensed staff designated by the Superintendent or his designee will be trained in CPR and AED use.

D. Emergency Medical Response Plan Activation

Internal notification – once notified that emergency medical care is warranted and an AED is needed, office staff or other available staff will notify the facility emergency responders by using the radio, intercom, or phone systems.

911 will then be called, giving the following information:

1. Type of emergency
2. Address of facility
3. Location of emergency
4. Phone number call is being made from
5. Any further information requested from “911” operator

E. Indications for AED Use

1. Victim is unresponsive
2. Victim is not breathing
3. Victim (pediatric) shows no signs of circulation
4. A program AED is to be used by staff trained in its operation. Untrained personnel may use an AED only in the case where a trained person is not available.
5. A program AED is not to be used on an enrollee who has a current DNR order on file with the Board.

F. Procedure for AED Use

1. Prepare:
   a. Get or send someone to get closest AED while care is initiated
   b. Place AED near victim
   c. Open lid release. POWERHEART model turns on automatically when lid is opened. LIFEPAK model – press ON button.
   d. Expose victim’s chest
      i. If wet or dirty, wipe clean and dry
      ii. If hairy, shave hair using supplies in kit attached to AED
e. Place pads – follow voice commands

f. Open adult pad package and remove pads
   
i. Pediatric pads to be used for victim under 8 years of age or weighing less than 55 lbs, if available.
   
   ii. If pediatric equipment is not available, rescuers may use AED pads configured for adult victims.
   
   iii. Therapy should not be delayed to determine exact age or weight.
   
   iv. Pediatric pads are stored in the AED case.

g. Peel pad from plastic liner

h. Place one pad on bare upper chest as show on package

i. Peel second pad and place on bare lower chest as shown on package

j. Follow directions on package for placement of pediatric pads

k. If the victim has an implanted pacemaker, defibrillator, or stimulator in the upper right or left chest, angle the pads slightly to avoid placing the pads over either device.

2. Analyze Rhythm and Shock Delivery – follow voice commands

3. Rescuer Gives CPR
   
a. When instructed to give CPR, give 30 compressions followed by 2 breaths

4. Repeat Analyze / Charge / Defibrillation / CPR – at the end of the CPR period, voice prompts will direct the rescuer to repeat the sequence.

   a. Until:
      
      i. No shock able rhythm is detected or
      ii. Until EMS personnel arrive on the scene.

   If the victim regains consciousness, leave the pads in place and make them as comfortable as possible until EMS personnel arrive.

b. After Emergency Medical Personnel Arrive
   
i. Give report
      
      1. What happened?
      2. What has been done?
      3. How long has the victim been unconscious?
4. Were shocks delivered?
5. Was CPR performed?

G. After AED is used - Rescuer will

1. Turn off AED
2. Complete AED Use Report Form (Appendix A)
3. Complete UI/MUI Report (Appendix B)

H. After AED is used - Nursing Service will

1. Clean the defibrillator and accessories according to manufacturer’s instructions
2. Retrieve rescue data and forward to AED Program Medical Director
3. Check / replace AED battery
4. Replace electrode packet
5. Dispose used equipment and supplies
6. Verify AED readiness. Return AED to service
7. Hold a post event debriefing for rescuers

VI. QUALITY ASSURANCE

A. The AED Program Coordinator and Medical Director will review response documentation and rescue data following AED use.

B. The Medical Director will provide advice / recommendations to improve policies and procedures defining the standards of care and utilization of the AED.

C. The AED Program Coordinator will at least annually review and update the policy and procedures for AED use.

VII. BASIC MAINTENANCE

A. Medtronic LIFEPAK CR Plus Defibrillator

1. Routine maintenance is not required. The defibrillator performs an automatic self-test once a week and every time it is turned on. If the automatic self-test detects a condition that requires attention, a symbol will appear in the readiness display area to alert the user of the condition detected and the attention or service needed.
2. On a weekly basis, the following should be done:
   a. Check that the OK symbol is visible in the readiness display.
b. Document findings on Appendix C (Lifepak Cr Plus Weekly Maintenance Checklist)

3. On a monthly basis, the following should be done:

a. Check the USE BY date on the electrode packets.

b. Check other emergency supplies stored with the AED.

c. Document findings on Appendix D (Lifepak CR Plus Monthly Maintenance Checklist)

B. Cardiac Science POWERHEART AED G3

Daily, monthly, and annual maintenance will be performed following manufacturer’s Operation and Service Manual and will be documented using POWERHEART AED G3 Daily (Appendix E), Monthly (Appendix F), and Annual (Appendix G) Maintenance Checklists.

Forms used with this policy:
AED Use Report / Evaluation Form  Appendix A
MUI/UI Form  Appendix B
Lifepak CR Plus Weekly Maintenance Checklist  Appendix C
Lifepak CR Plus Monthly Maintenance Checklist  Appendix D
Powerheart AED G3 Daily Maintenance Checklist  Appendix E
Powerheart AED G3 Monthly Maintenance Checklist  Appendix F
Powerheart AED G3 Annual Maintenance Checklist  Appendix G
AED Site Information Form for EMS  Appendix H
Physician’s Authorization for Health Care Services  Appendix I

Approved: July 12, 2007
Revised: June 19, 2012
Reviewed: January 10, 2013; January 9, 2014; January 8, 2015
Revised: 7/15/2015
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
Appendix I

A Program Automated External Defibrillator (AED) is to be used when indicated for any victim who shows signs of Sudden Cardiac Arrest.

AED use and management will follow procedures outlined in Policy Number: AED 1.00 and Procedure Number: AED 1.01 of the Muskingum County Board of Developmental Disabilities.

Date ______________

Physician’s Signature

Physician’s Name Printed

Physician’s Address

Physician’s Phone Number

ORIGINAL SIGNED PHYSICIAN’S AUTHORIZATION IS LOCATED IN THE AED OPERATIONAL SERVICE MANUAL IN THE PROGRAM NURSE’S OFFICE
I. SUBJECT

Addressing major unusual incidents (MUI) and unusual incidents (UI) to ensure health, welfare, and continuous quality improvement.

II. PURPOSE

A. This purpose of this policy is to promote a process for addressing MUI and UI and implementing a continuous quality improvement process in order to prevent or reduce the risk of harm to individuals.

III. APPLICATION

This policy shall apply to the Muskingum County Board of Developmental Disabilities (County Board), and all providers that contract with the County Board to provide specialized services as defined in Section 5126.281 of the Ohio Revised Code and that are subject to regulation by the Ohio Department of Developmental Disabilities (DODD) regardless of payment source.

IV. POLICY

A. The County Board will contract with Mid East Ohio Regional Council (MEORC) MUI Unit for services of Reporting Systems Coordinator and Investigative Agent to report and review MUI in accordance with 5126.221 of the Ohio Revised Code and other applicable federal and state statues, rules, and regulations including County Board procedures.

B. It shall be the responsibility of the County Board and all service providers that contract with the County Board to ensure the health and welfare of the individual. Assurance of health and welfare of the individual will be the priority and focus of any and all services provided from any source.

C. Guard against reoccurrence of MUI and UI through education of the County Board staff, providers and people served by implementing a continuous quality improvement process.

V. DEVELOPMENT OF PROCEDURES
The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes. Policies and procedures specific to MUI and UI shall be reviewed annually and revised as necessary to ensure systems of ensuring health and welfare of individuals are adequate for protecting individual’s rights.

Board Adopted: June 6, 2002
Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006
Revised with approval: January 1, 2007
Reviewed with approval: January 3, 2008
Revised: January 1, 2009
Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013
Revised: September 5, 2013;
Reviewed: January 9, 2014; January 8, 2015
New Policy Adopted 2/5/2015
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
I. PURPOSE

This procedure establishes the requirements for addressing the major unusual incidents (MUI) and unusual incidents (UI) and implements a continuous quality improvement process in order to prevent or reduce the risk of harm to individuals per 5123:2-17-02 of the Ohio Administrative Code.

II. DEFINITIONS

A. General

1. **Administrative Investigation** means the gathering and analysis of information related to a MUI so that appropriate action can be taken to address any harm or risk of harm and prevent future occurrences. There are three administrative investigation procedures (Category A, Category B, and Category C) that correspond to the three categories of MUI.

2. **Agency Provider** means a provider, certified or licensed by the Ohio Department Developmental Disabilities (DODD) or a provider approved by the Ohio Department of Medicaid (ODM) to provide services under the Transitions Developmental Disabilities Waiver (TDD), that employs staff to deliver services to individuals and who may subcontract the delivery of services. Agency provider includes the Muskingum County Board of Developmental Disabilities (County Board) while providing specialized services.

3. **At-Risk Individual** means 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.

4. **County Board** means the Muskingum County Board of Developmental Disabilities as established under Chapter 5126 of the Ohio Revised Code.

5. **DODD** means the Ohio Department of Developmental Disabilities as established by Section 121.02 of the Ohio Revised Code.

6. **Developmental Center** means an intermediate care facility under the managing responsibility of DODD.

7. **Developmental Disabilities Employee** means any of the following:

   a. An employee of DODD

   b. An employee of the County Board

   c. An employee of an agency provider in a position that includes providing specialized services to an individual; or
8. **Incident Reporting** means documentation that contains details about a MUI or an UI and shall include, but is not limited to:
   
   a. Individual’s name;
   
   b. Individual’s address;
   
   c. Date of incident;
   
   d. Location of incident;
   
   e. Description of incident;
   
   f. Type and location of injuries;
   
   g. Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;
   
   h. Name(s) of primary person(s) (PPI) involved and his or her relationship to the individual;
   
   i. Name(s) of witness(es);
   
   j. Notifications with name, title, and time and date of notice;
   
   k. Further medical follow-up; and
   
   l. Name of signature of person completing the incident report.

M. **Cause and Contributing Factors**

N. **Preventive Plan for UI**

O. **Service Coordination Follow-up to UI/MUI**

9. **Incident Tracking System** (ITS) means the DODD’s web based system for reporting MUI.

10. **Independent Provider** means a self-employed person who provides services for which he or she must be certified under 5123:2-2-01 of the Ohio Administrative Code or self-employed person approved by the ODM to provide services under the TDD Waiver and does not employ, either directly or through contract, anyone else to provide specialized services.

11. **Individual** means a person with a developmental disability.

12. **Individual Served** means an individual who receives specialized services.

13. **Intermediate Care Facility (ICF)** mean an intermediate care facility for individuals with intellectual disabilities as defined in 5123:2-7-01 of the Ohio Administrative Code.

14. **Investigative Agent** means an employee of the County Board or a person under contract with the County Board who is certified by the DODD to conduct administrative investigations of MUI.
15. **Mid East Ohio Regional Council (MEORC)** a regional council of governments as established under Chapter 167 of the Ohio Revised Code.

16. **Major Unusual Incident (MUI)** means the alleged, suspected, or actual occurrence of an incident when there is reason to believe the health and/or welfare of an individual may be adversely affected or an individual may be placed at a likely risk of harm, if such individual is receiving services through the DD service delivery system or will be receiving such services as a result of the incident. There are three categories of MUI that correspond to three administrative investigation procedures delineated in Appendix A, Appendix B and Appendix C to this rule:

   a. **Category A**

      i. **Accidental or suspicious death.** Accidental or suspicious death means the death of an individual resulting from an accident or suspicious circumstances.

      ii. **Exploitation.** Exploitation means the unlawful or improper act of using an individual or an individual’s resources for monetary and/or personal benefit, profit, or gain.

      iii. **Failure to Report** means that a person, who is required to report pursuant to Section 5123.61 of the Ohio 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, misappropriation or exploitation that results in a risk to health and welfare or neglect of that individual, and such a person does not immediately report such information to a law enforcement agency, the County Board, or in the case of an individual living in a developmental center, either to law enforcement or the DODD, Pursuant to (C) (1) of Section 5123.61 of the Ohio Revised Code, such report shall be made to the DODD and the County Board when the incident involves an act or omission of an employee of the County Board.

      iv. **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 Ohio Revised Code.

      v. **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 welfare of the individual.

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

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

         bb. Theft which means the intentionally depriving another individual of real or personal property valued at twenty dollars or more or property of significant personal value to the individual.

         cc. Physical act that occurs when an individual is targeting, or firmly fixed on another individual such that the act is not accidental or random and the act results in an injury that is treated by a physician, physician assistant, or nurse practitioner. Allegations of one individual choking another or any head or neck injuries such as
a bloody nose, a bloody lip, a black eye, or injury to the eye, shall be considered MUI. Minor injuries such as scratches or reddened areas not involving the head or neck shall be considered an UI and shall require immediate action, a review to uncover possible immediate action, a review to uncover possible cause/contributing factors, and prevention measures.

dd. Sexual acts which means sexual conduct and/or contact for the purposes of sexual gratification without the consent of the other individual.

e. Verbal Act which means the use of words, gestures, or other communicative means to purposefully threaten, coerce, or intimidate the other individual when there is a opportunity and ability to carry out the threat.

vii 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 Ohio Revised Code. Such force may include, but is not limited to, hitting, slapping, pushing, or throwing objects at an individual.

viii. Prohibited sexual relations means a developmental disabilities 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 developmental disabilities employee was employed or under contract to provide care or supervise the provision of care at the time of the incident.

ix. Rights Code Violation means any violation of the rights enumerated in Section 5123.62 of the Ohio Revised Code that creates a likely risk of harm to the health and/or welfare of an individual.

x. Sexual Abuse means unlawful sexual conduct or sexual contact as those terms are defined in Section 2907.01 of the Ohio Revised Code and the commission of any act prohibited by Chapter 2907. of the Ohio Revised Code (e.g., public indecency, importuning, and voyeurism).

xi. Verbal Abuse means the use of words, gestures, and/or other communicative means to purposefully threaten, coerce, intimidate, harass, or humiliate and individual.

b. Category B

i. Attempted Suicide means a physical attempt by an individual that result in emergency room treatment, in-patient observation, or hospital admission.

ii. Death other than accidental or suspicious death means the death of an individual by natural cause without suspicious circumstances.

iii. Medical Emergency means an incident where emergency medical intervention is required to save an individual’s life (e.g., choking, relief techniques such as back blows or cardiopulmonary resuscitation, epinephrine auto injector usage, or intravenous for dehydration).

iv. Missing Individual means an incident that is not considered neglect and an individual’s whereabouts, after immediate measures taken, are unknown and the
individual is believed to be at or pose an imminent risk of harm to self or others. An incident when an individual’s whereabouts are unknown for longer than the period of time specified in the ISP that does not result in imminent risk of harm to self or others shall be investigated as an UI.

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

c. **Category C**

   i. **Law Enforcement** means any incident that results in the individual served being arrested, charged, or incarcerated.

   ii. **Unapproved Behavior Support** means the use of an aversive strategy or intervention prohibited by paragraph (J) of rule 5123:2-1-02 of the Ohio Administrative Code or an aversive strategy implemented without approval by the Human Rights Committee and Behavior Support Committee or without informed consent, that results in a likely risk to the individual’s health and welfare. An aversive strategy or intervention prohibited by paragraph (J) of rule 5123:2-1-02 of the Ohio Administrative Code that does not pose a likely risk to health and welfare shall be investigated as an unusual incident.

   iii. **Unscheduled Hospitalization** means any hospital admission that is not scheduled unless the hospital admission is due to a pre-existing condition that is specified in the ISP indication the specific symptoms and criteria that require hospitalization.

16. **Primary Person Involved (PPI)** means the person alleged to have committed or to have been responsible, for the accidental or suspicious death, exploitation, failure to report, misappropriation, neglect, physical abuse, prohibited sexual relations, rights code violation, sexual abuse, or verbal abuse.

17. **Provider** means an agency provider or independent provider that provides specialized services.

18. **Qualified Intellectual Disability Professional** has the same meaning as in 42 C.F.R. 483.430 (October 1, 2012).

19. **Specialized Services** means 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 DODD.

20. **Unusual Incident** (UI) means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual’s care or ISP, but is not a MUI. UI includes, but is not limited, 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, or a mechanical failure; an incident involving two individuals served that is not a peer-to-peer act MUI, and rights code violations or unapproved behavior supports, without a likely risk to health and welfare.
21. **Working Day** means Monday, Tuesday, Wednesday, Thursday, or Friday except when that day is a holiday as defined in Section 1.14 of the Ohio Revised Code.

### III. REPORTING REQUIREMENTS

A. To conduct MUI investigations, the County Board is under contract with MEORC who uses investigative agents as required by 5123:2-17-02 of the Ohio Administrative Code.

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

C. Reports regarding the following MUI shall be filed and the requirements of this procedure followed regardless of where the incident occurred:

1. Accidental or suspicious death;
2. Attempted suicide;
3. Death other than accidental or suspicious death;
4. Exploitation
5. Failure to report;
6. Law Enforcement
7. Misappropriation
8. Missing Individual;
9. Neglect;
10. Peer-to-peer act;
11. Physical abuse;
12. Prohibited sexual relations;
13. Sexual abuse; and

D. Reports regarding the following MUI shall be filed and the requirements of this rule followed only when the incident occurs in a program operated by the County Board or when the individual is being served by a licensed or certified provider;

1. Medical emergency
2. Rights code violation;
3. Significant injury;

4. Unapproved behavior support; and

5. Unscheduled hospitalization.

E. Immediately upon identification or notification of an MUI, the provider shall take all reasonable measures to ensure the health and welfare of any at-risk individuals. The provider and the County Board shall discuss any disagreements regarding reasonable measures in order to resolve them. If the provider and the County Board are unable to agree on reasonable measures to ensure the health and welfare of at-risk individuals, the DODD shall make the determination. Such measures shall include:

1. Immediate and ongoing medical attention, as appropriate;

2. Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the provider has reasonably determined that such removal is no longer necessary; and

3. Other necessary measures to protect the health and welfare of at-risk individuals.

D. Immediately upon receipt of a report or notification of all allegations, the County Board shall:

1. Service Coordinators will utilize listening and learning to be sure measures necessary to protect the health and welfare of any at-risk individual has been taken and that the prevention plan is working;

2. Determine if additional measures are needed; and

3. Notify DODD if the circumstances in section VIII (A) of these procedures that require a DODD directed administrative investigation are present. Such notification shall take place on the first working day the County Board becomes aware of the incident.

E. The provider shall immediately, but no later than four hours after discover of the incident(s) listed below notify the County Board UI Coordinator (contact information is in III (J) of this procedure):

1. Accidental or Suspicious death;

2. Exploitation;

3. Misappropriation;

4. Neglect

5. Peer-to-peer act;

6. Physical Abuser;

7. Sexual Abuse;

8. Verbal Abuse; and
9. When the provider has received an inquiry from the media regarding a MUI.

F. For all MUI, all providers shall submit a written incident report to the County Board UI Coordinator to their designee no later than 3:00 p.m. the next working day following initial knowledge of a potential or determined MUI. The report shall be submitted in a format prescribed by DODD.

G. The MEORC, Reporting Systems Coordinator (RSC) shall enter preliminary information regarding the incident in the ITS and in the manner prescribed by the DODD by 3:00 p.m. on the working day following notification by the provider or becoming aware of the MUI.

H. When a provider has placed an employee on leave or otherwise taken protective action pending the outcome of the administrative investigation, the County Board UI Coordinator or DODD, as applicable, shall keep the provider apprised of the status of the investigation so that the provider can resume normal operations as soon as possible consistent with the health and welfare of any at-risk individuals. The provider shall notify the County Board or DODD, as applicable, of any changes regarding the protective action.

I. If the provider is a developmental center, all reports required by this procedure shall be made directly to the DODD.

J. The County Board shall have a system that is available twenty-four hours a day, 7 days a week, to receive and respond to all reports required by this procedure. SSA are available twenty-four hours, 7 days a week by calling (740) 453-4829 during working hours (Monday – Friday 8:30am – 4:00pm) or after hours, weekends, or days the County Board is closed by calling the Muskingum County Starlight Programs emergency number 1-800-881-8790. The County Board shall communicate this system in writing to all providers in the Muskingum County and to DODD.

IV. REPORTING OF ALLEGED CRIMINAL ACTS

A. Nothing in this procedure relieves mandatory reporters of the responsibility to immediately report to the ICF Administrator or their designee, allegations of mistreatment, neglect or abuse and injuries of unknown source when the source of the injury was not witnessed by a person and the source of the injury could not be explained by the individuals and the injury raises suspicions of possible abuse or neglect because of the extent of the injury or the location of the injury or the number of injuries observed at the one particular point in time or the incidences of injuries over time pursuant to 42 C.F.R. 483.420 (October 1, 2012).

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

C. DODD shall immediately report to the Ohio State Highway Patrol, any allegation of exploitation, failure to report, misappropriation, neglect, peer-to-peer act, physical abuse, sexual abuse, or verbal abuse occurring at a developmental center which may constitute a criminal act. DODD shall document the time, date, and name of person notified of the alleged criminal act.

V. ABUSED OR NEGLECTED CHILDREN
A. All allegations of abuse or neglect as defined in Section 2151.03 and Section 2151.031 of the Ohio Revised Code of an individual under the age of twenty-one years shall be immediately reported to the CSB. The notification may be made by the provider or the County Board. The RSC shall ensure that the notification has been made.

VI. NOTIFICATION REQUIREMENTS FOR MAJOR UNUSUAL INCIDENTS

A. The provider shall make the following notifications, as applicable when the MUI or discovery of the MUI occurs when such provider has responsibility for the individual. The notification shall be made on the same day the MUI or discovery of the MUI occurs and include immediate actions taken.

1. Guardian and/or other whom, the individual has identified.

2. Service Coordinator serving the individual.

3. Licensed or certified residential provider.

4. Staff or family living at the individual’s residence that have responsibility for the individual’s care.

5. Support broker for an individual enrolled in the self-empowered life funding waiver.

6. The provider will contact law enforcement or CSB as applicable.

B. All notifications or efforts to notify shall be documented. The County Board and (MEORC) RSC shall ensure that all required notifications have been made.

C. Notification shall not be made if the person to be notified is the PPI, the spouse of the PPI's, or significant other of the PPI's.

D. Notification shall be made to the individuals, individual’s 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.

E. Notification to a person is not required when the report comes from such person or in the case of a death with the family is already aware of the death.

F. In any case where law enforcement has been notified of an alleged crime, DODD may provide notification of the MUI to any other provider, developmental center, or the County Board for whom the PPI works, for the purpose of ensuring the health and welfare of any at-risk individual. The notified provider or the County Board shall take such steps necessary to address the health and welfare needs of any at-risk individual and may consult DODD in this regard. DODD shall inform any notified entity as to whether the incident is substantiated. Providers or the County Boards employing a PPI involved shall notify the DODD when they are aware that the PPI works for another provider.

VII. GENERAL ADMINISTRATIVE INVESTIGATION REQUIREMENTS

A. The County Board contracts with MEORC to provide investigative agent services. The investigative agent shall be certified by DODD in accordance with 5123:2-5-07 of the Ohio Administrative Code.
B. All MUI require an administrative investigation meeting the applicable administrative procedure in Appendix A, Appendix B, or Appendix C to this procedure unless it is not possible or relevant to the administrative investigation to meet a requirement under 5123:2-17-02 of the Ohio Administrative Code, in which case the reason shall be documented. Administrative investigations shall be conducted and reviewed by investigative agents.

1. DODD or County Board/MEORC may elect to follow the administrative investigation procedure for Category A MUI for any MUI.

2. Based on the facts discovered during the administrative investigation of MUI, the category may change. If MUI changes category, the reason for the change shall be documented and the new applicable category administrative investigation procedure shall be followed to investigate the MUI.

3. MUI that involves an active criminal investigation may be closed as soon as the MEORC ensures that the MUI is properly coded, the history of the PPI involved has been reviewed, cause and contributing factors are determined, a finding is made, and prevention measures implemented. Information needed for closure of the MUI may be obtained from the criminal investigation.

C. The County Board staff may assist the investigative agent by gathering documents, the Investigative Agent will enter information into the incident tracking system, fulfilling Category C administrative investigation requirements, or performing other administrative or clerical duties.

D. Except when law enforcement or the CSB agency has been notified and is considering conducting an investigation, MEORC shall commence an administrative investigation. If law enforcement or the CSB agency notifies MEORC that it has decline to investigate, MEORC shall commence the administrative investigation within a reasonable amount of time based on the initial information received or obtained and consistent with the health and welfare of all at-risk individual, but no later than twenty-four hours for a MUI in Category A or no later than three working days for a MUI in Category B or Category C.

E. An ICF shall conduct an investigation that complies with applicable federal regulations including 42 C.F.R. 483.420 (October 1, 2012), for any UI or MUI involving a resident of the ICF, regardless of where the UI or MUI occurs. The ICF shall provide a copy of its full report of an administrative investigation of a MUI to MEORC/County Board of residence. The Investigative agent may utilize information from the ICF administrative investigation of a MUI to meet the requirements of this rule or conduct a separate administrative investigation. MEORC/ Investigative Agent in the county of residence shall provide a copy of its full report of the administrative investigation to the ICF. DODD shall resolve any conflicts that arise.

F. When an agency provider may conduct an internal review of an incident for which a MUI has been filed, the agency provider shall submit the results of its internal review of the incident, including statements and documents, to MEORC within fourteen calendar days of the agency provider becoming aware of the incident.

G. When an agency provider, excluding an ICF, conducts an internal review of an incident for which an MUI has been filed, the agency shall submit the results of its internal review of the incident, including statements and documents, to MEORC within fourteen calendar days of the agency becoming aware of the incident.
H. All DD employees shall cooperate with administrative investigations conducted by entities authorized to conduct investigations. Providers and County Board shall respond to requests for information within the time frame requested. The timeframes identified shall be reasonable.

I. The MEORC investigative agent shall complete a report of the administrative investigation and submit it for closure in the ITS within thirty working days unless MEORC requests and DODD grants an extension for good cause. If an extension is granted, DODD may require submission of interim reports and may identify alternative actions to assist with the timely conclusion of the report.

J. The report shall follow the format prescribed by DODD. The investigative agent shall include the initial allegation, a list of persons interviewed and documents reviewed a summary of each interview and document reviewed, and a finding and conclusions section which shall include the cause and contributing factors to the incident and the facts that support the findings and conclusions.

VIII. DODD DIRECTED INVESTIGATIONS OF MUI

A. DODD shall conduct the administrative investigation when the MUI includes an allegation against:

1. The Superintendent of the County Board.

2. The Executive Director of MEORC or equivalent or any other regional council of governments.

3. A management employee who reports directly to the superintendent of the County Board, Executive Director of MEORC or equivalent of a regional council of governments.

4. An investigative agent.

5. A SSA.

6. The UI Coordinator or designee employed by the County Board.

7. A current member of the County Board.

8. A person having any known relationship with any of the persons specified in section VIII. (1) and (7) of this procedure when such relationship may present a conflict of interest or the appearance of a conflict of interest.

9. An employee of the County Board when it is alleged that the employee is responsible for an individual's death, has committed sexual abuse, engaged in prohibited sexual activity, or committed physical abuse or neglect resulting in emergency room treatment or hospitalization.

B. A DODD directed administrative investigation or administrative review may be conducted following the receipt of a request from the County Board, provider, individual, or guardian if the DODD determines that there is a reasonable basis for the request.

C. DODD may conduct a review or administrative investigation of any MUI or may request that a review or administrative investigation be conducted by another County Board, MEORC, or any other governmental entity authorized to conduct an investigation.

IX. WRITTEN SUMMARIES OF MUI
A. No later than 5 working days following MEORC or DODD’s recommendation via the ITS that the report be closed MEORC or DODD shall provide a written summary of the administrative investigation of each Category A or Category B MUI including the allegations, the facts and findings, including as applicable whether the case was substantiated or unsubstantiated, and preventive measures implemented in response to the MUI to the following unless the information in the written summary has already been communicated:

1. The individual or individual's guardian or other person whom the individual has identified, as applicable; in the case of a peer-to-peer act, both individuals, individual’s guardians, or other persons whom the individuals have identified, as applicable, shall receive the written summary; selected by the individual, as applicable;

2. The licensed or certified provider and provider at the time of the MUI; and

3. The individual’s Service Coordinator and support broker, as applicable, serving the individual or other person selected by the individual to coordinate services for the individual.

B. In the case of an individual's death, the written summary shall be provided to the individual's family, only upon request by the individual's family.

C. The written summary shall not be provided to the PPI involved, the spouse of PPI involved, or the significant other of the PPI. No later than five working days following the closure of a case, MEORC/County Board shall make a reasonable attempt to notify the PPI as to whether the MUI has been substantiated, unsubstantiated/insufficient evidence, or unsubstantiated/unfounded.

D. If a Service Coordinator is not assigned, a County Board designee shall be responsible for ensuring the preventive measures are implemented based upon the written summary.

E. An individual, individual's guardian, other person whom the individual has identified, or provider may dispute the findings by submitting a letter of dispute and supporting documentation to the County Board Superintendent, or to the Director of DODD if DODD conducted the administrative investigation, within fifteen calendar days following receipt of the findings. An individual may receive assistance from any person selected by the individual to prepare a letter and provide supporting documentation.

F. The Superintendent or designee or the DODD Director or designee, as applicable, shall consider the letter of dispute, the supporting documentation, and any other relevant information and issue a determination within thirty calendar days of such submission and take action consistent with such determination, including confirming or modifying the findings or directing that more information be gathered and the findings be reconsidered.

G. In cases where the letter of dispute has been filed with the County Board, the disputant may dispute the final findings made by the County Board by filing those findings and any documentation contesting such findings as are disputed with the Director of DODD within fifteen calendar days of the County Board determination. The Director will issue a decision within thirty calendar days.

X. REVIEW, PREVENTION, AND CLOSURE OF MUI

A. The individual's team, including the County Board and provider, shall collaborate on the development of preventive measures to address the causes and contributing factors to the MUI. The ISP Team shall jointly determine what constitutes reasonable steps necessary to prevent the recurrence of MUI. If there is no Service Coordinator, individual team, qualified intellectual
disability professional, or agency provider involved with the individual, a County Board designee shall ensure that preventive measures as are reasonably possible are fully implemented.

B. DODD may review reports submitted by MEORC. DODD may obtain additional information necessary to consider the report, including copies of all administrative investigation reports that have been prepared. Such additional information shall be provided within the time period specified by DODD.

C. DODD shall review and close reports regarding the following MUI:

1. Accidental or suspicious death;
2. Exploitation;
3. Failure to Report;
4. Misappropriation;
5. Missing Individual;
6. Neglect;
7. Peer-to-Peer act;
8. Physical Abuse;
9. Prohibited sexual relations;
10. Rights code violation;
11. Sexual abuse;
12. Significant injury when cause is unknown;
13. Unapproved Behavior Support;
14. Verbal Abuse;
15. Any MUI that is subject of a DODD Director’s alert;
16. Any MUI investigated by DODD

D. MEORC/County Board shall review and close reports regarding the following MUI:

1. Attempted suicide;
2. Death other than accidental or suspicious death;
3. Law enforcement;
4. Medical emergency;
5. Significant injury when cause is known; and
6. Unscheduled hospitalization.

E. DODD may review any case to ensure it has been properly closed and shall conduct sample reviews to ensure proper closure by MEORC/County Board. DODD may reopen any administrative investigation that does not meet the requirements of this rule. MEORC/County Board shall provide any information deemed necessary by DODD to close the case.
F. DODD and MEORC/County Board shall consider the following criteria when determining whether to close a case:

1. Whether sufficient reasonable measures have been taken to ensure the health and welfare of any at-risk individual;

2. Whether a thorough administrative investigation has been conducted consistent with the standards set forth in 5123: 2-07-02 of the Ohio Administrative Code;

3. Whether the team, including the County Board and provider, collaborated on developing preventive measures to address the causes and contributing factors;

4. Whether the County Board has ensured that the preventive measures have been implemented to prevent recurrence;

5. Whether the incident is part of a pattern or trend as flagged through ITS requiring some additional action; and

6. Whether all requirements set forth in statute or 5123: 2-07-02 of the Ohio Administrative Code have been satisfied.

XI. ANALYSIS OF MUI TRENDS AND PATTERNS

A. Providers shall produce a semi-annual and annual report regarding MUI trends and patterns which shall be sent to the County Board. The County Board and RSC shall semi-annually review providers’ reports. The semi-annual review shall be cumulative for January first through June thirtieth of each year and include an in-depth analysis. The annual review shall be cumulative for January first through December thirty-first of each year and include an in-depth analysis.

B. All reviews and analyses shall be completed within thirty calendar days following the end of the review period. The semi-annual and annual reports shall contain the following elements:

1. Date of review;

2. Name of person completing review;

3. Time period of review;

4. Comparison of data for previous three years;

5. Data for review by MUI category type;

6. Specific individuals involved in established trends and patterns (i.e. five MUI of any kind within 6 months, 10 MUI of any kind within a year, or other pattern identified by the individual’s team);

7. Specific trends by residence, region, or program;

8. Previously identified trends and patterns; and

9. Action plans and preventive measures to address noted trends and patterns.
C. The County Board and RSC shall conduct the analysis and implement follow-up actions for all programs operated by the County Board such as workshops, schools, and transportation. The County Board and/or RSC shall send its analysis and follow-up actions to DODD by August thirty-first of each year for the semi-annual review and by February twenty-eighth of each year for the annual review. The County Board and RSC shall review the analysis to ensure that all issues have been reasonably addressed to prevent recurrence. The County Board shall keep the analyses and follow-up actions on file and make them available to DODD upon request.

D. Providers shall conduct the analysis, implement follow-up actions, and send the analysis and follow-up actions to the County Board for all programs operated in Muskingum County by August thirty-first of each year for the semi-annual review and by February twenty-eighth of each year for the annual review. The county Board and RSC shall review the analysis to ensure that all issues have been reasonably addressed to prevent recurrence. The County Board shall keep the analyses and follow-up action on file and make them available to DODD upon request.

E. The County Board shall ensure that trends/patterns of MUI are included and addressed in the individual’s ISP. The Service Coordinator/Team Leader will complete the following:

1. The individual’s ISP Team members shall jointly determine what constitutes reasonable steps necessary to ensure that the MUI trend/patterns identified by DODD or the RSC do not recur.

2. A summary of the MUI trend/pattern, steps determined by the ISP Team to prevent the UI trend/pattern from recurring and the effective date will be written in the ISP.

3. The Individual’s ISP Team will consider any UI/MUI trends or patterns to determine if risk remains in the person’s life and if those risks are supported and/or if education around the risks need to occur.

4. The SSA/Team Leader is responsible for monitoring that the plan has been implemented and is preventing the MUI trend/pattern from recurring.

5. The UI Coordinator will be responsible for following up with the SSA/Team Leader to ensure the plan has been implemented and has prevented the MUI trend/pattern from recurring.

F. The County Board and MEORC shall have a Stakeholder Committee that reviews trends/patterns of MUI. The committee shall be made up of a reasonable representation of County Board, provider agencies, individuals who receive services and their families, and other stakeholders deemed appropriate by the committee.

1. The role of the Stakeholder Committee shall be to review and share the County Board/MEORC aggregate data prepared by the County Board/MEORC to identify overall/aggregate trends, patterns, or areas for improving the quality of life for individuals supported in Muskingum County;

2. The Stakeholder Committee shall meet to review and analyze the aggregate data for the first six months of the calendar year between July 1st and September 30th of each year;

3. The Stakeholder Committee shall meet to review and analyze the aggregate data for the preceding calendar year between January 1st and March 31st of each year;

4. The County Board/MEORC shall send the aggregate data prepared for the meeting to all participants ten calendar days in advance of the meeting.
5. The County Board/MEORC shall record and maintain minutes of each meeting, distribute the minutes to members of the committee, and make the minutes available to any person upon request.

6. The County Board shall ensure follow-up actions identified by the committee have been implemented.

G. DODD shall prepare a report on trends/patterns identified through the process of reviewing MUI. DODD shall periodically, but at least semi-annually, review this report with a committee appointed by the Director of DODD which shall consist of at least six members who represent various stakeholder groups, including Disability Rights of Ohio and the Ohio Department of Medicaid. The committee shall make recommendations to the DODD regarding whether appropriate actions to ensure the health and welfare of individuals served have been taken. The committee may request that DODD obtain additional information as may be necessary to make recommendations.

XII. REQUIREMENTS FOR UI

A. UI incidents shall be reported and investigated by the provider

B. Each agency provider and County Board as provider shall develop and implement a written UI policy and procedure that;

1. Identifies what is to be reported as an UI which shall include UI as defined in Ohio Administrative Code 5123:2-17-02;

2. Requires an employee who becomes aware of an UI to report it to the person designated by the agency provider or the County Board as provider who can initiate proper action;

3. Requires the report to be made no later than twenty-four (24) hours after the occurrence of the UI; and

4. Requires the agency provider or the County Board as provider to investigate UI, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at–risks individuals.

C. The County Board shall ensure all staff is trained and knowledgeable regarding the UI policy and procedure.

D. If the UI occurs at a site operated by the County Board or at a site operated by an entity with which the County Board contracts, the County Board or contract entity shall notify the licensed provider or staff, guardian or other person whom the individual has identified, as applicable, at the individual’s residence. The notification shall be made on the same day the UI is discovered.

E. Independent providers shall complete an UI, notify the individual’s guardian or other person whom the individual has identified, as applicable and forward the UI to the UI Coordinator or County Board designee on the same day the UI is discovered.

F. Each agency provider, County Board as provider and independent provider shall review all UI as necessary, but no less than monthly, to ensure appropriate preventive measures have been implemented and trends/patterns identified and addressed as appropriate.

G. The UI reports, documentation of identified trends / patterns, and corrective action shall be made available to the County Board and DODD upon request.
H. The County Board as provider, each agency provider and independent provider shall maintain a log of all UIs. The log shall include, but not be limited to, the name of the individual, a brief description of the incident, any injuries, time, date, location, and preventive measures.

I. The agency provider and the County Board as a provider shall ensure that trends/patterns of UIs are included and the cause and contributing factors are addressed in each ISP of each individual affected.

XIII. OVERSIGHT

A. The County Board shall review, on at least a quarterly basis, a representative sample of provider logs, including logs where the County Board is a provider to ensure that MUI have been reported, preventive measures have been implemented and that trends/patterns have been identified and addressed in accordance with the Ohio Administrative Code 5123:2-17-02. The sample shall be made available to DODD for review upon request.

B. When the County Board is a provider, DODD shall review, on a monthly basis, a representative sample of County Board logs to ensure that MUI have been reported, preventive measures have been implemented, and that trends/patterns have been identified and addressed in accordance with this rule. The County Board shall submit the specified logs to DODD upon request.

C. DODD shall conduct reviews the County Board and providers as necessary to ensure the health and welfare of individuals and compliance with the Ohio Administrative Code 5123:2-17-2. Failure to comply may be considered by DODD in any regulatory capacity, including certification, licensure, and accreditation.

XV. ACCESS TO RECORDS

A. Reports made under Section 5123.61 of the Ohio Revised Code and 5123:2-17-02 of the Ohio Administrative Code is not public records as defined in Section 149.43 of the Ohio Revised Code. Records may be provided to parties authorized to receive them in accordance with Sections 5123.613 and 5126.044 of the Ohio Revised Code, to any governmental entity authorized to investigate the circumstances of the alleged abuse, neglect, misappropriation, or exploitation and to any party to the extent that release of a record is necessary for the health or welfare of an individual.

B. The County Board or DODD shall not review, copy, or include in any report required by this procedure, personnel records of a provider’s personnel records that are confidential under state or federal statutes or rules, including medical and insurance records, workers' compensation records, employment eligibility verification (I-9) forms, and social security numbers. The provider shall redact any confidential information contained in a record before copies are provided to the County Board or DODD. A provider shall make all other records available upon request by the County Board or DODD.

C. Any party entitled to receive a report required by this procedure may waive receipt of the report. Any waiver of receipt of a report shall be made in writing.

XVI. TRAINING

A. The County Board and all agency providers shall ensure staff employed in direct service positions is trained on the requirements of this procedure prior to direct contact with any individual.
Thereafter, staff employed in direct services positions shall receive annual training on the requirements of this rule including a review of health and welfare alerts issued by DODD since the previous year’s training.

B. The County Board and agency providers shall ensure staff employed in positions other than direct services positions are trained on the requirements of this procedure no later than ninety (90) days from date of hire. Thereafter, staff employed in positions other than direct services positions shall receive annual training on the requirements of this rule including a review of health and welfare alerts issued by DODD since the previous year’s training.

C. Independent providers shall be trained on the requirements of this procedure prior to application for initial certification in accordance with 5123:2-2-01 of the Ohio Administrative Code and shall receive annual training on the requirements of this rule including a review of health and welfare alerts issued by DODD since the previous year’s training.

Appendix A – Category A MUI
Appendix B – Category B MUI
Appendix C – Category C MUI

**Forms used with this procedure:**
MUI/UI Reporting Form
Prevention Plan Form
Abuser Registry Annual Notice

Approved: September 12, 2002
Revised: June 23, 2005; September 14, 2006; January 1, 2007, August 16, 2007
Revised: September 5, 2013
Reviewed: January 9, 2014, January 8, 2015
New procedure Approved: 4/30/2015
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
Findings in administrative investigations of major unusual incidents in category A shall be based upon a preponderance of evident standard. “Preponderance of evidence” means that credible evidence indicates that it is more probably than not that the incident occurred. There are three possible findings of a category A administrative investigation:

- “Substantiated” means there is a preponderance of evidence that the alleged incident occurred.
- “Unsubstantiated/insufficient evidence” means there is insufficient evidence to substantiate the allegation. “Insufficient evidence” means there is not a preponderance of evidence to support the allegation or there is conflicting evidence that is inconclusive.
- “Unsubstantiated/unfounded” means the allegation is unfounded. “Unfounded” means the evidence supports a finding that the alleged incident did not or could not have occurred.

I. STEPS FOR INVESTIGATING MAJOR UNUSUAL INCIDENTS IN CATEGORY A

A. Commence the administrative investigation immediately, or no later than twenty-four hours after discovery of the incident. “Commencing the administrative investigation” means any of the following:

1. Interviewing the reporter of the incident.
2. Gathering relevant documents such as nursing notes, progress notes, or incident report.
3. Notifying law enforcement or the public children’s services agency and documenting the time, date, and name of the person notified. If law enforcement or the public children’s services agency decides not to conduct an investigation, the investigative agent shall commence the administrative investigation.
4. Initiating interviews with witnesses or victims.

B. Interview the victim no later than three working days following notification of the major unusual incident and document the results. Exceptions to this requirement are when the individual is unable to provide any information or the investigative agent determines that the circumstances warrant interviewing the individual later in the administrative investigation.

C. Visit the scene of the incident.

D. Secure physical evidence. Take photographs of injuries, as applicable. Secure and sketch and/or photograph the scene of the incident. Provide a detailed description of any injury that may have resulted from the incident, including the shape, color and size. Take a photograph of any injury that may have resulted from the incident; record the name of the person who took the photograph and the date and time the photograph was taken. Provide a written description of the physical evidence along with the date, time and location of the gathering of evidence. Photograph and/or describe materials or objects that played a part in the incident. Provide a written description, sketch, or photograph of the area where the incident occurred. Note environmental factors that may have caused or contributed to any injury.

E. Follow-up with law enforcement. Include a copy of the police report, as applicable.

F. Review all relevant documents relating to the primary person involved that form the basis for the reported incident and the relevant documents relating to the individual who is the alleged victim.
G. Interview persons who have relevant information about the incident and document the interviews. Interviews may be documented and statements taken via audiotape or other means as appropriate. Gather written statements from all relevant witnesses.

H. Interview medical professionals as to the possible cause/age of the injuries and document the interviews. Include a statement from a qualified medical professional as to whether or not the injury is consistent with the description of the incident, including the apparent age of the injury and probably force necessary to cause the injury. Include a description of treatment received or ordered. Qualified medical professionals include, but are not limited to, physicians, nurses, emergency medical technicians, and therapists.

I. Conduct follow-up interviews as needed.

J. Evaluate all witnesses and documentary evidence in a clear, complete, and non-ambiguous manner.

K. Evaluate the relative credibility of the witnesses. Factors to be considered in judging the credibility of a witness include:

1. Whether the witness’s statements are logical, internally consistent, and consistent with other credible statements and known facts (e.g. does the witness appear to leave out or not know about information that he or she should know about?);

2. Whether the witness was in a position to hear or see what is claimed;

3. Whether the witness has a history of being reliable and honest when reporting incidents or making statements regarding incidents;

4. Whether the witness has a special interest or motive for making a false statement (i.e., is there a possible bias of the witness?);

5. The relevant disciplinary history of the primary person involved, such as involvement in similar past allegations;

6. The witness’s demeanor during the interview (e.g., did the witness appear evasive or not forthcoming?); and

7. Whether the witness did other things that might affect his or her credibility.

L. Complete a written report that:

1. Includes a clear statement of the allegation;

2. Includes a succinct and well-reasoned analysis of the evidence;

3. Includes a clearly stated conclusion that identifies which allegations were and were not substantiated.

4. Identifies the causes and contributing factors to the incident; and

5. Addresses preventive measures that have been implemented.

II. INCIDENT SPECIFIC REQUIREMENTS – ACCIDENTAL OR SUSPICIOUS DEATH

A. Provide a statement explaining why the death is considered accidental or suspicious.

B. Document relevant medical interventions, treatment, or care received by the individual.

C. Include a copy of the police and/or coroner’s investigation report.
D. Complete the required questions following deaths as specified by the department.

III. INCIDENT SPECIFIC REQUIREMENTS – EXPLOITATION OR MISAPPROPRIATION

A. Document that there was an unlawful or improper act of using an individual or an individual’s resources for monetary or personal benefit or gain of the primary person involved.
B. Document the depriving, defrauding, or otherwise obtaining the real or personal property of an individual by means prohibited by the Revised Code. Include any indication of the intent of the primary person involved.
C. Describe any items taken from the individual or anything received by the primary person involved as a result of the exploitation or misappropriation.
D. Gather copies of all financial records related to the incident, including cancelled checks.
E. Document the time, date, and officer’s name for law enforcement agency notification.
F. Include any indication that the individual may be consented or not consented to the taking of his or her property or to the exploitation.
G. Verify that the property belonged to the individual.
H. Provide a description of how the improper act occurred.
I. Obtain the outcome of a criminal case, if resolved.

IV. INCIDENT SPECIFIC REQUIREMENTS – FAILURE TO REPORT

A. Provide a statement indicating the abuse, neglect, exploitation, or misappropriation the primary person involved did not report, including when and how it occurred.
B. Provide a statement indicating that the primary person involved was aware of the abuse, neglect, exploitation, or misappropriation, including when and how the primary person involved became aware of the abuse, neglect, exploitation, or misappropriation.
C. Provide a statement of how the failure to report the abuse, neglect, exploitation, misappropriation by the primary person involved cause physical harm or substantial risk of harm to the individual; be specific regarding any wound, injury, or increased risk of harm to which the individual was exposed as a result of the failure to report.
D. Explain why the primary person involved knew or should have known that the failure to report would result in a substantial risk of harm to the individual.
E. Provide a written description of any injury.
F. Provide an explanation from the primary person involved of why he or she failed to report.
G. Provide a statement of any reasons or circumstances explaining the failure to report by the primary person involved.

V. INCIDENT SPECIFIC REQUIREMENTS – NEGLECT

A. Verify and document the duty of the primary person involved to provide care to the individual.
B. Document the treatment, care, goods, services, or supervision required but not provided by the primary person involved. Include the time period of the alleged neglect.
C. Verify and document the primary person involved had knowledge that the withheld treatment, care, goods, services, or supervision was needed by the individual. Such documentation might include the individual’s plan of care, medical information available to the primary person
involved, statements made by others to the primary person involved, statements made by the primary person involved, or training received by the primary person involved.

D. Verify that the action or inaction of the primary person involved resulted in, or reasonable could have resulted in, harm to the individual.

E. Specifically describe the harm or risk of harm to the individual caused by the action or inaction by the primary person involved.

VI. INCIDENT SPECIFIC REQUIREMENTS – PEER-TO-PEER ACT

A. Verify and document that the proper supervision and supports were provided to all individuals.

B. Determine that the major unusual incident is properly coded.

C. Describe the act in detail.

D. Document all of the involved individuals’ histories and the history, if any, between the individuals.

E. Describe what preceded the incident and what action was taken at the time and immediately after the incident.

F. Document attempts to notify the individual’s guardian prior to interviewing the individual.

VII. INCIDENT SPECIFIC REQUIREMENTS – PHYSICAL ABUSE

A. Provide written statements that include a description of the amount of physical force used which may include, but is not limited to, speed of the force, range of motion, open or closed hand (fist), the sound made by impact, texture of surface if the individual was dragged or pulled, and the distance the individual was dragged, pulled, or shoved.

B. Provide a description of the individual’s reaction to the physical force used (e.g., the individual fell backward or the individual’s head or other body part jerked backward) and any indication of pain or discomfort experienced by the individual which may include words, vocalizations, or body movements.

C. Include comments made during the incident by the primary person involved.

D. Document how the harm to the individual is linked to the physical force used by the primary person involved.

VIII. INCIDENT SPECIFIC REQUIREMENTS – PROHIBITED SEXUAL RELATIONS

A. Describe and document the type of sexual conduct or contact.

B. Document whether or not the incident was consensual. (Note: Consent does not excuse sexual contact by a caregiver with an individual when the caregiver is paid to care for the individual.)

C. Verify and document that the primary person involved was not married to the individual.

D. Provide a statement of any known, long-term, personal relationship the primary person involved has with the individual or other circumstances relevant to the sexual contact or conduct.

IX. INCIDENT SPECIFIC REQUIREMENTS – RIGHTS CODE VIOLATION

A. Indicate the specific right or rights of the individual violated by the primary person involved and describe how each right was violated, including any information or circumstances relevant to the incident.
B. Describe the harm or risk of harm caused to the individual as a result of the rights code violation by the primary person involved.

X. INCIDENT SPECIFIC REQUIREMENTS – SEXUAL ABUSE

A. Document that the sexual activity was unwanted or the individual was unwilling.
B. Document that the primary person involved engaged in importuning, voyeurism, public indecency, pandering, or prostitution with regard to an individual.
C. Document the individual’s capacity to consent.
D. Document any touching of an erogenous zone for the apparent sexual arousal or gratification of either person.
E. Describe the sexual conduct/contact, including any penetration of the individual.
F. Include the results of any physical assessment conducted by a medical professional.
G. Include the results of any human sexuality assessment.
H. Provide a copy of the police report.
I. Include all medical information related to incident
J. Document the date, time, and officer’s name for law enforcement agency notification.

XI. INCIDENT REQUIREMENTS – VERBAL ABUSE

A. Provide a statement of the exact words or gestures used to threaten, coerce, intimidate, harass, or humiliate the individual and the context in which these were used.
B. Provide a description of the reaction of the individual to the words or gestures, including any words or vocalizations.
C. Describe the volume used, including such description as loud, soft, and tone of voice, and where the primary person involved was located in relation to the individual.
D. Describe the past history of verbal interactions between the primary person involved and the individual.
ADMINISTRATIVE INVESTIGATION PROCEDURE FOR MAJOR UNUSUAL INCIDENTS IN CATEGORY B

(ATTEMPTED SUICIDE, DEATH OTHER THAN ACCIDENTAL OR SUSPICIOUS DEATH, MEDICAL EMERGENCY, MISSING INDIVIDUAL, AND SIGNIFICANT INJURY)

I. Steps for Investigating Major Unusual Incidents in Category B

A. Determine that the MUI is properly coded.

B. Review relevant documents which may include recent medical history, individual service plan, progress notes, nursing notes, hospital records, police report, and behavior support documentation.

C. Interview witnesses as necessary to determine the cause or resolve conflicting information.

D. Interview others with relevant information as necessary.

E. Maintain a summary of each interview conducted.

F. Identify the causes and contributing factors to the incident.

G. Review past related incidents as appropriate, including but not limited to, prior immediate health and welfare measures taken and other preventive measures have been implemented.
The following shall be collected for major unusual incidents in Category C. The investigative agent shall review the information to ensure that the information is complete and the major unusual incident is properly coded. Information collected does not take the place of an incident report.

I. INCIDENTS SPECIFIC REQUIREMENTS – LAW ENFORCEMENT

   A. Provide name, title, and phone number of person reporting to the County Board.

   B. Provide prior history of law enforcement involvement.

   C. Describe individual’s activities prior to the incident (e.g. followed normal routine).

   D. Record the individual’s supervision level and whether the supervision level was met.

   E. Describe immediate actions taken to ensure health and welfare (e.g. alerting jail of medical concerns and dietary restrictions or ensuring medications are available to individual).

   F. Describe the incident in detail.

   G. Describe injuries, if any, to the individual or to the individual’s victim.

   H. Include outcome of court hearing.

   I. Identify cause and contributing factor.

   J. Verify that preventive measures have been implemented.

II. INCIDENT SPECIFIC REQUIREMENTS – UNAPPROVED BEHAVIOR SUPPORT

   A. Provide name, title, and phone number of person reporting to the County Board.

   B. Indicate whether the individual has a behavior support plan.

   C. Describe what happened prior to the incident; develop a timeline.

   D. Describe the intervention used.
E. Indicate whether the individual was injured and if excessive force was used.

F. Explain the health and welfare risk.

G. Document how long the unapproved behavior support lasted.

H. Describe what, if any, other measures were taken first.

I. Identify cause and contributing factors.

J. Verify that preventive measures have been implemented.

III. INCIDENT SPECIFIC REQUIREMENTS – UNSCHEDULED HOSPITALIZATION

A. Provide name, title, and phone number of person reporting to the County Board.

B. Provide list of documents reviewed.

C. Address individual’s medical history (e.g. recent similar illnesses or chronic/acute conditions).

D. Describe individual’s health during prior seventy-two hours.

E. Document date and reason for most recent prior hospitalization.

F. Indicate if the symptoms were addressed in a timely manner, and if not, explain why.

G. Describe incident.

H. Include diagnosis, discharge summary, and follow-up appointment.

I. Identify cause and contributing factors.

J. If individual had the flu or pneumonia, indicate whether he or she received a flu shot or pneumonia vaccine.

K. Verify that preventive measures have been implemented.
Muskingum County Board of Developmental Disabilities MUI/UI Form

<table>
<thead>
<tr>
<th>Provider Name: Click here to enter text.</th>
<th>Address: Click here to enter text.</th>
<th>Date: Click here to enter a date.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual’s Name: Click here to enter text.</td>
<td>DOB: Click here to enter a date.</td>
<td>Date of Incident: Click here to enter a date.</td>
</tr>
<tr>
<td>Address: Click here to enter text.</td>
<td>City: Click here to enter text.</td>
<td>Time of Incident: Click here to enter text.</td>
</tr>
<tr>
<td>Date of Incident: Click here to enter a date.</td>
<td>Time of Incident: Click here to enter text.</td>
<td>AM/PM</td>
</tr>
<tr>
<td>Location of Incident (home in bathroom, at the mall, lunchroom at work): Click here to enter text.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description of Incident: (Who, What, Where, When, Why and How): Click here to enter text.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate Action to Ensure Health &amp; Safety of Individual(s): MUST COMPLETE Click here to enter text.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Person(s) Involved: (person(s) who is alleged to have been responsible for the reported MUI/UI): Click here to enter text.</td>
<td>Relationship to Individual(s): Click here to enter text.</td>
<td></td>
</tr>
<tr>
<td>Witnesses to Incident: Click here to enter text.</td>
<td>Others Involved: Click here to enter text.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Notification</th>
<th>Name/Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian and/or Person Identified</td>
<td>Click here to enter text.</td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>SSA</td>
<td>Click here to enter text.</td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>Provider</td>
<td>Click here to enter text.</td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>LE / CSB</td>
<td>Click here to enter text.</td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>Support Broker</td>
<td>Click here to enter text.</td>
<td>Click here to enter a date.</td>
</tr>
<tr>
<td>UI Coordinator</td>
<td>Click here to enter text.</td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>

Routing boxes - completed by County Board Staff Only

<table>
<thead>
<tr>
<th>Route:</th>
<th>Fax to UI Coordinator (740) 455-4186</th>
<th>Building Supervisor</th>
<th>Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initials:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MUI/UI Reports must be completed within 4 hours
Is this a possible exposure? □ No □ Yes  ❏ If Yes: Contact Nurse IMMEDIATELY
Behavior Support Plan in Place? □ No □ Yes

<table>
<thead>
<tr>
<th>Injured:</th>
<th>Body Part</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head or face</td>
<td>Neck or Chest</td>
</tr>
<tr>
<td>Mouth/Teeth</td>
<td>Abdomen</td>
</tr>
<tr>
<td>Feet/Legs</td>
<td>Genital</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Describe Injury (check one):
- Laceration
- Scratch
- Bruise
- Other (describe)  [Click here to enter text]

Degree of Injury (check one):
- Moderate
- Severe
- Nurse Consulted: □ Yes □ No
- Doctor Consulted: □ Yes □ No
- First Aide Administered: □ Yes □ No

Complete for injury/illness and describe:  [Click here to enter text]

Further Medical Follow-up: [Click here to enter text]

Cause & Contributing Factors: [Click here to enter text]

Preventive Measures: [Click here to enter text]

Print Name:  [Click here to enter text]  Signature: [Click here to enter text]  Date: [Click here to enter a date]

UI Follow-up:  [Click here to enter text]

Administrative Action:  [Click here to enter text]

MUI/UI 12/26/2006 Revised 9/24/2013 mss
I. PURPOSE

The purpose of this procedure is to establish standards for the administration and operation of the Muskingum County Board of Developmental Disabilities (County Board) that protect the rights of individuals and ensure the safe and equitable provision of services to eligible individuals and their families.

II. DEFINITIONS

A. **Adult Services** has the same meaning as in Section 5126.01 of the Ohio Revised Code.

B. **County Board** means the Muskingum County Board of Developmental Disabilities.

C. **DODD** means the Ohio Department of Developmental Disabilities

D. **Developmental Delay** means that a child has not reached developmental milestones expected for his or her chronological age as measured by qualified professionals using appropriate diagnostic instruments and/or procedures.

   1. For children under age three, developmental delay shall be established in accordance with Part C of the individuals with Disabilities Education Act, 20, U.S.C. 1431 through 1445, as in effect on the effective date of this rule, 34 C.F.R. 303.10, as in effect on the effective date of Section 5123:2-1-02 of the Ohio Administrative Code and rules promulgated by the Ohio Department of Health.

   2. For children age three through five, developmental delay shall be established in accordance with rules promulgated by the Ohio Department of Education.

E. **Developmental Disability** means a severe, chronic disability that is characterized by all of the following:

   1. It is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than a mental or physical impairment solely caused by mental illness as defined in division (A) of Section 5122.01 of the Ohio Revised Code;

   2. It is manifested before age twenty-two;

   3. It is likely to continue indefinitely;

   4. It results in one of the following:

   a. In the case of a person under age three, at least one developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in a developmental disability;
b. In the case of a person at least age three through age five, at least two developmental delays; or

c. In the case of a person age six or older, a substantial functional limitation in at least three of the following areas of major life activity, as appropriate for his or her age: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and, if the person is age sixteen or older, capacity for economic self-sufficiency; and

5. It causes the person to need a combination and sequence of special, interdisciplinary, or other type of care, treatment, or provision of services for an extended period of time that is individually planned and coordinated for the person.

F. **Early Intervention Services** means developmental services selected in collaboration with the parents of an infant or toddler birth through age two who is eligible for services under Part C of the Individuals with Disabilities Education Act, 20 U.S.C. 1431 through 1445, as in effect on the effective date of 5123:2-1-02 of the Ohio Administrative Code, and 34 C.F.R. Part 303, as in effect on the effective date of 5123:2-1-02 of the Ohio Administrative Code, and designed to meet the developmental needs of the infant or toddler and the needs of the family to assist appropriately in the infant’s or toddler’s development as identified by the individual family service planning team.

G. **Family Assistance Program** means a family support services program funded by the County Board.

H. **Help Me Grow** means Ohio’s coordinated, community-based system that promotes transdisciplinary, family-centered services and supports to eligible expectant parents, newborns, and infants and toddlers from birth through age two and their families. The system is directed by the Ohio Department Health.

L. **Home and Community-Based Services** has the same meaning as in Section 5123.01 of the Ohio Revised Code.

M. **Individual** means a person with a developmental disability.

N. **Intermediate Care Facility** means an intermediate care facility for individuals with intellectual disabilities as defined in 5123:2-7-01 of the Ohio Administrative Code.

O. **Medicaid Local Administrative Authority** has the same meaning as in Section 5126.055 of the Ohio Revised Code.

P. **Service Coordination** means the duties performed by a service and support coordinator pursuant to Section 5126.15 of the Ohio Revised Code.

### III. STRATEGIC PLAN

A. The County Board shall develop and adopt by resolution a strategic plan that meets the requirements of Sections 5126.04 and 5126.054 of the Ohio Revised Code, includes the County Board’s mission and vision, and addresses the County Board’s strategy for:

1. Promoting self-advocacy by individuals served by the County Board;
2. Ensuring that individuals receive services in the most integrated setting appropriate to their needs;

3. Reducing the number of individuals in Muskingum County waiting for services;

4. Increasing the number of individuals of working age engaged in community employment;

5. Taking measures to recruit sufficient providers of services to meet the needs of individuals receiving services in Muskingum County.

6. Meeting with newly certified independent provider within sixty days of the provider being selected to provide services to an individual, for purposes of confirming the provider understands the individual service plan and the provider’s responsibilities and ensuring the provider has contact information for the County Board.

B. The strategic plan shall be made readily available to individuals and families who receive services, employees of the County Board, citizens of Muskingum County, and any other interested persons.

C. The County Board shall prepare a strategic plan progress report at least once per year. The strategic plan progress report shall be made readily available to individuals and families who receive services, employees of the County Board, citizens of the county, and any other interested person.

D. The County Board shall have a mechanism for accepting public feedback regarding the strategic plan and strategic plan progress reports.

IV. ELIGIBILITY DETERMINATION FOR COUNTY BOARD SERVICES

A. Except as provided in Section VII of this procedure, the County Board shall make eligibility determinations for County Board services in accordance with the definition of ‘developmental disability’ in Section II (E) of this procedure.

B. For persons age sixteen or older, a substantial functional limitation in a major life area is determined through completion of the Ohio Eligibility Determination Instrument (OEDI) (available at https://doddportal.dodd.ohio.gov/cnt ) or an alternative instrument issued by DODD for use in determining eligibility for County Board services and application of criteria found therein.

C. For persons age six through fifteen, a substantial functional limitation in a major life area is determined through completion of the Children’s Ohio Eligibility Determination Instrument (COEDI) (available at https://doddportal.dodd.ohio.gov/cnt ) or an alternative instrument issued by DODD for use in determining eligibility for County Board services and application of criteria found therein. The Children’s Eligibility Determination Instrument or an alternative instrument issued by DODD for use in determining eligibility for the County Board services is used in the eligibility determination process for the County Board for all services and supports other than special education services.

D. The OEDI and the COEDI, and any alternative instrument issued by DODD for use in determining eligibility for County Board services shall be administered by persons employed by the County Board or Mid-East Ohio Regional Council (MEORC) formed under Section 5126.13 of the Ohio Revised Code.
E. The County Board may establish eligibility for County Board services for any preschool child with a disability eligible for services under Section 3323.02 of the Ohio Revised Code whose disability is not attributable solely to mental illness as defined in Section 5122.01 of the Ohio Revised Code.

F. The County Board shall complete eligibility determination within forty-five days of the request for services or after all necessary information has been received from the referring party or applicant except that:

1. For children age three, the eligibility report completed by or for “Help Me Grow” shall be used for eligibility determination; and

2. For children age three though age five, the evaluation completed by or for the school district for preschool special education may be used for eligibility determination.

F. The County Board shall keep on file the documents used to determine eligibility for County Board services of all persons who apply after July 1, 1991, whether or not such persons are found to be eligible. Information on persons found to be ineligible shall be maintained for five years after such determination is made.

G. When a person who has been determined eligible for County Board services after July 1, 1991 moves to or wants to move to another county in Ohio, that person shall be deemed eligible by the new County Board. The new County Board, however, may review the person’s eligibility. During the review, the person continues to be eligible to receive services according to the new County Board’s strategic plan and priorities.

H. All persons who were eligible for County Board services and receiving services from a County Board pursuant to Chapter 5126 of the Ohio Revised Code on July 1, 1991, shall continue to be eligible for those services and to receive services as long as they are in need of services.

I. All persons who were eligible for case management services and receiving case management services pursuant to Chapter 5126 of the Ohio Revised Code on January 10, 1992, shall continue to be eligible for those services and to receive services as long as they are in need of services.

J. All persons determined ineligible for County Board services shall be referred, with their consent, to other agencies or sources of services.

V. STATUTORY AUTHORITY

The County Board shall carry out its duties and responsibilities in accordance with Chapter 5126 of the Ohio Revised Code. If the County Board operates classrooms for children, the County Board shall be licensed by the Ohio Department of Job and Family services or the Ohio Department of Education, as applicable.

VI. MEDICAID LOCAL ADMINISTRATIVE AUTHORITY

A. The County Board is the Medicaid local administrative authority and shall abide by all terms and conditions set forth in the federally-approved waiver documents including any appendices and attachments, Sections 5126.055 and 5166.21 of the Ohio Revised Code, and administrative rules promulgated by the Ohio Department of Medicaid.

B. DODD shall oversee Muskingum County’s Medicaid local administrative authority activities to ensure compliance with applicable laws. If DODD determines the County Board is deficient in its administration of Medicaid waiver services, DODD may take appropriate actions authorized by
applicable law including, but not limited to, division (G) of Section 5126.055 of the Ohio Revised Code or Section 5126.056 of the Ohio Revised Code.

C. The County Board participates in DODD’s Medicaid Administrative Claiming program and shall comply with DODD’s policies and procedures governing Medicaid Administrative Claiming and refund any payments that are disallowed by DODD, the Ohio Department of Medicaid, or the Centers for Medicare and Medicaid services. The County Board may challenge a disallowance by the DODD in accordance with Section 5123:2-17-01 of the Ohio Administrative Code.

D. When DODD refers an individual for whom DODD is paying the nonfederal share of Medicaid expenditures for home and community–based services to the County Board for enrollment in home and community base services, the County Board shall assist DODD in expediting enrollment.

VII. SERVICE AND SUPPORT ADMINISTRATION

The County Board shall determine eligibility for service and support administration, provide service and support administration, and ensure individual service plans are developed in accordance with rule 5123:2-1-11 of the Ohio Administrative Code.

VIII. NON-MEDICAID ADULT SERVICES

A. The County Board provides non-Medicaid adult services and shall adopt a written policy outlining provision of the services.

B. Non-Medicaid adult services shall be provided pursuant to Section 5126.01 of the Ohio Revised Code and 5123:2-2-05 of the Ohio Administrative Code.

C. Planning for non-Medicaid adult services shall be conducted in accordance with the person-centered planning process described in paragraph (F)(2)(b) of rule 5123:2-1-11 of the Ohio Administrative Code.

D. Persons engaged in the direct provision of non-Medicaid adult services shall meet the training requirements for persons engaged in the direct provision of comparable Medicaid adult services as set forth in:

1. Section 5123:2-9-14 of the Ohio Administrative Code for vocational habilitation;
2. Section 5123:2-9-15 of the Ohio Administrative Code for supported employment-community;
3. Section 5123:2-9-16 of the Ohio Administrative Code for supported employment-enclave;
4. Section 5123:2-9-17 of the Ohio Administrative Code for adult day support;
5. Section 5123:2-9-44 of the Ohio Administrative Code for integrated employment; and
6. Section 5123:2-9-51 of the Ohio Administrative Code for adult day health center services.

IX. EARLY INTERVENTION SERVICES
A. The County Board provides Early Intervention services in accordance with Part C of the Individuals with Disabilities Education Act, 20 U.S.C. 1431 through 1445, as in effect on the effective date of 5123: 2-1-02 of the Ohio Administrative Code, 34 C.F.R., Part 303, as in effect on the effective date of 5123: 2-1-02 of the Ohio Administrative Code and rules promulgated by the Ohio Department Health.

B. The County Board provides Early Intervention services and shall adopt a written policy describing the County Board’s role in Muskingum County comprehensive system for Early Intervention services and supports. The Early Intervention policy identifies how the County Board will provide Early Intervention services on a year-round basis for a minimum of two hundred forty days to eligible infants and toddlers and their families as part of a comprehensive, coordinated, transdisciplinary, interagency Early Intervention system. The policy describes the specific responsibilities the County Board has agreed to fulfill as a partner in the local “Help Me Grow” network and may include:

1. Public awareness/child find;
2. Evaluation to determine eligibility;
3. Child and family assessment;
4. Service coordination;
5. Early Intervention services in everyday routines, activities, and places as developed through the Individual Family Service Plan (IFSP) development process;
6. Assurances for procedural safeguards required by Part C of the Individuals with Disabilities Education Act, 20 U.S.C., 1431 through 1445, as in effect on the effective date of 5123: 2-1-02 of the Ohio Administrative Code, 34 C.F.R. Part 303, Subpart E, and rules promulgated by the Ohio Department of Health; and
7. Whether the County Board utilizes funds from the Ohio Department of Health to administer central coordination, evaluation, and assessment, or service coordination.

C. Early Intervention services shall be designed to meet the needs of the family related to enhancing the child’s development and participation in family life. The County Board shall participate in the development of Individual Family Services Plan outcomes for children and families that promote engagement, independence, and full community participation.

D. The County Board shall maintain the following records for each child birth through age two receiving services from the County Board:

1. Documentation verifying the date of initial referral to the Early Intervention system and date of request for the County Board to assist in the initial evaluation and assessment process when the County Board participates in the Early Intervention child and family evaluation and assessment.
2. Documentation of eligibility;
3. Other records related to services provided or arranged by the County Board including the current individual family service plan: consent forms; correspondence with the family; services and case notes; documents developed by the County Board including evaluations, assessments,
progress reports, and documentation of records requested and documents shared or released; and documentation of the date, frequency, duration, and intensity of services delivered; and

4. Documentation demonstrating that Early Intervention services provided by the County Board meet the requirements of Part C of the Individuals with Disabilities Education Act, 20 U.S.C. 1431 through 1445, as in effect on the effective date of 5123:2-1-02 of the Ohio Administrative Code, 34 C.F.R. Part 303, Subpart E, as in effect on the effective date of 5123:2-1-02 of the Ohio Administrative Code, 34 C.F.R. Part 303, Subpart E, as in effect on the effective date of 5123:2-1-02 of the Ohio Administrative Code, and rules promulgated by the Ohio Department of Health with regard to parents’ rights and procedural safeguards.

X. FAMILY ASSISTANCE PROGRAM

A. The County Board uses funds allocated for the Family Support Services as match for Medicaid waivers.

B. The County Board provides Family Assistance Program with County Board funds. Refer to Family Assistance Program Policy (FAP 1.00).

XI. VOLUNTEERS

The County Boards may utilize volunteers as an integral part of the overall service delivery. The County Boards shall require background investigations on all volunteers. Volunteers shall not be considered in the calculation of staffing ratios. Refer to Volunteer, Intern, and Practicum Policy (VOL 1.00) and Procedure (VOL 1.01).

XII. COST REPORTS

A. The County Board shall annually prepare and electronically file a cost report detailing its income and expenditures in accordance with Section 5126.131 of the Ohio Revised Code and guidelines established by DODD and shall:

1. Reconcile its income and expenditures on a monthly basis in accordance with standards established by the County Auditor.

2. Retain the cost report and accurate records and documentation necessary to support the cost report for six years from the date of the receipt of payment for the final settlement of the cost report or until an initiated audit is resolved, whichever is longer; and

3. Ensure the business manager and other County Board personnel who prepare cost reports or supporting documentation successfully complete:

   a. DODD provided orientation program in cost report preparation within ninety days of employment or contract; and

   b. DODD provided annual training in cost report preparation thereafter.

XIII. RECORDS
A. The County Board shall maintain fiscal records that are in compliance with county and state auditor’s requirements pursuant to Section 149.38 of the Ohio Revised Code.

B. The County Board shall adopt written policies and procedures which address confidentiality, access, duplication, dissemination, and destruction of personnel records.

C. The County Board has adopted policies and procedures which address confidentiality, access, duplication, dissemination, and destruction of records of individuals served in accordance with the Health Insurance Portability and Accountability Act, 42 U.S.C. 1320d, as in effect on the effective date of 5123:2-1-02 of the Ohio Administrative Code and as applicable, the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g. Refer to HIPAA Policy (HIPAA 1.00) and Procedure (HIPAA 1.01).

D. Records of the County Board shall be accessible to DODD personnel authorized by the Director.

E. The County Board shall submit information and reports as directed by DODD.

IX. SAFETY

A. The design and maintenance of the County Board facilities and equipment shall be in conformance with all applicable laws, including the American with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 as in effect on the effective date of 5123:2-1-02 of the Ohio Administrative Code.

B. Each facility owned, leased, or operated by the County Board shall be inspected annually by the local fire marshal or designee to ensure compliance with fire safety practices.

C. If the County Board operates a swimming pool, regardless of location, a person who holds a current “American Red Cross” or equivalent lifeguarding certificate shall be present.

D. The County Board shall develop written building emergency plans, which include procedures for fire, tornado, bomb threat, power failure, natural disaster, medical emergency, and other emergencies. These building emergency plans shall be available to all personnel, volunteers, individuals serviced, parents, and guardians.

X. HEALTH

A. When the County Board is directly providing facility-based services, the County Board shall adopt written policies and procedures that ensure the general health and well-being of all individuals served and address:


2. Securing emergency squad or ambulance services or the services of the individual’s personal physician.

3. Providing first aid and cardiopulmonary resuscitation training and training in universal precautions for infection control including hand-washing and disposal of bodily waste to County Board personnel engaged in direct services positions in accordance with Section 5123:2-2-01 of the Ohio Administrative Code.

4. Providing suitable first-aid facilities, equipment and supplies.
5. Providing for the management of communicable diseases, handling of illness on-site and return after an illness or other health condition; and

6. Posting emergency numbers by each telephone.

B. The written policies and procedures described in Paragraph X (A) of this procedure shall be communicated to all personnel; individuals served, parents, guardians, and providers of services, and shall be available in each County Board facility upon request.

C. The County Board shall adopt a written policy consistent with applicable status concerning administration of medication by County Board personnel.

D. All medication administered by County Board personnel shall be pharmacy-labeled to indicate owner, contents, required dosage, and schedule. Such medication shall be secured in a locked cabinet and removed by designated and qualified personnel.

XI. COUNTY BOARD ACCREDITATION

A. DODD shall conduct an accreditation review of each County Board at least once every three years to determine the County Board’s compliance with applicable statutes and rules. An accreditation review shall include a comprehensive on-site review conducted by representatives of DODD at the County Board’s offices and facilities and may include off-site review of records, documents, or other materials.

B. There are three possible outcomes of an accreditation review:

1. DODD shall issue accreditation for a term of three years to a County Board that exceeds minimum compliance with applicable statutes and rules;

2. DODD shall issue accreditation for a term of one year to a County Board that demonstrates minimum compliance with applicable statutes and rules; or

3. DODD shall hold accreditation in abeyance for the County Board that is not in compliance with applicable statutes and rules. DODD shall work with the County Board to develop an acceptable plan of correction within ninety days. If an acceptable plan of correction is not developed within ninety days, the County Board may be subject to receivership pursuant to Section 5126.081 of the Ohio Revised Code. While a County Board’s accreditation is in abeyance, the County Board shall not enroll individuals in home and community-based services waivers.

C. DODD shall notify a County Board at least ninety days prior to conducting an accreditation review.

D. After conclusion of the comprehensive on-site review, DODD shall conduct an exit conference with the President of the County Board or the President’s designee, the Superintendent of the County Board, and any other persons the County Board invites. The purpose of the exit conference is to provide the County Board with an oral summary of the County Board’s compliance status and present any findings of noncompliance. The exit conference may be held on-site at the conclusion of the on-site review but shall be conducted no more than five business days following the conclusion of the on-site review except by mutual agreement between DODD and the Superintendent of the County Board.
E. DODD shall issue a written accreditation review summary to the Superintendent of the County Board within seven days of conclusion of the on-site accreditation review. The accreditation review summary shall be objective in terms of observations and citations, relying upon documentation that clearly addresses the standards reviewed.

F. Within fourteen days of receipt of a written accreditation review summary that includes one or more citations, the County Board shall submit to DODD, a written appeal or a written plan of correction for each citation. If the County Board does not submit a written appeal within fourteen days, the accreditation review summary shall be final and not subject to appeal by the County Board.

1. The appeal for a citation shall include the County Board’s basis with supporting documentation for challenging the citation. DODD shall allow or disallow the appeal within ten days of receipt.

2. If the appeal is disallowed, the County Board shall submit a written plan of correction for each citation to DODD within fourteen days. The written plan of correction shall include:

   a. A description of correction action, including systemic changes necessary to prevent recurrence;
   b. Implementation date of corrective action;
   c. Person responsible for implementing corrective action; and
   d. Supporting documentation which verifies implementation of corrective action.

3. DODD shall approve or disapprove the plan of correction within twenty days of receipt.

4. DODD shall not issue accreditation until the County Board’s written plan of correction is approved.

G. DODD shall develop and implement a system for recognizing County Boards that demonstrate excellence through achievement of outstanding results or development of successful approaches regarding employment, self-advocacy, substantial downsizing or conversion of intermediate care facilities, person-centered planning, or serving individuals presenting complex challenges. DODD shall recognize a County Board that demonstrates excellence by issuing a letter of distinction to the County Board. DODD shall post letters of distinction at its website as a means of sharing innovative practices among County Boards.

XVI. COMPLIANCE REVIEWS

The County Board that is certified by DODD pursuant to Section 5123.161 of the Ohio Revised Code to provide supported living or home and community-based services is subject to Section 5123:2-2-04 of the Ohio Administrative Code and may be eligible for an abbreviated compliance review in accordance with that rule.

XVII. PROVIDING APPLICABLE STATUTES AND RULES

The County Board shall upon request, assist any interested party to locate and secure a copy of provisions of Chapter 5126 of the Ohio Revised Code and the administrative rules of DODD. The County Board shall ensure that employees of the County Board and entities under contract with the
County Board receive information about revisions to the Ohio Revised Code and Ohio Administrative rules of DODD that are pertinent to their roles.

XIX. WAIVER OF REQUIREMENTS IN CHAPTER 5123:2-1 OF THE OHIO ADMINISTRATIVE CODE

The County Board may request or DODD may initiate a waiver of requirements outlined in Chapter 5123:2-1 of Ohio Administrative Code that govern the administration and operation of the County Board, so long as the requirements are not those of the Ohio Revised Code.

New procedure: January 5, 2015
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES MISSION STATEMENT

Working in partnership with individuals with developmental disabilities and their families, providing opportunities utilizing public and private supports to live, learn, work and play in the community.

PROCEDURE

A. All referrals will be forwarded to the Director of Community Services.

   1. Referrals will be reviewed by the Director of Community Services or designee and then assigned to an Intake Coordinator.

   2. The Intake Coordinator will schedule appointment with the individual to exchange information and discuss eligibility requirements.

   3. The Muskingum County Board of Developmental Disabilities (County Board) shall ensure that eligibility determination on behalf of an individual be conducted within forty-five (45) calendar days after all information necessary to make the determination has been received. The Superintendent/designee shall have authority to make final decisions regarding eligibility of individual.

   4. Eligible individual is assigned to a Service Coordinator.

   5. If the eligible individual is requesting County Board Adult Services, the Service Coordinator makes a referral to the Adult Services Director/Designee.

   6. Tour of the County Board Adult Services Facility may be offered at this time.

B. Service Coordinator schedules a meeting with the individual and the County Board Adult Services Director/Designee.

   1. Options available to the individual through the County Board Adult Services will be reviewed at the meeting.

   2. If individual is interested in acquiring County Board Adult Services, the application packet will be made available for the individual to complete. This packet will include but may not be limited to the following:

      a. I-9

      b. Application for Enrollment

      c. Medical forms: Medical current within 6 months from the date eligibility was determined shall be available or completed.
d. Verified Banking Account for Direct Deposit  
e. Transportation Authorization  
f. Federal Tax Form (W-4)  
g. State Tax Form  
h. Social Summary  
i. Appropriate Releases  
j. Personal/Emergency Information Form  
k. Title XX form  

3. If services are requested, the assessment shall commence within sixty (60) calendar days from the date that eligibility is scheduled. This time frame may be extended based on extenuating circumstances and with agreement from the individual. The assessment process is ongoing.

C. Upon the receipt of the completed application packet, the Service Coordinator will schedule a pre-evaluation meeting to schedule the evaluation in the adult program.

1. Identify the beginning and ending dates of the evaluation.

2. Transportation to be notified of requested service and dates.

3. Tour of the County Board Adult Services facility will be offered.

D. Following the evaluation period a post evaluation meeting will be scheduled by the Service Coordinator to discuss outcome of evaluation(s) (example: work personality profile). The team will discuss recommendations.

E. Participation/Placement

1. If the individual desires enrollment in County Board Adult Services, this enrollment should occur within thirty (30) calendar days of the commencement date of the initial evaluation. The start date for participation in County Board Adult Services may be postponed based on extenuating circumstances and with agreement of the individual requesting services.

2. If a requested service is at capacity or not available within thirty (30) calendar days, the individual will be placed on a waiting list by the date of the request. An individual may be placed on more than 1 waiting list.

3. Individuals placed on waiting lists will be referred to other community services and supports as appropriate.

F. Due Process

Individuals determined to be eligible for County Board services shall be afforded Due Process rights pursuant to Rule 5123:2-1-02 of the Ohio Administrative Code and 5101:6-1 through 5101:6-9, regarding Federal Medicaid funded services for hearing rights and appeals. Records of the individual determined ineligible shall be maintained for 5 years after determination has been
made. Individuals determined ineligible for County Board services shall be referred to other appropriate community agencies.

G. Individual Plan

1. A written Individual Service Plan (ISP) will be used to develop to meet the assessed needs of each individual served. The Individual Service Plan (ISP) will include all programs/services the individual receives.

2. The initial ISP shall be developed within a maximum of thirty (30) calendar days after entry of the individual into adult services. An ISP shall be maintained for all individuals. This time frame may be extended based on extenuating circumstances and with the agreement from the individual.

3. After the initial plan is developed for an individual, appropriate team members shall meet at least annually to review, revise, and/or redevelop the ISP or whenever a major change in training, continuing education, services, employment, or supports is proposed.

H. Orientation

1. Orientation to the County Board Adult Services program will be provided during the first week of enrollment.

2. The orientation will consist of a review of the Handbook for County Board Adult Services.

3. All information will be provided in a manner that is understandable to the individual.

FORMS TO BE USED WITH THIS PROCEDURE

SSA Referral Form

ADULT SERVICES INTAKE PACKET CONTENTS

1. I-9
2. Application for Enrollment
3. Medical forms: Medical current within 6 months from the date eligibility was determined shall be available or completed.
4. Physician’s signed request for the administration of medication by workshop personnel
5. Verified Banking Account for Direct Deposit
6. Transportation Authorization
7. Federal Tax Form (W-4)
8. State Tax Withholding Form
9. New Hire Reporting Form 7048
10. Social Summary
11. Appropriate Releases of Information
12. Personal/Emergency Information Form
13. Title XX Form
I. QUALIFICATIONS OF STAFF

A. Adult Services Personnel Qualifications:

1. Staff employed by the Muskingum County Board of Developmental Disabilities (County Board) in Adult Services shall comply with the Ohio Administrative Code Sections 5123:2-5-01 and 5123:2-5-02.

II. ANNUAL DETERMINATION OF ADULT SERVICES STAFFING REQUIREMENTS

A. The County Board Adult Services staffing requirements shall be based upon individual plans and resulting outcomes of the provision of services/supports for individuals for all programs available. Per Ohio Administrative Code 5123:2-1-06(H) (1).

B. Annually the County Board shall review the previous trends of service delivery and supports to evaluate current resources for reallocation for the purpose of better meeting the needs of those served.

1. The staffing review shall be a component of the Annual Action Plan development and be responsive to the feedback received from program surveys, interviews, Individual Service Plan (ISP) needs assessments, public meetings and any other vehicles used to gather data for analysis. Partnerships and linkages with other community agencies will also be considered in the planning process.

2. The County Board shall develop Adult Services staffing requirements specific to each program area based on the typical service/support needs of individuals receiving services in programs provided by the County Board. The County Board shall recommend to the Board, for adoption, appropriate Adult Services staffing requirements for specific Adult Services Program.

C. Available resources of the County Board will be considered as part of the Adult Services staffing requirements determination.

D. The County Board shall annually approve established Adult Services staffing requirements specific to each program service area.

E. The Adult Services Staffing Requirements Policy shall be reviewed annually per Ohio Administrative Code C 5123:2-1-06(H) (1).

Approved: July 12, 2000
Revised: November 2, 2006
Reviewed: January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016;
January 5, 2017; January 16, 2018
I. SUBJECT

Bus Idling

II. PURPOSE

The purpose of this policy is to reduce exposure of students, enrollees, all staff and bus drivers to exhaust particulate matter by limiting unnecessary idling of buses and vehicles.

III. APPLICATION

This application applies to the Muskingum County Board of Developmental Disabilities (County Board) program buses/vehicles while being operated for the purposes of transporting the students and enrollees.

IV. POLICY

The County Board shall use the requirements set forth in accordance with Section 3301-83-20 (O) of the Administrative Code to establish this policy.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: June 5, 2008
Revised: January 1, 2009
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. PURPOSES

The purposes of this procedure is to set forth the requirements that the Muskingum County Board of Developmental Disabilities (County Board) must meet in reducing students, enrollees, all staff and bus drivers exposure to exhaust particulate matter by limiting unnecessary idling of program vehicles.

II. IDLING CONTROL MEASURE

A. Drivers of program buses/vehicles must:

1. Turn off the program bus/vehicle upon reaching a school or other destination and must not turn on the engine until necessary to depart from school, workshop or other destination; and

2. Park the program bus/vehicle at least 100 feet from a known and active air intake system, unless the County Board has determined that alternative locations block traffic, impair student or enrollee safety or are not cost-effective.

B. The County Board must ensure that all drivers of program buses/vehicles upon, employment, and as necessary thereafter, are informed of the requirements and the reasons for this procedure.

C. The County Board must ensure that all complaints of non-compliance are reviewed and remedial action is taken as necessary.

III. EXEMPTIONS

The requirement that drivers of program buses/vehicles must turn off the vehicle and must refrain from idling does not apply for the period or periods during which idling is necessary under the following circumstances:

A. Turbo–diesel Cool Down or Warm Up

1. To cool down a turbo-charged diesel engine for a period not to exceed 5 minutes before turning off the engine. The cool down should be in accordance with the bus manufacturer’s specifications; or

2. To warm up a turbo-charged diesel engine for a period not to exceed 3 minutes. The warm up should be in accordance with the bus manufacturers specifications.

B. Cold Weather
1. If outside temperature is between 32 degrees and – 10 degrees; or idling to operate heaters is allowed for up to 15 minutes; or
2. If the outside temperature is below – 10, there is no time restriction on idling to use heating equipment.
3. In cold weather, if bus drivers will be at a location for more than 15 minutes, an indoor waiting area is encouraged.

C. Safety of Children and Emergencies

1. Use of lift equipment during loading or unloading of children and adults;
2. Use of a heater or an air conditioner of a bus during loading; unloading or transport of children and/or adults with exceptional needs;
3. Use of defrosters, heaters, air conditioners, or other equipment for safety or health considerations;
4. Use of the bus headlights or four-way flashers warning lights for visibility purpose; or
5. For other traffic, safety, or emergency situations.
6. If any of the above cases, if equipment can be run from the battery than the drivers should refrain from idling, unless there is significant concern of draining the battery.

D. Maintenance of Operations

1. To charge a battery of program bus/vehicle, if needed; or
2. For testing to verify that the bus is in safe operating condition as part of the daily pre-trip vehicle inspection, or as otherwise required, including to measure vehicle emissions.

Adopted May 5, 2008
Revised: January 1, 2009
I. SUBJECT

Board Member Expense Reimbursement

II. PURPOSE

The purpose of this policy is to establish guidelines for expense reimbursement for Board Members while on Program business.

III. POLICY

A. Board Members may receive reimbursement for authorized expenses incurred while traveling on official Program business.

B. Board Members shall submit to the Business Office a Starlight Programs Expense Report and Travel Voucher with receipts attached to the voucher. Expenses may be reimbursed in the following manner:

1. **Mileage**: Board Members may be reimbursed for actual miles traveled, while on official Program business, at the per mile rate established by the County, when using their personal vehicle. Such payment is considered to be total reimbursement for all vehicle-related expenses (e.g., gas, oil, insurance, depreciation). An account of actual miles traveled showing the starting point, destination, and total miles traveled, must be provided by the Board Member.

2. **Commercial Air Flights**: Air travel may be approved when such travel is less expensive than mileage for a Board Member’s personal vehicle, or trip expenses for a Program vehicle. Such travel shall be by coach or second class and to the most direct airport available. Tickets may be purchased by the Board Member, and shall be reimbursed by the Business Office upon the Board Member’s submission of a receipt.

3. **Meals**: Expenses incurred for meals (excluding lunch) while on official Program business will be reimbursed at actual cost (plus a tip capped at 20%). A detailed receipt for the meal must be attached to the Board Member’s expenses sheet.

4. **Overnight Expenses**: When staying overnight on business, the maximum reimbursement for breakfast is $10.00 and dinner $25.00 (inclusive of tip). Board Members will not be reimbursed for meals, when meals are included in the cost of the conference or meeting.

5. **Non-Reimbursable Expenses**: include alcoholic beverages, entertainment, dry cleaning, laundry, room service and tips (other than meals). Telephone calls are reimbursable but only if necessary for conducting official Program business.
6. **Registration for Meetings, Conferences, and Conventions**: The program will pay the registration fees for meetings, conferences, and conventions related to Board Member responsibilities. The registration and reservations will be completed by the Business Office.

**IV. ANNUAL REVIEW AND ADOPTION OF POLICIES**

This policy shall be maintained on file in the administrative offices of the County Board and shall be reviewed and updated annually.

**V. DEVELOPMENT OF PROCEDURES**

The Board authorizes the Superintendent to develop and implement written procedures consistent with the Board policy and applicable rules, regulations and statutes.

**Form used with this policy:**
Starlight Programs Expense Report

Board Adopted: October 5, 2006
Reviewed with approval: January 4, 2007; January 3, 2008
Revised: January 1, 2009; January 14, 2010
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
BEHAVIORAL SUPPORT STRATEGIES THAT INCLUDE RESTRICTIVE MEASURES

POLICY

Policy Reference:
Behavior Support Strategies That Include Restrictive Measures

Policy Number:
BSSRM 1.00

Federal Reference:
42 C.F.R. 483.430; 42 C.F.R. 483.440

Ohio Revised Code Reference:
4783.04; 5123.19; 5123.16; 5123.62; 5123.161; 5126.043

Ohio Administrative Code Reference:
5123:2-1-11; 5123:2-5-02; 5123:2-7-01; 5123:2-17-02

I. PURPOSE

A. This policy limits the use of and sets forth requirements for development and implementation of behavior support strategies that include restrictive measures for the purpose of ensuring that:

1. Restrictive measures are used only when necessary to keep people safe;

2. Individuals with developmental disabilities are supported in a caring and responsive manner promotes dignity, respect, trust, and with recognition that they are equal citizens with the same rights and personal freedoms granted Ohioans without developmental disabilities.

3. Services and supports are based on an understanding of the individual and the reasons for his or her actions; and

4. Effort is directed at creating opportunities for individuals to exercise choice in matters affecting their everyday lives and supporting individuals to make choices that yield positive outcomes.

II. SCOPE

A. This policy applies to persons and entities that provide specialized services regardless of source of payment, including, but not limited to:

1. The Muskingum County Board of Developmental Disabilities (County Board) and entities under contract with the County Board;

2. Residential facilities licensed pursuant to Section 5123.19 of the Ohio Revised Code, including intermediate care facilities;

3. Providers of supported living certified pursuant to Section 5123.161 of the Ohio Revised Code; and

4. Providers of services funded by Medicaid home and community-based services waivers administered by Ohio Department of Developmental Disabilities.
B. Individuals receiving services in a setting governed by the Ohio Department of Education (ODE) shall be supported in accordance with administrative rules and policies of the ODE.

IV. POLICY

It is the policy of the County Board to work towards reducing and eventually eliminating restrictive measures especially timeout and restraint except where there is an imminent risk of health and wellbeing of the individual as well as others. Through this policy the County Board has established a philosophy and quality of life indicators that will guide staff in supporting and assure all people are served with respect and in the least restrictive manner possible. This Policy is outlined in the BSSRM 1.01 Procedure and Section 5123.62 of the Ohio Revised Code.

VI. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Adopted February 5, 2015
Reviewed: January 7, 2016, January 5, 2017
Revised September 7, 2017
Reviewed January 16, 2018
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

BEHAVIOR SUPPORT STRATEGIES THAT INCLUDE RESTRICTIVE MEASURES

Procedure Number:
BSSRM 1.01

I. PURPOSE

The purpose of this procedure is to define the responsibilities of the Muskingum County Board of Developmental Disabilities (MCBDD) and to establish behavior support strategies that include restrictive measures based on the quality of life indicators for people who receive County Board services.

II. PHILOSOPHY

A. The County Board believes that behavior support services should include those things in life which help people to be satisfied, content, comforted, and happy. Difficult behaviors are messages about the kind of life the person is living and if the focus is on helping people engage in the life they want other issues become less important. The County Board from the Leadership Team to staff must embrace a positive culture and person-centered thinking to maximize the desired outcomes of people served.

B. The MCBDD will focus on the development of Behavior Supports that include the following quality of life indicators:

1. Health and well-being;
2. Meaningful relationships;
3. Fun and joy including things to look forward to;
4. Power and choice;
5. A sense of value;
6. Skills and knowledge;
7. Support for the person’s supporter(s);
8. People have a setting where what is important to them and important for them is in balance; and
9. All supports are provided in supportive/healing settings.

C. Individuals receiving services in a setting governed by the Ohio Department of Education (ODE) shall be supported in accordance with administrative rules and policies of the ODE.

III. DEFINITIONS

A. “County Board” means Muskingum County Board of Developmental Disabilities.

B. “Crisis situation” is a situation in which an individual’s unanticipated behavior presents an immediate danger of significant injury to self, others. In the event of such dangerous behaviors, immediate intervention may be necessary. See Appendix A. for County Board approved techniques.

C. “DODD” means the Ohio Department of Developmental Disabilities.
D. “Director” means the Director of the Ohio Department of Developmental Disabilities or their designee.

E. “Individual” means a person receiving services/supports from MCBDD.

F. “Individual Plan” or “Individual Service Plan” means the written description of services, supports, and desired outcomes to be provided to an individual designed to enhance the person’s quality of life.

G. “Informed Consent” means a documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner the individual or his or her guardian understands, of the relevant facts necessary to make the decision. Relevant facts include the risks and benefits of the action, treatment, or service; the risks and benefits of the alternatives to the action, treatment, or service; and the right to refuse the action, treatment, or service. The individual or his or her guardian, as applicable, may revoke informed consent at any time.

H. “Intermediate Care Facility” means an intermediate care facility (ICF) for individuals with intellectual disabilities as defined in Section 5123:2-7-01 of the Ohio Administrative Code.

I. “Prohibited Measure” means a method that shall not be used by persons or entities providing specialized services. Prohibited Measures include:

1. 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;

2. Use of manual restraint or mechanical restraint that has the potential to inhibit or restrict an individual’s ability to breathe or that is medically contraindicated;

3. Use of a manual restraint or mechanical restraint that causes pain or harm to an individual;

4. Disabling an individual’s communication device;

5. Denial of breakfast, lunch, dinner, snacks, or beverages;

6. Placing an individual in a room with no light;

7. Subjecting an individual to damaging or painful sound;

8. Application of electric shock to an individual’s body;

9. Subjecting an individual to any humiliating or derogatory treatment;

10. Squirting an individual with any substance as an inducement or consequence for behavior; or

11. Using any restrictive measure for punishment, retaliation, instruction or teaching, convenience of providers, or as a substitute for specialized services.

J. “Provider” means any person or entity that provides specialized services.

K. “Restrictive Measure” means a method of last resort that may be used by persons or entities providing specialized services only when necessary to keep people safe and with prior approval.
by the human rights committee in accordance with section (VII) of this procedure. Restrictive Measures include:

1. “Manual Restraint” means use of a hands-on method, but never in a prone restraint, to control an identified action by restricting the movement or function of an individual’s head, neck, torso, one or more limbs, or entire body, using sufficient force to cause the possibility of injury and includes holding, or disabling an individual’s wheelchair or other mobility device. An individual in a manual restraint shall be under constant visual supervision by staff. Manual restraint shall cease immediately once risk of harm has passed. Manual restraint does not include a method that is routinely used during a medical procedure for patients without developmental disabilities.

2. “Mechanical Restraint” means use of a device, but never in a prone restraint, to control an identified action by restricting an individual’s movement or function. Mechanical restraint shall cease immediately once risk of harm has passed. Mechanical restraint does not include:

   a. A seatbelt of a type found in an ordinary passenger vehicle or an age-appropriate child safety seat;

   b. A medically-necessary device (such as a wheelchair seatbelt or a gait belt) used for supporting or positioning an individual’s body; or

   c. A device that is routinely used during a medical procedure for patients without developmental disabilities.

3. “Time-out” means confining an individual in a room or area and preventing the individual from leaving the room or area by applying physical force or by closing a door or constructing another barrier, including placement in such a room or area when a staff person remains in the room or area.

   a. Time-out shall not exceed thirty minutes for any one incident nor one hour in any twenty-four hour period.

   b. A time-out room or area shall not be key-locked, but the door may be held shut by a staff person or by a mechanism that requires constant physical pressure from a staff person to keep the mechanism engaged.

   c. A time-out room or area shall be adequately lighted and ventilated and provide a safe environment for the individual.

   d. An individual in a time-out room or area shall be protected from hazardous conditions including but not limited to, sharp corners and objects, uncovered light fixtures, or unprotected electrical outlets.

   e. An individual in a time-out room or area shall be under constant visual supervision by staff.

   f. Time-out shall cease immediately once risk of harm has passed or if the individual engages in self-abuse, becomes incontinent, or shows other signs of illness.

   g. Time-out does not include periods when an individual, for a limited and specified time, is separated from others in an unlocked room or area for the purpose of self-regulating and controlling his or her own behavior and is not physically restrained or prevented from leaving the room or area by physical barriers.
4. **Chemical Restraint** means a medication prescribed for the purpose of modifying, diminishing, controlling, or altering a specific behavior. Chemical restraint does not include medications prescribed for the treatment of a diagnosed disorder identified in the “Diagnostic and Statistical Manual of Mental Disorders” (fifth edition) or medications prescribed for treatment of a seizure disorder. Chemical restraint does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.

5. **Restriction of an individual’s rights** as enumerated in Section 5123.62 of the Ohio Revised Code.

L. **Risk of Harm** means there exists a direct and serious risk of physical harm to the individual or another person. For risk of harm, the individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm.

M. **Risk of Legal Sanction** means the individual’s actions are very likely to result in eviction, arrest, or incarceration.

N. **Service Coordinator** means the person, regardless of title, employed by or under contract with a County Board to perform the functions of service and support administration and who holds the appropriate certification in accordance with Section 5123:2-5-02 of the Ohio Administrative Code.

O. **Specialized Services** means any program or service designed and operated to serve primarily individuals with developmental disabilities, including a program or service provided by an entity licensed or certified by the DODD. If there is a question as to whether a provider or entity under contract with a provider is providing specialized services, the provider or contract entity may request that the Director of the DODD make a determination. The Director’s determination is final.

P. **Team** as applicable, has the same meaning as in Section 5123:2-1-11 of the Ohio Administrative Code or means an interdisciplinary team as that term is used in 42 C.F.R.483.440 as in effect on the effective date of Section 5123:2-2-06 of the Ohio Administrative Code.

IV. DEVELOPMENT OF A BEHAVIORAL SUPPORT STRATEGY THAT INCLUDES RESTRICTIVE MEASURES

A. A behavioral support strategy shall never include prohibited measures.

B. A behavioral support strategy may include manual restraint, mechanical restraint, time-out, or chemical restraint only when an individual’s actions pose risk of harm.

C. A behavioral support strategy shall be written for any restriction of an individual’s rights when an individual’s actions poses risk of harm or are very likely to result in the individual being the subject of a legal sanction such as 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).

D. The focus of a behavioral support strategy shall be creating supportive environments that enhance the individual’s quality of life. Effort is directed at:

   1. Mitigating risk of harm or likelihood of legal sanction;
2. Reducing and ultimately eliminating the need for restrictive measures; and

3. Ensuring individuals are in environments where they have access to preferred activities and are less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication or unrecognized health problems.

E. A behavioral support strategy that includes restrictive measures requires:

1. Documentation that demonstrates that positive and non-restrictive measures have been employed and have been determined ineffective; and

2. An assessment conducted within the past twelve months that clearly describes:

   a. The behavior that poses risk of harm or likelihood of legal sanction;

   b. The level of harm or type of legal sanction that could reasonably be expected to occur with the behavior;

   c. When the behavior is likely to occur; and

   d. The individual’s interpersonal, environmental, medical, mental health, and emotional needs and other motivational factors that may be contributing to the behavior.

F. Persons who conduct assessments and develop behavioral support strategies that include restrictive measures shall:

1. Hold professional license or certification issued by the Ohio Board of Psychology; the State Medical Board of Ohio; or the Ohio Counselor, social worker, and marriage and family therapist board; or

2. Hold a certificate to practice as a certified Ohio Behavior Analyst pursuant to Section 4783.04 of the Ohio Revised Code; or

3. Hold a bachelor’s or graduate-level degree from an accredited college or university and have at least three years of paid, full-time (or equivalent part-time) experience in developing and/or implementing behavioral support and/or risk reduction strategies or plans.

G. A behavioral support strategy that includes restrictive measures shall:

1. Be designed in a manner that promotes healing, recovery, and emotional well-being based on understanding and consideration of the individual’s history of traumatic experiences as a means to gain insight into origins and patterns of the individual’s actions;

2. Be data-driven with the goal of improving outcomes for the individual over time and describe behaviors to be increased or decreased in terms of baseline data about behaviors to be increased or decreased;

3. Recognize the role environment plays in behavior;

4. Capitalize on the individual’s strengths to meet challenges and needs;

5. Delineate measures to be implemented and identify those who are responsible for implementation;
6. Specify steps to be taken to ensure the safety of the individual and others;

7. As applicable, identify needed services and supports to assist the individual in meeting court-ordered community controls such as mandated sex offender registration, drug-testing, or participation in mental health treatment; and

8. As applicable, outline necessary coordination with other entities (e.g., courts, prisons, hospitals, and law enforcement) charged with the individual’s care, confinement, or reentry to the community.

H. When a behavioral support strategy that includes restrictive measures is deemed necessary by the individual and his or her team an assessment will be conducted which is consistent with the qualifications required in rule 5123:2-2-06.

1. Ensure the strategy is developed in accordance with the principles of person-centered planning and incorporated as an integral part of the individual plan or individual service plan;

2. Submit to the Human Rights Committee documentation based upon the assessment that clearly indicates risk of harm or likelihood of legal sanction described in observable and measurable terms and ensure the strategy is reviewed and approved by the Human Rights Committee in accordance with paragraph (VII) of this procedure prior to implementation and whenever the behavioral support strategy is revised to add restrictive measures, but no less than once per year;

3. Secure informed consent of the individual or the individual’s guardian, as applicable;

4. Provide an individual or the individual’s guardian, as applicable, with written notification and explanation of the individual’s or guardian’s right to seek administrative resolution if he or she is dissatisfied with the strategy or the process used for its development;

5. Ensure the strategy is reviewed by the individual specialized services staff, and the ISP Team at least every ninety days to determine and document the effectivenes of the strategy and whether the strategy should be continued, discontinued, or revised. A decision to continue the strategy shall be based upon review of up-to-date information which indicates risk of harm or the likelihood of legal sanction is still present. The specialized services staff will complete the 90 day review form and submit it to the Human Rights Committee.

V. IMPLEMENTATION OF BEHAVIORAL SUPPORT STRATEGIES WITH RESTRICTIVE MEASURES

A. Restrictive measures shall be implemented with sufficient safeguards and supervision to ensure the health, welfare, and rights of individuals receiving specialized services.

B. Each person providing specialized services to an individual with a behavioral support strategy that includes restrictive measures shall successfully complete training in the strategy prior to serving the individual.

VI. QUALITY SUPPORTS

A. Quality Supports is a resource for Service Coordinators/ISP Teams that may need additional insight, expertise related to restrictive measures, risks, and how to address supports as a support
consideration in the ISP.

B. Quality supports is a small group of staff appointed by the Superintendent that have expertise in advanced training in Person Centered Thinking, Trauma Informed Care, Positive Behavior Support strategies and the ISP Team process.

C. Quality Supports members shall not make any decisions for the ISP Team and/or Human Rights Committee.

VII. HUMAN RIGHTS COMMITTEES

A. The County Board, or the County Board jointly with one or more other county boards, or the County Board jointly with one or more providers, shall establish a Human Rights Committee to safeguard individuals’ rights and protect individuals from physical, emotional, and psychological harm. The human rights committee shall:

1. Be comprised of at least four persons;

2. Include at least one individual who receives or is eligible to receive specialized services;

3. Include qualified persons who have either experience or training in contemporary practices for behavioral support.

4. The Human Rights Committee will be comprised of at least four people and reflect a balance of representatives from each of the following two groups:

   a. Individuals who receive or are eligible to receive specialized services or family members or guardians of individuals who receive or are eligible to receive specialized services; and

   b. The County Board or providers.

5. If Human Rights Committee members cannot attend a meeting they should call or e-mail the chair prior to the meeting.

   a. If a Human Rights Committee member has 4 unexcused absences in a year the Superintendent will determine if the member will continue on the committee or a new member may be appointed.

   b. If a Human Rights Committee member resigns they will be replaced as soon as possible.

B. All information and documents provided by the Human Rights Committee and all discussions of the committee shall be confidential and shall not be shared or discussed with anyone other than the individual and his or her guardian and the individual’s team.

C. The Human Rights Committee shall utilize the Criteria for Approval / Rejection of a Behavior Support Strategy with Restrictive Measures Form and the Medical Recommendation Flow Chart to review, approve or reject, monitor, and reauthorize strategies that include restrictive measures. In this role, the Human Rights Committee shall:
1. Ensure that the planning process outlined in this procedure has been followed and that the individual or the individual’s guardian, as applicable, has been provided evidence of written informed consent and been afforded due process prior to the Human Rights Committee meeting;

2. Ensure that the proposed restrictive measures are necessary to reduce risk of harm or likelihood of legal sanction;

3. Ensure that the overall outcome of the behavioral support strategy promotes the physical, emotional, and psychological wellbeing of the individual while reducing risk of harm or likelihood of legal sanction;

4. Ensure that the restrictive measures are temporary in nature and occurs only in specifically defined situations based on risk of harm or likelihood of legal sanction;

5. Verify that any behavioral support strategy that includes restrictive measures also incorporates actions designed to enable the individual to feel safe, respected, and valued while emphasizing choice, self-determination, and an improved quality of life; and

6. Communicate the committee’s determination in writing to the qualified intellectual disability professional or service and support administrator submitting the request for approval.

7. Restrictive Measures request forms submitted to the Human Rights Committee must be have all the following information:

   a. Reason for restrictive measure must be due to a risk of harm, risk of legal sanction, or rights restriction;

   b. Explanation of the Risk of Harm or risk of legal sanction;

   c. List the rights that are being restricted;

   d. Restrictive measures must be written in clear and measurable terms;

   e. Explanation of how restrictive measures will be restored;

   f. If any of the above information has not been provided it will be sent back to the SSA and ISP Team for more information and will not be approved until completed and resubmitted to the HRC.

D. Members of the Human Rights Committee shall receive department-approved training within three months of appointment to the committee in: rights of individuals as enumerated in section 5123.62 of the Ohio Revised Code, person-centered planning, informed consent, confidentiality, and the requirements of this procedure.

E. Members of the Human Rights Committee shall annually receive department-approved training in relative topics which may include but are not limited to: self-advocacy and self-determination; role of guardians and section 5126.043 of the Ohio Revised Code, effect of traumatic experiences on behavior, and court-ordered community controls and the role of the court, the County Board, and the Human Rights Committee.
F. In the event of an emergency situation a request for a restrictive measure may be presented to the Human Rights Committee Chairperson for temporary approval. The Chairperson will consult with a minimum of one additional Human Rights Committee member for approval. Once approved the Chairperson will inform all members of the Committee and determine if a special meeting needs to take place. Temporary approval will not exceed 45 days.

VII. USE OF A RESTRICTIVE MEASURE WITHOUT PRIOR APPROVAL BY THE HUMAN RIGHTS COMMITTEE

A. A restrictive measure used 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 on an unusual incident report as an unapproved behavior support in accordance with Section 5123:2-17-02 of the Ohio Administrative Code. The purpose of intervention in a crisis situation is to ensure health, safety, to help the individual regain emotional control, and assist with self-management of the behavior.

B. Crisis Intervention techniques (referred to Crisis Intervention Techniques (see Appendix A for definitions and techniques) can be used in crisis situations.

C. 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.

VIII. REPORTING OF BEHAVIORAL SUPPORT STRATEGIES THAT INCLUDE RESTRICTIVE MEASURES

After securing approval by the Human Rights Committee and prior to implementation of a behavioral support strategy that includes restrictive measures, the Specialized Services Department/SSA shall notify the DODD in a format prescribed by the DODD.

IX. RECORDING USE OF RESTRICTIVE MEASURES

Each provider shall maintain a record of the date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g. bed alarm or locked cabinet). The provider shall share the record with the individual and the individual’s team whenever the individual’s behavioral support strategy is being reviewed or reconsidered.

X. ANALYSIS OF BEHAVIORAL SUPPORT STRATEGIES THAT INCLUDE RESTRICTIVE MEASURES

A. The County Board shall compile and analyze data regarding behavioral support strategies that include restrictive measures and furnish the data and analyses to the Human Rights Committee. This occur via the 90 Day Team Reviews and any additional reviews completed by the Quality Supports Team. Data compiled and analyzed shall include, but are not limited to:

1. Nature and frequency of risk of harm or likelihood of legal sanction that triggered development of strategies that include restrictive measures;

2. Nature and number of strategies reviewed, approved, rejected, and reauthorized by the Human Rights Committee;
3. Nature and number of restrictive measures implemented;

4. Duration of strategies that include restrictive measures implemented; and

5. Effectiveness of strategies that include restrictive measures in terms of increasing or decreasing behaviors as intended.

B. The County Board shall make the data and analyses available to DODD upon request.

XI. DEPARTMENT OVERSIGHT

A. DODD shall take immediate action as necessary to protect the health and welfare of individuals which may include, but is not limited to:

1. Suspension of behavioral support strategy not developed, implemented, documented, or monitored in accordance with this procedure or where trends and patterns of data suggest the need for further review;

2. Provision of technical assistance in development or redevelopment of a behavioral support strategy; and;

3. Referral to other state agencies or licensing bodies, as indicated.

B. DODD shall compile and analyze data regarding behavioral support strategies for purposes of determining methods for enhancing risk reduction efforts and outcomes, reducing frequency of restrictive measures, and identifying technical assistance and training needs. DODD shall make the data and analyses available.

C. DODD may periodically select a sample of behavioral support strategies for review to ensure that strategies are developed, implemented, and monitored in accordance with this Section 5723:2-2-06 of the Ohio Administrative Code.

D. DODD shall conduct reviews of the County Board and providers as necessary to ensure the health and welfare of individuals and compliance with this procedure. Failure to comply with this procedure may be considered by DODD in any regulatory capacity, including certification, licensure, and accreditation.

XII. WAIVER OF PROVISIONS OF THIS RULE

For adequate reasons and when requested in writing by a County Board or provider, the Director may waive a condition or specific requirement of this procedure except that the Director shall not permit use of a prohibited measure as defined in paragraph (III) (H) of this procedure. The Director shall grant or deny a request for a waiver within ten working days of receipt of the request or within such longer period of time as the Director deems necessary and put whatever conditions on the waiver as are determined to be necessary. Approval to waive a condition or specific requirement of this rule shall not be contrary to the rights, health, or safety of individuals receiving services. The Director’s decision to grant or deny a waiver is final and may not be appealed.

Approved: June 1, 2015
I. SUBJECT

Chemical Hygiene Plan

II. PURPOSE

The purpose of this policy is to protect the health and safety of students, enrollees and staff by implementing proper safety and chemical hygiene practices.

III. APPLICATION

This application applies to all Muskingum County Board of Developmental Disabilities (County Board) program buildings.

IV. POLICY

The County Board shall use the requirements set forth in accordance with Section 3701-54-08 of the Ohio Administrative Code to establish this policy.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.
I. PURPOSE

The purpose of this policy is to protect the health and safety of students, enrollees and staff by implementing proper safety and chemical hygiene practices.

II. DEFINITIONS

A. Chemical Categories – Chemicals grouped by the type of hazard they may pose. Hazardous substances in the program buildings may fall into one or more of these categories: flammables, explosives, corrosives, oxidizers/reactive, toxics, and compressed gases. Examples of hazardous chemicals that may be found (but not limited) in program buildings is as follows:

1. Chemical Products that may contain hazardous ingredient examples:
   a. Custodial/maintenance areas – cleaning supplies/detergents, drain cleaners (alkaline and acidic), pesticides (including disinfectants/sterilizers), paint thinners, solvents (used in paints, paints thinners, adhesives, and lacquers primers.
   b. Kitchens/cafeterias – pesticides, refrigerants, and cleaning supplies/detergents.
   c. Nurses’ offices – thermometers and blood pressure manometers
   d. Administrative offices – correction fluid, (used in paints, inks, paint thinners, adhesives, lacquers, primers, and printer/copier toners

B. Material Safety Data Sheet – means an informational sheet provided from the manufacturer of chemicals or products containing chemicals. All material safety data sheets shall contain the following information:

1. Chemical name and composition;
2. Manufacturer and distributor name and address;
3. Chemical and physical properties;
4. Health/flammable/chemical reactivity hazard ratings;
5. First-aid measures;
6. Fire fighting measures;
7. Accidental release/spill measures;

III. MATERIAL SAFETY DATA SHEETS

A. The Material Safety Data Sheets (MSDS) are easily accessible and located in each program building.
B. Program staff that purchase products with chemicals will be responsible for requesting the MSDS for that product(s) from the manufacturer and updating the MSDS in the MSDS Notebook in a timely manner.

IV. CHEMICAL STORAGE AND PRODUCT MANAGEMENT

A. Chemicals not in use must be stored in a secured area and accessible to only those individuals that will be using the chemicals.

1. All Chemicals must be labeled and the label must be legible.
2. Chemicals that are more than 3 years old should be disposed of properly.

B. The Support Services Director will be responsible for maintaining a comprehensive chemical inventory of all program buildings.

1. Chemicals inventories must be conducted and updated annually at each program building.
2. All Chemicals must be labeled and the label must be legible.
3. Chemicals that are more than 3 years old shall be disposed of properly.

Adopted: May 5, 2008
Reviewed: January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. SUBJECT
Confidentiality of Individual Records

II. PURPOSE
This policy establishes the Muskingum County Board Developmental Disabilities (County Board) of policy for safeguarding confidentiality of information and individual records.

III. APPLICATION OF CONFIDENTIALITY POLICY
A. Confidentiality is the basis for all professional relationships. It involves trust and confidence and is the key to developing successful service and support delivery relationships with individuals.

B. All information contained in an individual’s records, including information contained in any automated data bank, shall be considered confidential.

IV. POLICY
A. The County Board hereby establishes a policy to safeguard each individual’s right to privacy and confidentiality in the receipt of services and supports from the County Board and to ensure a system exists for maintaining and protecting the confidentiality of individual records and their use.

B. The County Board shall conform to all requirements for privacy and confidentiality set forth in Health Insurance Portability and Accountability Act (HIPAA) and other applicable law. The County Board shall not use or disclose Protected Health Information (PHI) except in accordance with applicable requirements.

C. This policy shall apply whether the County Board is acting as a covered health care provider or a health plan under HIPAA. If the County Board is acting in more than one capacity, the County Board shall be subject to the requirements applicable to that function and shall use or disclose PHI only for purposes related to the function being performed.

V. PROCEDURES TO IMPLEMENT THIS POLICY
A. The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes that apply to all employees, volunteers / interns and contracted service and support providers to be implemented to ensure a system exists for maintaining privacy and confidentiality of individual records.

B. Policies/procedures concerning confidentiality will be made known to all County Board employees, volunteers/interns, individuals of services and supports and/or the parent of a minor, or guardian of an adult, and contract service and support providers as applicable.

C. Policies and procedures specific to confidentiality shall be reviewed annually and revised as necessary to ensure systems of ensuring confidentiality are adequate for protecting individual’s rights.

Board Adopted: June 6, 2002
Revised and Approved: April 3, 2003
Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006
January 4, 2007; January 3, 2008
Reviewed: January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013;
Reviewed: January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 10, 2018
I. APPLICATION OF CONFIDENTIALITY POLICY

A. All information contained in an individual’s records, including information contained in any automated data bank, shall be considered confidential.

B. Confidentiality policies and procedures shall apply to all individual records.

II. DEVELOPMENT OF PROCEDURES

A. The Muskingum County Board of Developmental Disabilities (County Board) shall develop procedures specific to confidentiality that apply to all employees, volunteers/interns/practicum students and contracted service and support providers.

B. Policies and procedures concerning confidentiality will be made known to all County Board employees, volunteers/interns/practicum students, individuals of services and supports and/or the parent of a minor, or guardian of an adult, and, as applicable, contract service and support providers.

III. DEFINITIONS

A. County Board means the Muskingum County Board of Developmental Disabilities.

B. Directory Information includes the following information relating to an individual:

   1. Name;
   2. Address;
   3. Telephone number;
   4. Date;
   5. Place of service;
   6. Participation in officially recognized activities, services, and supports.

C. Disclosure means permitting access or the release, transfer, or other communication of records of the individual or the personally identifiable information contained therein, orally or in writing, or by electronic means, or by any other means to a party.

D. Individual means an eligible person receiving services and supports from the County Board or a contracted entity or person under the County Board’s authority.

E. Major Unusual Incident (MUI) means the alleged, suspected, or actual occurrence of an incident when there is a reason to believe the health or safety of an individual may be adversely affected or an individual may be placed at a reasonable risk of harm as listed in this paragraph, if such individual is receiving services through the County Board or will be receiving services as a result of the incident.

   1. Abuse means any of the following when directed toward an individual:
a. **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 Ohio Revised Code. Such force may include, but is not limited to, hitting, slapping, pushing, or throwing objects at an individual.

b. **Sexual Abuse** means unlawful sexual conduct or sexual contact as those terms are defined in section 2907.01 of the Ohio Revised Code and the commission of any act prohibited by section 2907.09 of the Ohio Revised Code (e.g., public indecency, importuning, and voyeurism).

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

2. **Attempted Suicide** means a physical attempt by an individual that result in emergency room treatment, in-patient observation, or hospital admission.

3. **Death** means the death of an individual.

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

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

6. **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.

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

8. **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).

9. **Misappropriation** means depriving defrauding, or otherwise obtaining the real or personal property of an individual by any means prohibited by the 5123:2-17-02 of Ohio Revised Code, including Chapters 2911 and 2913 of the Ohio Revised Code.

10. **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.

11. **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 health or safety of the individual.

12. **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.

13. **Prohibited Sexual Relations** means an 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 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.

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

15. **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.

16. **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.

17. **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.

18. **Mid-East Ohio Regional Council- (MEORC) MEORC** means the Mid-East Ohio Regional Council Office created under the authority of Chapter 167 of the Ohio Revised Code provides services

F. **Mid-East Ohio Regional Council/Major Unusual Incident - (MEORC) MUI Office** means the Mid-East Ohio Regional Council Major Unusual Incident Office of Investigation and Review and/or its employees/investigative agents.

G. **DODD** means Ohio Department of Developmental Disabilities

H. **Parent** means either parent. If the parents are separated or divorced, “parent” means the parents as legally determined. At age eighteen the individual must act on his or her behalf, unless he/she has a court-appointed guardian. This term does not include the State, if a child is a ward of the State.

I. **Personally Identifiable Data** includes:
   1. Name of the individual and the individual’s family members;
   2. The address of the individual
3. A personal identifier, such as the individual’s date of birth, Social Security number, or Medicaid and/or Medicare number;

4. A list of personal characteristics or other information that would make it possible to identify the individual with reasonable certainty.

**J. Records** mean those records that are directly related to an individual’s service(s) and support(s) and are maintained by the County Board or by a party acting for the County Board. Record means any information or data recorded in any medium, including, but not limited to: photographs, handwriting, print, tapes, film, microfilm, microfiche, and automated data blank.

**K. Record Destruction** means the physical destruction of a records or removal of personal identifiers from information so that the information is no longer personally identifiable.

**IV. ACCESS RIGHTS**

A. Reports made under Section 5123.61 of the Ohio Revised Code and Section 5123:2-17-02 of the Ohio Administrative Code specific to Major Unusual Incidents (MUI) are not public records as defined in Section 149.43 of the Ohio Revised Code.

B. The individual, parent, or guardian has the right to inspect and review any County Board record related to his or her minor son or daughter.

C. DODD personnel authorized by the Director of DODD shall have access to individual records.

D. If the County Board’s records include information on more than one individual, the guardian or individual shall have the right to inspect and review only the information relating to them or be informed of that specific information.

E. An individual of legal age eighteen with no court-appointed legal guardian has the right to act in his/her own behalf in all matters related to confidentiality and records access, consent, maintenance, destruction, and dissemination. Throughout the remainder of this procedure, “individual” refers to the individual, himself/herself, when acting in his/her own behalf or to the parent as defined in Section III Definitions of this procedure.

F. The County Board shall comply with the individuals’ requests for access and/or copies of confidential materials without unnecessary delay. Typical response time for requests for access to confidential material shall not exceed 10 working days unless specific deadlines accompany the request for access or copies.

G. The County Board may charge a fee for copies of records, which are for the individual under this procedure, if the fee does not effectively prevent the individual from exercising the right to inspect those records.

**V. TYPES OF RECORDS AND LOCATIONS**

A. Every individual receiving services and or supports shall have access to the records maintained by the County Board. All information shall be treated as confidential and shall be directly accessible only to the County Board professional staff pursuant to these policies and procedures.
B. An individual’s record is removed from the County Board’s jurisdiction and safekeeping only in accordance with a court order, subpoena, or statute. Individual’s records shall not be removed from the County Board’s jurisdiction for any other reason.

C. The County Board shall develop a list at each service delivery site of the types and locations of records collected, maintained, or used, and shall provide this list to individuals on request.

D. The types of records maintained by the County Board may include, but not be limited to:

1. Major Unusual Incidents (MUI) reports are kept at the MEORC/MUI Office and the County Board Administrative Office.

2. Supported Living, Individual Options and Level I, Self, and TDD Waiver files with current Individual Service Plans, Level of Care, and PAWS are kept at the MEORC and County Board Administrative Offices.

3. Case Management records, TCM, and MUI Reports specific to individual are kept in the applicable service setting at the Administrative Office.

4. Adult Services official files with copies of birth certificates, Social Security cards, social summaries, psychological, COEDI/OEDI Form for Eligibility Determination (FED), individual plans, and incident reports are kept at the County Board Administrative Office.

5. Emergency care cards for individuals are kept in the applicable service setting office and on County Board buses in case there was an accident involving one of the individuals.

6. Payroll records for the enrollees in Adult Services/Habilitation Centers are kept in the Adult Services/Habilitation Center’s payroll office.

7. Nursing records and charts with an individual’s medical and inoculation records are kept in the clinic of the applicable service setting of the County Board.

8. Early Intervention, Preschool and School Age files containing their IFSP/IEP, Multi-factor Evaluations, Birth Certificate, Social Security Card, custody and guardianship records and Unusual Incident (UI) reports are kept at the Starlight School.

9. Family Assistance Program (FAP) files are kept for those individuals who are eligible for FAP containing information about family income and other eligibility requirements. These files are kept at the County Board Administrative Office.

E. Records shall be kept on file in a secure location to assure permanence of the records for the time during which the services are provided and for transmittal to an alternative program when alternate placement occurs.

F. Reports made under Section 5123.61 of the Ohio Revised Code and 5123:2-17-02 of the Ohio Administrative Code (Major Unusual Incidents) are not public records as defined in Section 149.43 of the Ohio Revised Code and may not be deemed accessible.

VI. REQUESTS TO AMEND AN INDIVIDUAL RECORD
A. An individual who believes that information in records collected, maintained, or used under this part is inaccurate or misleading or violates the privacy or other rights of the individual may request the County Board to amend the information.

B. The Superintendent, or his/her designee, shall hear the request to amend the records in question within thirty days after the County Board has received the request. If the decision is made not to amend the information in accordance with the request, the superintendent or designee shall inform the individual of the refusal and advise the individual of the right to a records hearing to challenge information in the records, to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the individual.

C. A records hearing shall be set up at the individual’s request and will adhere to the following:

1. The records hearing shall be held within thirty calendar days after the County Board has received the request, and the individual shall be given written notice of the date and time of the hearing at least 10 working days in advance.

2. The records hearing will be conducted by a subcommittee appointed from members of the Board.

3. The individual shall be afforded a full and fair opportunity to present evidence relevant to the issues and may be assisted or represented by individuals of his or her choice, at his/her expense, including an attorney. The party conducting the hearing shall make his/her decision in writing to the County Board within 10 working days after the conclusion of the hearing. The decision shall be based solely upon the evidence presented at the hearing and shall include a summary of evidence and the reasons for the decision.

VII. RESULTS OF RECORDS HEARING

A. If, as a result of the records hearing, it is decided that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the individual, the County Board shall direct that an amendment be made to the information accordingly, and so inform the individual in writing.

B. If, as a result of the records hearing, it is decided that this information is not inaccurate misleading, or otherwise in violation of the privacy or other rights of the individual, the County Board shall inform the individual of the right to place in the records maintained by the County Board a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the County Board.

C. Any explanation placed in the records of the individual under this procedure shall be maintained by the County Board as part of the records of the individual, as long as the record or contested portion is maintained. If the records of the individual or the contested portion are disclosed to any party, the explanation must be disclosed to the party.

VIII. SAFEGUARDS FOR MAINTAINING CONFIDENTIALITY OF INDIVIDUAL RECORDS

A. The safekeeping of records and securing them against loss or use by unauthorized persons is the responsibility of the designated Program Director. The designated Program Director shall be responsible for all records under their assigned area of responsibility. It is the responsibility of MEORC for the safekeeping of official files for residential records. It is
the MEORC MUI Director’s responsibility to maintain confidentiality of applicable records.

B. Each employee of the County Board shall act responsibly in the provision of service delivery to ensure the confidentiality of information of each individual receiving supports.

C. County Board personnel collecting, maintaining using, or otherwise having access to personally identifiable data shall be informed of the confidentiality policies and procedures of the County Board and are responsible for implementing them.

D. The County Board shall maintain, for public inspection, a current listing of names and positions of those employees who have access to the personally identifiable data. The listing shall be posted near the area where the records are maintained.

E. If the County Board records include information on more than one individual, the individual shall have the right to inspect only the information related to them.

IX. DISCLOSURE OF CONFIDENTIAL INFORMATION REQUIRING WRITTEN CONSENT AND RECORDING PROCEDURES

A. The County Board will obtain written consent of an individual or legal guardian before disclosing personally identifiable information and other information not otherwise authorized from the records of an individual. This written consent shall comply with all state and federal regulations, be signed and dated by the individual or their legal guardian giving the consent, and shall include:

1. A specification of the records to be disclosed;
2. The purpose of the disclosure;
3. The party or class of parties to whom the disclosure may be made;
4. A specific date upon which the authorization will expire; and
5. A statement of authorization can be revoked prior to the disclosure.

B. When a disclosure is made pursuant to this procedure, the County Board shall, upon request of the individual, provide a copy of the records that are disclosed to the individual or their guardian.

C. Disclosure of information also includes verbal sharing (meeting, telephone conversations, etc.) This requires written individual consent, as outlined above. Transmission of information may occur via fax, mail or certified mail as appropriate.

D. Directory information will not be disclosed by the County Board without the written consent of the individual.

E. A record of all disclosures of information that includes the information disclosed, to whom it was disclosed, the reason and the date of the disclosure shall be maintained in the individual’s record. These recording procedures shall be used for all disclosures of confidential information.

A. X. DISCLOSURE OF INFORMATION WRITTEN CONSENT NOT REQUIRED AND RECORDING PROCEDURES

A. Confidential information from the records of an individual may be disclosed without consent of the individual, if the disclosure is:
1. To other staff within the County Board who has been determined by the Superintendent or his/her designee of the County Board to have a legitimate interest in providing services and supports.

2. To Federal and State officials, in connection with the audit or evaluation of federally supported programs or in connection with the enforcement of or compliance with the legal requirements that relate to these programs.

3. To officials or another agency who is providing, or intends to provide services to individuals under contract with the County Board.

4. Refer to HIPAA Procedure IV (2) (a-k), (3) & (4) for additional disclosures of information that does not require written consent and recording procedures.

B. The County Board shall keep a record of parties obtaining or given access to records collected, maintained, or used. Record of access/disclosure shall be kept on parties reviewing the files and of parties to whom information is sent, including:

   1. Name of the party,
   2. Date access was given,
   3. Purpose for which the party is authorized to use the data.

C. These recording procedures shall be used for all disclosures of information without consent.

XI. DISSEMINATION OF CONFIDENTIALITY POLICY AND PROCEDURES

B. The County Board shall disseminate this confidentiality policy and procedures to all parents/legal guardians or individuals including the following information, upon request, regarding records:

   1. The type of information and records that are maintained on individuals;
   2. The name and position of the person responsible for maintaining individual records;
   3. The name of persons with access to individual records and the purpose for which they have access;
   4. The County Board’s policies and procedures regarding review and destruction of information;
   5. The categories of directory information;
   6. All other rights and requirements of guardian/individual, including the Resolution of Complaints and Appeal of Adverse Action Policies and Procedures.

B. Methods of dissemination may include, but not be limited to, the following:

   1. Through ISP, IEP, IFSP meetings;
   2. During the eligibility and intake process;
   3. Upon request of the individual.

XII. POLICY AND PROCEDURE REVIEW AND UPDATE
The County Board shall review, not less than once a year, the systems and safeguards employed by the County Board and staff to preserve confidentiality of information. This review shall be used to maintain the confidential nature of the information.

**Forms used with this procedure:**
- Release of Information
- Authorized Access to Enrollee/Student Records List
- Parent/Guardian/Student Consent for Records Release
- School Record of Persons Obtaining Access to Confidential Education Records

Approved Date: August 30, 2002
Revised Date: November 2, 2006
Revised: March 24, 2011
Reviewed: January 5, 2012; January 10, 2013; January 9, 2014
Revised: June 23, 2014
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. SUBJECT

Document Management, Retention, and Destruction of Administrative Records

VI. PURPOSE

The purpose is to establish a policy to manage documents, retention and destruction of all Muskingum County Board of Developmental Disabilities (County Board) records.

VII. APPLICATION OF DOCUMENT MANAGEMENT, RETENTION AND DESTRUCTION OF ADMINISTRATIVE RECORDS

Records include any document, device, or item, regardless of physical form or characteristic, including an electronic record as defined in Section 1306.01 of the Ohio Revised Code and 149.011 of the Ohio Revised code created or received by or coming under the jurisdiction of the County Board, which services to document the functions, policies, decisions, procedures, operations, or other activities of the County Board.

VIII. POLICY

D. The County Board hereby establishes a policy to safeguard each individual’s right to privacy and confidentiality in the receipt of services and supports from the County Board and to ensure a system exists for maintaining and protecting the confidentiality of individual records and their use.

E. The County Board shall conform to all requirements for privacy and confidentiality set forth in Health Insurance Portability and Accountability Act (HIPAA) and other applicable law. The County Board shall not use or disclose Protected Health Information (PHI) except in accordance with applicable requirements.

F. This policy shall apply whether the County Board is acting as a covered health care provider or a health plan under HIPAA. If the County Board is acting in more than one capacity, the County Board shall be subject to the requirements applicable to that function and shall use or disclose PHI only for purposes related to the function being performed.
V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Adopted: 11/5/2015
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
I. PURPOSE OF RECORD RETENTION AND DESTRUCTION PROCEDURE

The purpose of this procedure is to establish procedures to manage all documents regardless of form or characteristics and retention, and destruction of all records which the County Board creates or accumulates on behalf of the people supported by the County Board.

V. DEFINITIONS

A. Certificate for One-Time Records Disposal (RC-1) is used to request permission to destroy obsolete records that are no longer created or maintained.

B. Records Retention Schedule (RC-2) specifies the period of time each record series will be retained by the County Board, and provides continuing authority for destruction of the records at the expiration of the stated period.

C. Certificate of Records Disposal Form (RC-3) is used to list the records to be destroyed, the inclusive dates of the records as well as the date of destruction and the method of destruction. Certificate of Records Disposal Form serves as the Official Records of the actual disposal of records and should correspond with the Records Retention Schedule.

D. County Board means the Muskingum County Board of Developmental Disabilities.

E. County Records Commission adopts rules for retention and disposal of records of the county, reviews applications for one-time disposal of obsolete records, and schedules of records retention and disposition submitted by the County Board. The Records Commission is composed of a member of the County Commissioners as chairperson, the prosecuting attorney, the auditor, recorder, and the clerk of the court of common pleas.

F. Disclosure means permitting access or the release, transfer, or other communication of records of the individual or the personally identifiable information contained therein, orally or in writing, or by electronic means, or by any other means to a party.

G. Individual means an eligible person receiving services and supports from the County Board or a contracted entity or person under the County Board’s authority.

H. Records includes any document, device, or item, regardless of physical form or characteristic, including an electronic record as defined in Section 136.01 of the Ohio Revised Code, created or received by or coming under the jurisdiction of the County Board which serves to document the organization, functions, policies, decisions, procedures, operations, or other activities of the County Board.

I. Record Destruction means the physical destruction of a records or removal of personal identifiers from information so that the information is no longer personally identifiable.
J. **Records Inventory Form** is a list with all the County Board record including record titles, descriptions, and retention periods.

L. **State Records Commission** consists of the Auditor of State, Attorney General, Secretary of State, Director of the Department of Administrative Services, Superintendent of Public Instruction, and the Director of the Ohio History Connection, or their authorized representative.

**VI. RECORDS MANAGEMENT AND RETENTION**

A. The Superintendent or his designee, shall cause to be made only such records as are necessary for the adequate and proper documentation of the organization, functions, policies, decisions, procedures, and essential transactions of the agency and for the protection of the legal and financial rights of the state and persons directly affected by the agency’s activities.

B. All records are the property of the County Board and shall not be removed, destroyed, mutilated, transferred, or otherwise damaged or disposed of, in whole or in part, except as provided by law or under the policies and procedures adopted by the Muskingum County Records Commissions per Section 149.351 of the Ohio Revised Code.

C. The County Board Leadership Team Members will be designated as Records Officers for their department. The Records Officer must be familiar with all the responsibilities of the department and the records created to document the organization, functions, policies, decisions, procedures, operations, or other activities of the County Board.

D. A Records Inventory list will be compiled of all County Board records which serves to document the organization, functions, policies, decisions, procedures, operations, or other activities of the County Board and will include the record title, description, and retention period.

E. The Record Inventory List will be reviewed and updated annually by each Leadership Team Member.

F. If Records Inventory List does not list a particular type of record, the record must be kept until the schedule is amended to address that category of records.

G. All records, not just public records, are subject to the retention schedule.

H. If a public record is retained beyond its properly approved destruction date, it keeps its public record status until it is destroyed and is thus subject to public records request.

I. Every individual receiving services and or supports shall have access to their records maintained by the County Board. All information shall be treated as confidential and shall be directly accessible only to the County Board employees pursuant to these policies and procedures.

J. An individual’s record is removed from the County Board’s jurisdiction and safekeeping only in accordance with a court order, subpoena, or statute. Individual’s records shall not be removed from the County Board’s jurisdiction for any other reason.

K. The County Board shall develop a list at each service delivery site of the types and locations of records collected, maintained, or used, and shall provide this list to individuals on request.

L. Records shall be kept on file in a secure location to assure permanence of the records for the time during which the services are provided and for transmittal to an alternative program when alternate placement occurs.
M. Reports made under Section 5123.61 of the Ohio Revised Code and 5123:2-17-02 of the Ohio Administrative Code (Major Unusual Incidents) are not public records as defined in Section 149.43 of the Ohio Revised Code and may not be deemed accessible.

IV. DESTRUCTION OF RECORDS

A. County Board records that are continuously being created and accumulated may be destroyed after the following procedures have been completed:

1. The Records Retention Form Schedule (RC-2) shall be completed using the Records Inventory List for records that are continuously being created and accumulated by the County Board.

2. The RC-2 Form shall be updated by the Records Officers for each department to include new records being created as needed or at least annually.

3. The Superintendent or designee will send the completed RC-2 to the County Records Commission for approval of retention periods. The County Records Commission will forward the RC-2 to the State Records Commission for approval of retention periods and the Ohio History Connection to select and maintain any records that have historical value to the State of Ohio and their citizens per Section 149.31 of the Ohio Revised Code. The History Connection shall review the application or schedule with in a period of not more than 60 days after its receipt. During the 60 day review period, the Ohio History Connection may select for its custody from the application for one-time disposal of obsolete records any record it considers to be of continuing historical value.

4. Upon completion of its review, the Ohio History Connection shall forward the application for one-time disposal of obsolete records or the schedule of records retention and disposition to the Ohio Auditor of State for approval or disapproval. The Ohio Auditor of State shall approve or disapprove the application or schedule within a period of not more than 60 days after receipt.

5. Once the retention periods have been approved by the all authorities and the RC-2 has been returned to the County Board any records beyond the approved retention periods may be disposed of without having a County Records Commission meeting.

6. The Certificate of Records Disposal Form (RC-3) is completed and lists of the records that are to be destroyed, the inclusive dates of records as well as the date of destruction and the method of destruction. The RC-3 serves as the official records of the actual disposal of records and should correspond with RC-2 Form.

B. The Certificate of Records Disposal Form (RC-1) is used to request permission to destroy or transfer particular records covering specified dates. The County Board will use this form to dispose of obsolete records that are no longer created or maintained.

1. The RC-1 will be completed listing all of the records that are to be destroyed, the inclusive dates of records as well as the date of destruction and the method of destruction.

2. The Superintendent or his designee will submit the completed RC-1 to the County Records Committee for approval of destruction of obsolete records.

3. The County Records Commission shall inform the Ohio History Connection of the disposal through the submission of a certificate of records disposal for only the records required by the schedule to be disposed and shall give the Ohio History Connection the opportunity over a
period of 15 days to select for custody those records, from the certificate submitted, that considers it to be of historical value.

4. The RC-3 will be completed and will serve as the official records of the actual disposal of records and should correspond with RC-1 Form.

5. Per 149.381, the Ohio History Connection are prohibited from reviewing or selecting for its Custody any of the following records:

   a. Records containing personally identifiable information concerning any pupil attending the Muskingum County Board of DD Starlight School other than directory information, as defined in 3319.321 of the Ohio Revised Code, without the written consent of the parent, guardian, or custodian of each such person who is less than eighteen years of age, or without the written consent of each pupil who is eighteen years of age or older;

   b. Records that release of which would, according to the “Family Educational Rights and Privacy Act of 1974”, disqualify the school from receiving federal funds.

C. Once a record is no longer needed for retention, the County Board will notify an eligible person, the person’s guardian, or, if the eligible person is a minor, the person’s parents or guardian, prior to destroying any record or report regarding the eligible person. Per 5126.044 of the Ohio Revised Code the County Board does not have to have written permission prior to destruction of individual record information.

D. When an eligible person who receiving County Board services dies, the county Board shall, on written request, provide to the following persons any reports and records created by the County Board concerning the eligible person under the following circumstances:

1. If the report or records are necessary to administer the estate of the person who is the subject of the reports or records, to the executor or administrator of the person’s estate;

2. To the guardian of the person who is the subject of the reports or records, if the individual had no guardian at the time of death, to a person in the first applicable of the following categories:

   a. The person’s spouse;

   b. The person’s children;

   c. The person’s parents;

   d. The person’s brothers or sisters;

   e. The person’s uncles or aunts;

   f. The person’s closest relative by blood or adoption;

   g. The person’s closest relative by marriage.

The County Board shall provide the reports and records as required not later than thirty days after receipt of the written record.

E. Records pertaining to a Major Unusual Incident will not be released to anyone who was investigated in the incident.
V. PROHIBITING DESTRUCTION OR DAMAGE OF RECORDS

A. A records are the property of the County Board and shall not be removed, destroyed, mutilated, transferred, or otherwise damaged or disposed of, in whole or in part, except as provided by law or under rules adopted by the County Records Commission per Section 149.38 to 149.42 of the Ohio Revised Code.

B. Any person who is aggrieved by the removal, destruction, mutilation, or transfer of, or by other damage to or disposition of a record in violation of V (A) of this procedure, or by threat of such removal destruction, mutilation, or transfer of, or by other damage to or disposition of such record may commence either both of the following in the court of common pleas in which V (A) of this procedure allegedly was violated or is threatened to be violated:

1. A civil action for injunctive relief to compel compliance with V (A) of this procedure, and to obtain an award of the reasonable attorney’s fees incurred by the person in the civil action;

2. A civil action to recover a forfeiture in the amount of one thousand dollars for each violation, but not to exceed a cumulative total of ten thousand dollars, regardless of the number of violations, but obtain an award of the reasonable attorney’s fees incurred by the person in the civil action not exceed the forfeiture amount recovered.

C. A person is not aggrieved by a violation of section V (A) of this procedure if clear and convincing evidence shows that the request for a record was contrived as a pretext to create potential liability under this procedure. The commencement of a civil action under section V (B) of this procedure waives any right under this procedure to decline to divulge the purpose for requesting the record, but only to the extent needed to evaluate whether the request was contrived as a pretext to create potential liability.

D. In a civil action under section V (B) of this procedure, if clear and convincing evidence shows that the request for a record was a pretext to create potential liability, the court may award reasonable attorney’s fee to any defendant or defendants in the action.

1. Once a person recovers forfeiture in a civil action commenced per V (B) of this procedure, no other person may recover a forfeiture under section V (B) (2) of this procedure for a violation of section (A) of this procedure involving the same record, regardless of the number of persons aggrieved by a violation of V (A) of this procedure was allegedly violated or was threatened to be violated.

2. A civil action for injunctive relief under V (B) (1) of this procedure or a civil action to recover a forfeiture under V (B) (2) of this procedure shall be commenced within five years after the day in which V (A) was allegedly violated or was threatened to be violated.

Approved: 11/6/2015
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018

Forms used with this procedure:

RC-1
RC-2
RC-3
I. SUBJECT

Delegated Nursing Services

II. PURPOSE

To establish a Health Policy, which ensures that necessary medical treatments and medications are delivered to individuals with developmental disabilities by competent, Muskingum County Board of Developmental Disabilities (County Board) trained staff hereafter referred to as DD Personnel.

III. APPLICATION

This policy applies to all the giving or applying of prescribed medication and the performance of health related services by DD Personnel to individuals with developmental disabilities.

IV. POLICY

A. The Muskingum County Board of Developmental Disabilities (County Board) shall permit the delegation of giving or applying prescribed medication to DD Personnel that have successfully completed training. Such delegation may be done only by an appropriately trained nurse and only when certain conditions are met, as stipulated in the Ohio Revised Code.

B. Furthermore, DD Personnel may give or apply prescribed medication and/or perform health related services on individuals enrolled in County Board services or supports at the following settings:

1. Starlight School

2. Muskingum Starlight Industries,

3. While transported in a vehicle operated by or under contract with the County Board, on field trips conducted in this state by the County Board, or when involved in some other activity conducted under the County Board’s authority that is at a location different from any of the above settings as long as staff who are with individuals have been trained by the nurse appropriately for the specific needs and have met all requirements as set by 5123:2-6-01 and 5123:2-6-07 of the Ohio Administrative Code. If obtaining DODD Certification I Medication Administration Training is required for administration of a physician’s order then this will not be provided by County Board transportation staff. Rectal Diastat and Intranasal Midazolam will not be administered by the County Board transportation staff.
C. The Superintendent is authorized to establish procedures to be utilized in the implementation of this policy that will meet the requirements of the Ohio Revised Code and rules established by both the Ohio Department of Developmental Disabilities and the Ohio Board of Nursing. Such procedures shall include, but not be limited to: training for the nurse and DD personnel, conditions under which the delegation of giving or applying prescribed medications or the performance of health related services may occur, and conditions under which a DD personnel may perform delegated nursing services.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

II. Board Adopted: June 6, 2002
Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006; January 4, 2007; January 3, 2008; January 1, 2009; January 14, 2010
Revised: August 13, 2015
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
I. DEFINITIONS

For the purpose of these procedures, the following definitions will apply:

A. **County Board** – the Muskingum County Board of Developmental Disabilities.

B. **Delegable Nursing Task** – a nursing task, inclusive of the giving of oral prescribed medications and/or the applying of topical prescribed medications, which a licensed nurse has determined meets the provisions of the rules on delegation.

C. **Delegation** – the transfer of responsibility for the performance of a selected nursing activity or task from a licensed nurse to a trained unlicensed person working under nursing supervision in a selected situation.

D. **DODD** – the Ohio Department of Developmental Disabilities.

E. **Designated Site/Setting** – any County Board facility or program at which an individual attends for a portion of the day where the primary purpose of that facility is other than health care or nursing care. A designated site may also include the transportation vehicle if travel time is involved and provided by the County Board to field trips, training sites, enclaves, and job sites, etc.

F. **Health Care Professional** – a licensed or certified dentist, optometrist, pharmacist, physician, nurse, nurse practitioner, practitioner of a limited branch of medicine, occupational therapist, occupational therapy assistant, physical therapist, physical therapy assistant, respiratory therapist, emergency medical technician, advanced emergency medical technician, or paramedic.

G. **Health related activities** – any or all of the following: taking vital signs; application of clean dressings that do not require health assessment; basic measurement of bodily intake or output; oral suctioning; use of glucometers; external urinary catheter care; emptying and replacing colostomy bags; collection of specimens by noninvasive means.

H. **DD personnel** – the DD Personnel and vendors/providers under contract who provide specialized services to individuals with developmental disabilities. “DD Personnel” includes those who provide the services as follows: through direct employment with DODD; through an entity under contract with DODD or the County Board; or through direct employment or being under contract with private entities that operate residential facilities.

I. **Nurse or Licensed Nurse** – an Registered Nurse (RN) or Licensed Practical Nurse ((LPN) who holds a current, valid license to practice nursing in compliance with Chapter 4723 of the Ohio Revised Code, Law Regulating the Practice of Nursing.

J. **OBN** – the Ohio Board of Nursing.

K. **Oral Medication** - any medication that can be ingested through the mouth or a stable gastric tube.
L. **Program Nurse** – the registered nurse who has completed the Train the Instructor Program and is responsible for implementing the County Board’s policy on Delegated Nursing.

M. **Prescribed Medication** – any drug that is to be taken orally or applied topically pursuant to the instructions of a health care professional that is authorized by law to prescribe medications.

N. **Topical Medication** – medication applied to the outer skin and eye, ear, or nose drops. Topical medication may include a transdermal medication or vaginal or rectal suppositories.

**SELF ADMINISTRATION OF PRESCRIBED MEDICATION**

A. An individual who can safely self-administer medication or receive assistance with self-administration of medication shall be given the right to self-administer medication or receive assistance with the self-administration of medication.

B. Based on an assessment prescribed or approved by the DODD, the individual’s Individual Service Plan shall document when the individual cannot safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication.

**III. AUTHORIZATION OF MRDD PERSONNEL TO ADMINISTER PRESCRIBED MEDICATIONS, PERFORM HEALTH RELATED ACTIVITIES, OR PERFORM TUBE FEEDINGS.**

A. DD Personnel who are not specifically authorized by other provisions of the Revised Code to administer prescribed medications, perform health related activities, or perform tube feedings may do so pursuant to section 5123.42 of the Revised Code and rules adopted by the department under this chapter as part of the specialized services the DD Personnel provide to individuals in the following categories:

1. Individuals receiving early intervention, preschool, or school age services
2. Individuals receiving adult services
3. Individuals receiving Family Support Services
4. Individuals receiving services from certified supported living providers
5. Individuals receiving residential support services from licensed home and community-based service providers, if the services are received in a community living arrangement that includes not more than four individual.
6. Individuals receiving services not included in paragraphs (A) (1) to (A) (5) of this rule that are offered or provided pursuant to Chapter 5123 or Chapter 5126 of the Revised Code.
7. Individuals residing in a residential facility with 5 or fewer beds.
8. Individuals residing in a residential facility with at least 6 but no more than sixteen beds.

B. Authorization Graph – attached.

**VI. TRAINING REQUIREMENTS – NURSES**
A. The program nurse, who has successfully completed a Delegation Train the Instructor Program, as mandated by the Ohio Board of Nursing (OBN) and DODD will implement the County Board’s policy on Delegated Nursing.

B. Any licensed nurse employed or contracted by the County Board can delegate and supervise the administration of prescribed medications and the performance of nursing tasks by trained unlicensed staff, in accordance with the administrative procedures on delegated nursing. The nurse must either be a registered nurse or a licensed practical nurse working under the direction of a registered nurse who is available via telecommunication.

C. Only a registered nurse who meets the following requirements shall plan, develop, and coordinate a program of instruction that prepares DD Personnel to give or apply oral or topical medications, perform health-related activities, perform subcutaneous insulin injections, or administer food or prescribed medication via a stable labeled gastrostomy tube or stable labeled jejunostomy tube:

1. Current valid licensure in Ohio to practice nursing as a registered nurse;
2. A minimum of eighteen months experience in the practice of nursing as a registered nurse;
3. Previous experience caring for an individual with mental retardation and developmental disabilities;
4. Successful completion of the Train the Instructor Program as evidenced by a certificate from an approved department trainer who is an authorized Ohio Board of Nursing approver.

D. Certificates of completion of the Train the Instructor Program and required continuing education related to delegation for licensed nurses shall be maintained in their DD Personnel’s personnel file.

V. TRAINING REQUIREMENTS FOR DD PERSONNEL TO GIVE ORAL OR APPLY TOPICAL MEDICATIONS

A. The administration and nursing staff will jointly decide which staff members will be trained, according to the needs of the program.

B. The County Board shall determine DD Personnel that are eligible to take them medication course by:

1. Verifying evidence that the County Board staff is at least 18 years old and that she/he has earned a high school diploma or a certificate of high school equivalency issued by the Ohio State Board of Education or an appropriate agency of another state;

2. Determining that the State Nurse Aide Registry contains no statement regarding the DD Personnel’s alleged abuse or neglect of a long-term care facility resident or misappropriation of resident property;

3. Determining that the DD Personnel has not been convicted of or plead guilty to any felony contained in the Revised Code that is related to drugs or the abuse of an individual. This determination will be completed by requesting information from the Abuser Registry and the Bureau of Criminal Identification and Investigation.

C. Before any DD Personnel shall give or apply prescribed medications or perform health related activities, or perform tube feedings, he/she shall meet the required performance standards of training as specified in the rules of the Revised Code, OBN and ODMRDD. The department
approved Program of Instruction shall consist of the number of hours required by rule, which ensures sufficient preparation of MRDD Personnel to safely give oral or apply topical medications and perform health-related activities, and perform tube feedings. A copy of the Programs of Instruction is kept in the program nurse’s office.

D. Documentation of successful completion of the Oral and Topical Medication Administration course and the Gastrostomy and Jejunostomy Tube Feeding and Medication Administration course shall be kept in the DD Personnel’s personnel file and made available for review by the OBN or the DODD upon request, with copies kept in the program nurse’s office. DD Personnel is also registered on the DODD Medication Administration Data Base.

VI. TRAINING REQUIREMENTS FOR MRDD PERSONNEL TO PERFORM DELEGATED NURSING TASKS

A licensed nurse who teaches DD Personnel to perform a delegable nursing task shall prepare and present to the DD Personnel at least the following:

A. Information on infection control and universal precautions (may be waived, in writing, by the nurse if the DD Personnel has previous training on the topic, the training has been documented, and the nurse determines that the DD Personnel’s knowledge is current and adequate to perform the task by demonstration).

B. Information and directions on the concepts underlying the nursing task and how to correctly perform that specific task according to current standards of practice following written step-by-step directions, which shall be available to the DD Personnel when performing the task.

C. A demonstration of the delegable nursing task following which the DD Personnel shall satisfactorily perform a return demonstration of the task. The nurse shall use a written skills checklist to document the satisfactory return demonstration of the task.

D. Documentation of successful completion of training for the delegable nursing task shall be kept in the nurse’s office and made available for review by the OBN.

VII. DELEGATION CRITERIA AND STANDARDS

A. Assessment

Before any delegation of nursing tasks occurs, a registered nurse shall complete the following:

1. A nursing assessment of the current health status of the individual who needs nursing care and a determination that the health status of the individual will not be adversely affected by the delegation.

2. An assessment of the type of nursing care needed the conditions under which the delegable task or delegated prescribed medication administration will be done; selection of DD personnel who have current training and/or certification; or provide training to the DD personnel and do individual specific training; document assessment and training.

3. A determination as to whether the supervision of the nursing task will be direct or indirect, based on the number of individuals involved and the medical condition of those individuals; the types and numbers of tasks that will be delegated; the reliability of the DD Personnel who will be performing the nursing task; the distance between settings; the availability of emergency aid; and the accessibility of telecommunication devices.
B. Reassessment

A registered nurse shall reassess delegation and the needs of the individual on an on-going basis, but at least annually, including determination that delegation continues to be necessary and appropriate, determination that the individual continues to be stable, and determination that the DD Personnel continue to have the skills to perform the nursing task(s), activity(ies), or prescribed medication administration that have been delegated. The reassessment may be more frequent if necessary in the judgment of the delegating nurse.

C. Decision to Delegate

1. The program nurse will make the decision to delegate nursing tasks to DD Personnel based on nursing knowledge. A nursing task is delegable if the registered nurse or the licensed practical nurse, at the direction of the registered nurse delegating the task, determines that the following apply:
   a. The task requires no nursing judgment on the part of DD Personnel performing the task
   b. The results of the task are predictable
   c. The task can be safely performed according to exact, unchanging directions, with no need to alter the standard procedures for performing the task.
   d. Performance of the task does not require that acute observations and decisions be made.
   e. There are no safety concerns with regard to the frequency of performing the task.
   f. The consequences of interrupting the performance of the task or improperly performing the task are minimal and not life threatening.

2. The registered nurse may delegate nursing tasks to DD Personnel if these and all other standards and criteria for delegation established by the OBN and DODD are met.

3. A registered nurse may delegate nursing tasks directly to DD Personnel or may delegate a portion of the overall care to a LPN who may then delegate to DD Personnel. A LPN may delegate to DD Personnel only under the direction of an RN. DD Personnel shall not delegate any nursing tasks. DD Personnel may perform nursing tasks only on individuals specified by the delegating nurse.

4. Prior to delegation, the delegating nurse shall ensure that DD Personnel has been given client specific instructions on each individual for whom they administer medications, perform health related activities, administer food or prescribed medication via stable labeled gastrostomy and stable labeled jejunostomy tube. DD Personnel shall not administer prescribed medications, perform health related activities, administer food or prescribed medications via stable labeled gastrostomy tube and stable labeled jejunostomy tube for any individual for whom they have not been specifically trained.

D. Supervision

1. The delegating nurse shall provide to DD Personnel at each site:

2. The necessary resources for performing and documenting nursing tasks
3. The step-by-step directions for all delegable nursing tasks

4. Copies of authorization/requests for administration of medications or performance of nursing tasks

5. The information to access the licensed nurse

6. The system for procuring back-up nursing supervision

7. Emergency numbers

8. Secure storage for medications and supplies
   a. DD Personnel shall not perform nursing tasks unless at least indirect supervision is available. DD Personnel who are delegated a nursing task shall, at the direction of a registered nurse, perform a successful return demonstration at least once every year of the skills approved for that DD Personnel. Records of the successful return demonstration shall be maintained on file by the nurse.

   b. The delegating nurse shall rescind the delegation if the DD Personnel fail to follow administrative procedures and/or delegation training while performing a nursing task.

E. Documentation

   Documentation of all prescribed medications, health related activities, or delegated tube feedings given, applied, missed, held, or refused shall be done on a prescribed medication record or treatment administration record indicating the name or initials of the DD Personnel administering a prescribed medication or treatment, time and date, and, when appropriate, observations or difficulties noted.

F. Reporting Errors/ Incidents

   1. Any error by DD Personnel in the administration of oral or application of topical prescribed medications, performance of health related activities, or performance of delegable tube feedings including failure of parent/guardian/service provider to deliver medication or supplies to the County Board facility shall be reported following the County Board procedures for Incidents Adversely Affecting Health and Safety. A copy of the medication/treatment error report will be faxed to the enrollee’s prescribing physician.

   2. Any error by DD Personnel in the administration of oral or application of topical prescribed medications, performance of health related activities, or performance of delegable tube feedings that result in physical harm to the individual shall be immediately reported to an appropriate licensed health care professional.

   3. The delegating nurse shall notify the parent, guardian, and/or service provider of the error.

   4. A medication incident report shall be completed with copies forwarded to the Major Unusual Incident/Unusual Incident (MUI/UI) Coordinator, parent/guardian/service provider, and the program nurse.

   5. If the County Board believes or is notified by the department, a delegating nurse, or the registered nurse responsible for quality assessment that DD Personnel have not or will not
safely administer prescribed medications, have not or will not safely perform health related activities, have not or will not safely administer food or prescribed medication via stable and labeled gastrostomy or jejunostomy tube, the County Board shall:

a. Prohibit the action from continuing or commencing;

b. Immediately make other staffing arrangements so that services are completed as prescribed;

c. If applicable, immediately complete a Major Unusual Incident Form;

d. If applicable, notify the registered nurse responsible for quality assessment oversight;

e. If applicable, immediately notify the delegating licensed nurse.

G. Medication Taken on Field Trips

1. A staff nurse will be informed of date and time of field trip.

2. Delegatee will have a secure container for transport and safekeeping of medication while on field trip.

3. A Delegated Medication Sheet for Field Trips containing client specific instructions and medication information will also be taken on the field trip.

4. The DD Personnel will be responsible for safe transport and return of medications and documentation to the clinic or classroom.

H. Liability

1. The DD Personnel who successfully complete training are not liable for any injury caused by the prescribed medication or delegated nursing task if all the following are the case:

   a. Prior to giving the medication or performing the task DD Personnel received a copy of the authorization and any revised statements.

   b. The DD Personnel gave the prescribed medication or performed the nursing task according to methods taught.

   c. The DD Personnel did not act in a manner that constitutes wanton or reckless misconduct.

2. The health care professional who delegated authority to give or apply prescribed medication or perform a nursing task remains responsible for the care of the County Board enrollee by ensuring that the DD Personnel gives or applies the medication or performs the task in accordance with the training and instructions provided and in accordance with appropriate current standards of care. A licensed nurse shall not be responsible for the delegation by another licensed health care professional to an unlicensed person.

I. Quality Assessment

1. The quality assessment registered nurse, employed by or under contract with the County Board, shall complete quality assessment reviews in a format prescribed by the department so that a review of each individual receiving administration of prescribed medications or performance
of health related activities by DD Personnel is conducted at least once every 3 years for individuals receiving services from certified supported living providers; individuals receiving residential support from certified home and community based service providers, if the services are received in a community living arrangement that includes no more than 4 individuals; or individuals residing in residential facilities or 5 or fewer beds, excluding ICFs/MR.

2. If the quality assessment registered nurse receives a complaint or identifies concerns based on a quality assurance review related to the performance or qualifications of DD Personnel, that registered nurse shall do an initial investigation including a discussion with the DD Personnel and his/her employer. After completing the initial investigation, the quality assessment nurse shall contact and work with the nurse consultant or a designee of the department to assure that the cases are handled in a consistent manner statewide.

VIII. LOCATION OF DOCUMENTATION / EVIDENCE

A. Training

1. Certificates of Completion for the Train the Instructor Program and continuing education of the registered nurse related to delegation – nurse’s individual file, DODD Medication Administration Data Base.


5. State Nurse Aide Registry findings –DD Personnel’s personnel file, program nurse’s office.


7. Completion of training for delegable nursing tasks, health related activities – nurse’s office; delegation notebook on site, original to enrollee’s file when discontinued.

B. Delegation

1. Emergency Medical Information/Authorizations - Main office at each site

2. Authorization/Requests for Medication Administration / Health Services - Nurses’ offices (to individual’s permanent file when discontinued); delegation notebook on site.

3. Statements of Delegation (for medication administration, performance of health related activities, performance of delegable tube feedings) - nurses’ offices (to individual’s permanent file when discontinued); delegation notebook on site.

4. Nursing Assessments - nurses’ offices (to individual’s permanent file when discontinued)
5. Procedures for Administration of Medications - nurses’ offices; delegation notebooks on site. Client Specific Instructions - Medication Administration Info Cards on site/ school Delegation Medication Sheet for Field Trips/workshop

6. Procedures for Nursing Tasks, health related activities - nurses’ offices - delegation notebooks on site Client Specific Instructions – (on delegation statements) delegation notebooks on site.

IX. **ACCEPTING AND REFERRING COMPLAINTS**

The County Board shall follow the procedures for accepting and referring complaints regarding the administration of prescribed medication, performance of health related activities, and performance of tube feedings by DD Personnel as stated in the County Board’s policy on Administrative Resolution of Complaints and Due Process Rights. Actions taken to correct violations will follow procedures specified in Delegation Rules of the OBN and the DODD. Any complaints related to the scope of nursing practice shall be referred to the OBN, which regulates the practice of nursing in accordance with chapter 4723 of the Ohio Revised Code.

Forms to be used with this procedure:
- Authorization Graph – authority of DD Personnel to perform services
- State Nurse Aide Registry Report
- Statement of Delegation for Medication Administration
- Statement of Delegation for Nursing Tasks, Health Related Activities
- Personal/Emergency Information Form with Medication List/Medical Authorization
- Nursing Assessment
- Nursing Assessment Summary
- Nursing Assessment Updates Form
- Training Procedures for Administration of Medication Checklist
- Skills Checklist for Administration of Medication Checklist
- Training Procedures for Performance of Nursing Tasks and Health Related Activities
- Skills Checklist for Performance of Nursing Tasks and Health Related Activities
- DD Personnel Individual Skills Checklist
- Medication Incident Report
- Physician’s Authorizations Request for the Administration of Medication
- Physician’s Authorizations Request for Health Care Activities
- Parent / Guardian / Enrollee Authorizations for Administration of Medication
- Parent / Guardian / Enrollee Request for Health Care Services

Approved: July 16, 2002;
Reviewed: July 22, 2005; September 15, 2006,
Revised: December 14, 2006
Reviewed: January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
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<th>Setting and Fund Stream</th>
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<td>Minimum Course</td>
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<td>Insulin and</td>
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<td>While Individual is on a Field Trip</td>
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<td>Providers</td>
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<td>Recipients of Any Other</td>
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<td>County Board of/DD</td>
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Muskingum County Board of Developmental Disabilities

State Nurse Aide Registry Report

This is to certify that ___________________________ is

___________ Not registered

___________ In good standing

With the Ohio Nurse Aide Registry as confirmed by:

__________________________________________
Signature Date
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

STATEMENT OF DELEGATION
MEDICATION ADMINISTRATION

NAME OF INDIVIDUAL

MEDICATION ADMINISTRATION: Oral and/or topical medication as documented on most current physician’s orders.

RESULT OF NURSING ASSESSMENT: Enrollee’s condition is considered stable. Delegation criteria met for Board of Nursing Rule 4723-21-24. See current nursing assessment on file.

<table>
<thead>
<tr>
<th>MR/DD Personnel</th>
<th>MR/DD Personnel Title</th>
<th>Certification Category I / Category II</th>
<th>Certification Date(s)</th>
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I have read the above delegation statement and accept the responsibility to perform this delegated nursing care as I have been instructed. The delegating nurse has reviewed with me the client’s relevant health care information as documented on the Individualized Health Care Plan. I have been given client specific information on the individual’s medications, possible side effects, and special instructions for administration as documented on the client’s MAR and their Medication Administration Information Sheet or card.

<table>
<thead>
<tr>
<th>Trained MR/DD Personnel Signature</th>
<th>Delegating Nurse Signature</th>
<th>Date</th>
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The original delegation statement will be maintained in the nurse’s office. When discontinued, it will be placed in the enrollee’s permanent file. The delegate’s copy will be kept in the delegation notebook onsite. The enrollee’s ISP will note that delegated nursing services are being received.

Client Specific Information Updates

<table>
<thead>
<tr>
<th>Date</th>
<th>Update Info</th>
<th>MR/DD Personnel</th>
<th>Nurse Trainer</th>
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Revised 1/2008
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

STATEMENT OF DELEGATION
NURSING TASKS, HEALTH RELATED ACTIVITIES

NAME OF INDIVIDUAL ____________________________

SPECIFIC NURSING TASK OR HEALTH RELATED ACTIVITY ____________________________

RESULT OF NURSING ASSESSMENT: Enrollee’s condition is considered stable. Delegation criteria met for Board of Nursing Rule 4723-13-01. See current nursing assessment on file.

Universal Precautions Training Date: ____________________________
Client Specific Instructions: ____________________________

Special Instructions/Precautions / Warnings:

<table>
<thead>
<tr>
<th>Trained DD Personnel Name</th>
<th>DD Personnel Title</th>
<th>Training Completion Date/ Return Demo. Completed</th>
<th>Instructor Signature</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

I have read the above delegation statement and accept the responsibility to perform this delegated nursing task or health related activity as I have been instructed. The delegating nurse has reviewed with me the client’s relevant health care information as documented on their Individualized Health Care Plan. I have been given client specific instructions as noted above and on the Treatment Administration Record.

<table>
<thead>
<tr>
<th>MR/DD Personnel Signature</th>
<th>Date</th>
<th>Delegating Nurse Signature</th>
<th>Date</th>
</tr>
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<tbody>
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</tbody>
</table>

The original delegation statement will be maintained in the nurse’s office. The delegate’s copy will be kept in the delegation notebook onsite. The enrollee’s ISP will note that delegated nursing services are being received. When discontinued, the original will be filed in the enrollee’s permanent record.
| Name: ________________________________ | DOB: ___________ Social Security #: ___________
| Date of Birth: _____________________ | Medicaid #: ___________ Medicare #: ___________
| Enrollee Name: ___________________________ | IIF#: ___________ Enrollment #: ___________
| Email: ___________________________ | OEDI / COEDI: ___________________________
| Phone Number: _______________ | Date Completed: ___________
| Lives With: ___________________________ | Permission is granted for the enrollee to appear in still or motion
| Name: ___________________________ | pictures to be used for educational, promotional, or other purposes.
| Address: ___________________________ | Yes _____ No _____
| City: ___________________________ State: ___________ Zip Code: ___________
| Mother's Name: ___________________________ | Medical Information
| Phone: ___________________________ | In Case of Emergency
| 1st Choice: ___________________________ | (List 2 choices other than those listed above)
| Name: ___________________________ Relationship: ___________
| Address: ___________________________ | Phone: ___________________________
| 2nd Choice: ___________________________ | Phone: ___________________________
| Name: ___________________________ Relationship: ___________
| Address: ___________________________ | Phone: ___________________________
| Family Doctor: ___________________________ | Phone: ___________________________
| Address: ___________________________ | Phone: ___________________________
| Preferred Hospital: ___________________________ | Phone: ___________________________
| Other Specialist: ___________________________ | Phone: ___________________________
| Address: ___________________________ | Phone: ___________________________
| Psychiatrist: ___________________________ | Phone: ___________________________
| Address: ___________________________ | Phone: ___________________________
| Mental Health Professional: ___________________________ | Phone: ___________________________
| Address: ___________________________ | Phone: ___________________________
| Family Dentist: ___________________________ | Phone: ___________________________
| Address: ___________________________ | Phone: ___________________________
| Payee: ___________________________ | Phone: ___________________________
| Address: ___________________________ | Phone: ___________________________

Medical Diagnosis:

Seizures (Describe):

Dietary Restrictions:

Physical Limitations:

Lifting Restrictions:

Last Tetanus Shot: ___________

Allergies/Medication Precautions:

(Please List Medications on Attached Medication Information Sheet)
Medication Assessment Completed? ___ yes   ___ no   Date ___________

Is medication taken during program hours? ___ yes   ___ no

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>When Given</th>
<th>How Given</th>
<th>Reason Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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NURSING ASSESSMENT

Name: _______________________________ Date: _______________________________

Vital Signs: T _________ P _________ R _________ BP _________

Allergies: ______________________________________________________________________________________________

Brief Medical History: ______________________________________________________________________________________

________________________________________________________________________________________________________

Baseline Status

<table>
<thead>
<tr>
<th>General Survey</th>
<th>Psycho-Social/Neuro</th>
<th>EENT</th>
<th>Cardiovascular</th>
<th>Respiratory</th>
<th>Gastrointestinal</th>
<th>Urinary</th>
<th>Musculoskeletal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color of skin within normal limits</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Skin warm, dry, and intact</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Oral mucous membranes moist</td>
<td>___</td>
<td>___</td>
<td>___</td>
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</tbody>
</table>

| RR _________ | Abdomen soft | No complaints of tenderness/pain | Color and landmarks within normal | Peripheral pulse palpable | No edema | ___ | ___ |
| ___ | _____ | ___ | _____________ | ________ | ___ | ___ | ___ |

| Lung fields clear x 4 | Bowel sounds active | Exudate absent | Color and landmarks within normal | BP _________ | ___ | ___ |
| _____ | _____ | ___ | ___ | _____________ | ___ | ___ | ___ |

| Nail beds & mucous | Memorial pink | No complaints of tenderness/pain | Color and landmarks within normal | BP _________ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ |

| Membranes pink | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ |

Comments: ______________________________________________________________________________________________

________________________________________________________________________________________________________

Medication/Daily Nursing Care: ______________________________________________________________________________

___________________________________________________________________________________________________

_______________________________________________________________________________________________________

__________________________________________________________

Nurse's Signature: ____________________________________________  Date: __________________________________
Nursing Assessment Summary

Enrollee Name

___ The nursing task requires no judgment based on nursing knowledge or expertise.
___ The results of the task are reasonably predictable.
___ The task can be performed safely, according to exact, unchanging directions, with no need to alter the standard procedure for performing the task.
___ Repeated nursing assessments are not needed.
___ The consequences of improperly performing the nursing task are minimal and not life threatening.
___ Direct Supervision is needed.
___ Indirect Supervision is needed.

Goals and objectives for this delegable nursing task:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Assessment Review recorded on following pages

Nurse’s Signature ___________________________ Date _____________________
# Nursing Assessment Updates

**Muskingum County Board of Developmental Disabilities**

**NURSING ASSESSMENT UPDATES**

<table>
<thead>
<tr>
<th>Date</th>
<th>No Change</th>
<th>Change</th>
<th>Comments</th>
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</table>

**Name:** ________________________________  
**Location:** ____________________________

**General**
- Psycho-Social/Neuro
- EENT
- Cardiovascular
- Respiratory
- Gastrointestinal
- Urinary
- Musculoskeletal
- Other ________________

**Date:** _____________________

**Comments:** ______________________________________________________________________________________  
________________________________________________________________________________________________

**Nurse's Signature/Title:** ____________________________________________

**Date:** _____________________

**General**
- Psycho-Social/Neuro
- EENT
- Cardiovascular
- Respiratory
- Gastrointestinal
- Urinary
- Musculoskeletal
- Other ________________

**Date:** _____________________

**Comments:** ______________________________________________________________________________________  
________________________________________________________________________________________________

**Nurse's Signature/Title:** _____________________________________________________________________________

**Date:** _____________________

**General**
- Psycho-Social/Neuro
- EENT
- Cardiovascular
- Respiratory
- Gastrointestinal
- Urinary
- Musculoskeletal
- Other ________________

**Date:** _____________________

**Comments:** ______________________________________________________________________________________  
________________________________________________________________________________________________

**Nurse’s Signature/Title:** _____________________________________________________________________________
Muskingum County Board of Developmental Disabilities
Delegated Nursing Services

Training Procedures for Administration of Medications
Skills Checklist

GENERAL

1. Wash hands thoroughly.
2. Read the order from the medication administration record (MAR), checking for:
   The right individual
   The right medication
   The right dose
   The right time
   The right route
3. Obtain the medication from the secure storage area, checking it three times against the
   MAR.
   Check when it is removed from storage.
   Check when the medication is removed from the container.
   Check before replacing the container in storage.
4. Prepare the medication as directed by the physician’s order.
5. Identify the individual who will be receiving the medication and explain what you are
going to do. Review the name and purpose of the medication with the individual.

ORAL MEDICATIONS

6. After administration of the medication, stay with the individual until the pill has been
   swallowed.
7. Apply gloves.
8. Cleanse the eye with a clean cloth, wiping from the inner corner to the outer corner to
   prevent contamination.
9. With one hand, pull the lower lid down and apply the ointment or drops as
   prescribed, being sure not to touch the applicator to the skin or eye.
10. Ask the individual to keep their eyes closed for a few minutes to allow the
    medication to absorb.

OTIC MEDICATIONS

11. Apply gloves.
12. Ask the individual to position their head to the side.
13. Cleanse the entry to the ear with a clean cloth.
14. Gently pull the outer ear back and up, then apply the medication as prescribed.
    Be sure not to touch the applicator to the skin.
15. Ask the individual to lie quietly for a few minutes to allow the medication to absorb.
16. A clean cotton ball may be placed in the ear as desired by the individual.

NASAL DROPS OR SPRAYS

17. Ask the individual to position their head tilting back.
18. Administer the drop or spray as ordered by placing the applicator just inside the
    nare. Do not touch the applicator to the skin.
19. Ask the individual to remain in this position for a few minutes while the medication
    absorbs.

INHALERS

20. Insert the metal canister into the plastic mouthpiece. Attach spacer as ordered.
21. Ask the individual to enclose the mouthpiece with their lips while holding the canister vertically.
22. Have the individual exhale deeply, then inhale slowly through the mouth while pressing firmly on the upended canister.
23. Wait two full minutes between puffs.
24. Ask the individual to take a drink shortly after the medication to prevent complications such as thrush or dry mouth.

**NEBULIZERS**

25. Take the individual’s pulse and respirations if indicated by the physician.
26. Apply gloves.
27. Connect nebulizer tubing to the pump.
28. Add the ordered medication(s) to the nebulizer and turn the machine on.
29. Apply the mask or give the hand-held piece to the individual. Ask the individual with a hand-held unit to seal their lips around the mouthpiece.
30. Ask the individual to breath in the aerosol medication.
31. When the treatment is complete, usually 10 – 15 minutes, clean the mask or hand-held piece with soap and water and allow to dry.
32. Monitor the individual for improvement of symptoms. Take the individual’s pulse and respirations if indicated or if distress is noted.

**TOPICAL MEDICATIONS**

33. Apply gloves.
34. Cleanse the affected area with soap and water or as otherwise ordered.
35. Note the area and report any changes or unusual complaints.
36. Apply the medication according to the order, applying a dressing as indicated.

**RECTAL SUPPOSITORIES**

37. Apply gloves.
38. Position the individual on their hip with one knee drawn up and forward.
39. Remove the suppository from the wrapper and apply lubricant.
40. Lift the upper buttock to expose rectum.
41. Slowly insert the suppository into the rectum well beyond the sphincter, pushing gently with your gloved, lubricated forefinger.
42. Press folded toilet tissue to the area until the urge to expel the suppository subsides. The suppository needs to be held so that it may dissolve.
43. Ask the individual to lie down for about 15 minutes.

**VAGINAL MEDICATIONS**

44. Ask the individual to empty their bladder.
45. Apply gloves.
46. Position the individual on her back with her knees bent and legs separated.
47. Place a towel under the buttocks.
48. Place the medication in the applicator and lubricate as indicated.
49. Spread the labia with one hand and gently insert the applicator or medication into the vagina with the other. Angle the applicator toward the tail bone. It will usually go in about two inches, DO NOT FORCE.
50. Push the applicator’s plunger to release the medication.
51. Encourage the individual to lay down for about 30 minutes to allow for absorption of the medication.

**GENERAL**

52. Leave the individual in a safe, comfortable position.
53. Wash your hands thoroughly.
54. Document the following:

- The medication that was administered.
- The dosage administered.
- The route that it was administered.
- Unusual complaints and action taken.
- Results of the medication.

Muskingum County Board of Developmental Disabilities
Skills Checklist for Administration of Oral Medications by DD Personnel

Yes   No

1. Wash hands thoroughly.

2. Read the order from the Medication Administration Record (MAR), checking for:
   - the right individual
   - the right medications
   - the right dose
   - the right time
   - the right route
   - the medication has not already been given
   - any special instructions

3. Obtain the medication from the medication storage area, checking it three times against the MAR:
   - Check when it is removed from storage
   - Check when medication is removed from the container
   - Check before replacing container in storage

4. Prepare the medication as directed by the physician’s order, without touching the medication, using a separate cup for each individual.

5. Identify the individual who will be receiving the medication and explain what you are going to do. Review the name and purpose of the medication with the individual.

6. After administering medication, stay with the individual until it has been swallowed.

7. Leave the individual in a safe, comfortable position.

8. Return equipment to storage area and leave area in good order.

9. Wash you hands thoroughly.

9. Document the following:
   - Administration of the medication
   - Unusual complaints / action taken
   - Results of prn medication administration.

__________________________  __________________________
Date                      Nurse Trainer Signature

__________________________  __________________________
DD Personnel Signature
Muskingum County Board of Developmental Disabilities
Delegated Nursing Services

Training Procedures
Performance of Nursing Tasks and Health Related Activities
Skills Checklist

Yes

No

1. Wash hands thoroughly.
2. Read the order from the treatment administration record (TAR), checking for:
   - The right individual
   - The right treatment
   - The right frequency
   - The right time
   - The right route
3. Obtain necessary equipment.
4. Identify the individual who will be receiving the treatment and review the purpose of the treatment and how it will be performed.

5. Locate the pulse point.
6. Count the pulse for one full minute using the second hand on a timepiece.

7. Observe respirations and note if they are regular, shallow, weak, or difficult.
8. Count the respirations for one full minute using the second hand on a timepiece.

9. Clean the thermometer and apply a disposable cover.
10. Place the thermometer as appropriate according to the type and the ability of the individual.
11. Wait the specified time according to the instrument’s instructions and note the reading.

12. Wrap cuff around the upper arm with the tubing located over the brachial artery.
13. Place the diaphragm of the stethoscope over the brachial artery.
14. Use the bulb to pump the gauge up to 200.
15. Slowly release the pressure, listening for the first sound and noting its location on the gauge. Continue to release pressure, noting the last sound and its location on the gauge. Identify blood pressure.

16. Apply gloves then remove the old dressing and dispose of properly.
17. Note any changes or unusual complaints in the affected area.
18. Cleanse the area as directed by the physician’s order.
19. Open the dressings without handling them or placing them upon any surfaces.
20. Apply any medications as ordered, and then apply dressings as ordered.

21. Measure and record any fluids taken in by the individual.
22. Measure and record any fluids put out by the individual using collection devices.
23. Measure all fluids in the same units, such as ml, ounces, cups.

25. Place the suction machine on a sturdy surface and plug it in.
26. Attach the tubing, turn the machine on, and check for suction.
27. Insert the yakaur into the mouth, applying suction. Suction intermittently in 15 seconds.
28. Suction only the oral cavity.
29. Clean the suction tubing by suctioning water through the system.

**USE OF A GLUCOMETER FOR BLOOD SUGAR MONITORING**

30. Apply gloves and set up the glucometer by placing the strip in the machine.
31. Obtain lancet.
32. Cleanse selected finger with soap and water, pat dry.
33. Use lancet to poke finger. Squeeze the finger firmly but gently to obtain blood.
34. Note blood sugar level and follow physician's order.
35. Dispose of sharps and contaminated materials appropriately.

**EXTERNAL URINARY CATHETER CARE**

36. Apply gloves.
37. Cleanse the catheter insertion site with soap and water and dry thoroughly.
38. Drain the collection receptacle and discard the urine.
39. Cleanse the end of the spout with alcohol and close.
40. Ensure that the tubing is without kinks and that the catheter is draining.

**EMPTYING AND REPLACING A COLOSTOMY BAG**

41. Apply gloves.
42. If the ostomy bag is reusable, open the clip, empty the bag, and use a piston syringe to irrigate the bag. Reseal the bag with the clip.
43. If the ostomy bag is being changed, gently peel the adhesive wafer from the skin, being careful not to cause damage.
44. Cleanse the site as ordered, noting and reporting any skin breakdown.
45. Apply the new wafer and bag as directed.

**COLLECTION OF SPECIMENS BY NON-INVASIVE MEANS**

46. Cleanse the peri-area with soap and water.
47. Urinate into the sterile specimen container without touching the inner container.

**GENERAL**

48. Leave the individual in a safe, comfortable position.
49. Wash hands thoroughly.
50. Document the following:

- The treatment that was done.
- The time the treatment was done.
- The area of the body that was affected.
- Unusual complaints and action taken.
- Result of the treatment.
Muskingum County Board of Developmental Disabilities

Skills Checklist for Gastrostomy Tube Bolus Feeding

Person trained: _____________________________
Title: ______________________________________

<table>
<thead>
<tr>
<th>Skills check</th>
<th>Demo Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Washes hands</td>
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<tr>
<td>States name &amp; purpose of procedure</td>
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<tr>
<td>Identifies &amp; Assembles Supplies:</td>
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<tr>
<td>60 cc. Catheter tip feeding syringe</td>
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<tr>
<td>Formula / feeding @ room temperature</td>
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<tr>
<td>Container of lukewarm water</td>
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<td>Positions client / child</td>
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<tr>
<td>Removes piston from syringe</td>
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<td>Attaches syringe to G- tube</td>
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<td>Opens safety clamp</td>
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<td>Checks for patency / return flow</td>
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<tr>
<td>Pours formula into syringe to ½ full</td>
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<td>Elevates syringe above level of the stomach, using gravity to control flow.</td>
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<tr>
<td>Allows feeding to go in slowly, approx. 20 minutes, refilling before syringe empties.</td>
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<tr>
<td>Flushes tubing with prescribed amt. of water when feeding is complete.</td>
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<td>Closes clamp</td>
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<tr>
<td>Washes syringe with soap and warm water</td>
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<tr>
<td>Documents administration on TAR</td>
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<tr>
<td>Reports any problems to nursing staff.</td>
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<tr>
<td>Instructor Initials</td>
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</table>

Instructor’s Signature: ____________________________________________
Muskingum County Board of Developmental Disabilities

**DD Personnel Individual Skills Checklist**
(Procedure and Enrollee Name)

Person trained: ______________________________

Title: ______________________________

<table>
<thead>
<tr>
<th>Skills check</th>
<th>Demo Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>1. States name and purpose of procedure</td>
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<td>11.</td>
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<tr>
<td>12. Report any of the following:</td>
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<td>13. Document the following:</td>
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</tbody>
</table>

Instructor Initials: ______________________________

Instructor’s Signature: ______________________________
MEDICATION INCIDENT REPORT

ENROLLEE NAME_______________________________________________________
MCBMRDD SITE______________________________________________________
TODAY’S DATE & TIME_______________________________________________
DATE & TIME OF INCIDENT____________________________________________

PLEASE CHECK ALL THAT APPLY:

_____Medication incident was due to MCBDD staff error
_____Medication incident was due to no medication sent to site
_____Medication incident was due to wrong medication sent to site
_____Medication incident was due to wrong medication dose sent to site
_____Medication incident was due to individual’s refusal

<table>
<thead>
<tr>
<th>Name of Missed Medication(s)</th>
<th>Date &amp; Time of Missed Dose(s)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

_____Medication given to the wrong individual ______________________________

(Individual’s Name)

<table>
<thead>
<tr>
<th>Name of Medication(s) Given</th>
<th>Date &amp; Time Given</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

_____Wrong dose, time, or route of medication given

<table>
<thead>
<tr>
<th>Name of Medication(s)</th>
<th>Correct Dosage</th>
<th>Dose Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct Time</td>
<td>Correct Time</td>
<td>Correct Time</td>
</tr>
<tr>
<td>Correct Route</td>
<td>Correct Route</td>
<td>Correct Route</td>
</tr>
</tbody>
</table>

Continued on reverse

For medication errors not listed on front or to explain in further detail the previously
checked areas, use this space.

______________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Did the individual exhibit any physical harm from the medication incident?
Y____    N ____  If yes, explain: ________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Physician/Health Care professional notified.    Yes ______  No ______
If yes, please describe ______________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Recommendations or actions taken to avoid future errors: ___________________

__________________________________________________________________

___________________________________________

__________________________________________________________________

__________________________________________________________________

SIGNATURES:

DD Personnel completing report

Manager/Supervisor

MCBDD Nurse  Program Nurse

cc:  ______ Enrollee/Guardian/Provider

_______ SSA/Faxed to Annex

_______ Program Nurse  9/23/2008
Name of Enrollee

Address

D.O.B

Department

The Above Enrollee is Under My Care and Should Receive:

I Certify That This Medication Must Be Administered During Program Hours.

Special Instructions Are: ________________________________

Possible Adverse Reactions Are: ________________________________

This Individual is Allergic to the Following Medications: ________________________________

Date Medication is to be Initiated ___________ Discontinued______________

Consent Remains in Effect for One Year Unless Otherwise Specified
date__________________________

Physician’s Signature ________________ Physician’s Address ________________

Physician’s Printed Name ________________ Physician’s Phone Number ________________
Enrollee Name

D.O.B.

Address

Department

Procedure / treatment requested; please include time, schedule, and duration of treatment.

Any special precautions or possible untoward effects:

________________________________________

________________________________________

Date

______________________________

Physician’s Signature

______________________________

Physician’s Name Printed

______________________________

Physician’s Address

______________________________

Physician’s Phone Number
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

PARENT/GUARDIAN / ENROLLEE REQUEST FOR THE ADMINISTRATION OF MEDICATION

NAME OF ENROLLEE

D.O.B.

ADDRESS

DEPARTMENT

I HEREBY REQUEST AND GIVE MY PERMISSION TO THE PROGRAM NURSE OR HIS/HER TRAINED DELEGATE TO ADMINISTER THE FOLLOWING MEDICATION TO THE ABOVE ENROLLEE. I AGREE TO BE RESPONSIBLE FOR SUPPLYING THE MEDICATION IN A PROPERLY LABELED CONTAINER TO PROGRAM PERSONNEL AND TO NOTIFY THE PROGRAM NURSE OF ANY CHANGES IN MEDICATION OR PRESCRIBING PHYSICIAN.

NAME OF MEDICATION:

DOSAGE:

ROUTE: TIME:

THIS ENROLLEE IS ALLERGIC TO THE FOLLOWING MEDICATION(S):

DATE: ____________ SIGNATURE ____________________________

PARENT/GUARDIAN

__________________________

ENROLLEE

__________________________

SUPERINTENDENT

__________________________

PROGRAM NURSE
Muskingum County Board of Developmental Disabilities

PARENT/GUARDIAN / ENROLLEE REQUEST FOR HEALTH CARE SERVICES

Enrollee Name

D.O.B.

Address

Department

I hereby request and give my permission to the program nurse or his/her trained delegate to perform the following procedure(s) to the above named enrollee. I agree to provide supplies for this procedure and to inform the program nurse of any changes in the procedure or prescribing physician.

PROCEDURE(S) TO BE PERFORMED

Date

Parent / Guardian’s Signature

Enrollee Signature (if applicable)

Parent / Guardian Phone Number
I. PROCEDURE

The Muskingum County Board of Developmental Disabilities (County Board) may provide reimbursement to enrollees and students for damage to personal property occurring during Starlight Program hours in accordance with the following procedures.

A. Personal Items/Equipment

1. Enrollees, students, with assistance from their parents/guardians and/or family members are to be aware of possible damage to personal property in the course of the program day. Enrollees and students are expected to wear appropriate clothing for their surroundings. Reimbursement will not be granted for unusually expensive clothing or personal property.

2. Damage must be documented on a Major Unusual Incident/Unusual Incident Form prior to any consideration for reimbursement.

3. A written request for reimbursement must be submitted to the Program Director. Following the Program Director’s approval, it shall be forwarded to the Superintendent for authorization. The request shall contain other pertinent information, examples: receipt of purchase, repair bill or insurance statement.

B. The County Board shall be the payer of last resort. All parties may contact their insurance carriers for items which are damaged by enrollees. The primary responsibility shall be that of the individual, parent, or guardian of those damaging the property.

C. The Superintendent is authorized to approve or disapprove all reimbursement requests.

Form used with this Procedure:
MUI/UI Incident Report

Approved: October 4, 2004
Revised: November 2, 2006
Reviewed: January 3, 2007; January 4, 2008
Revised: January 1, 2009
Reviewed: January 8, 2015January 7, 2016; January 5, 2017; January 16, 2018
I. SUBJECT

Ethics Council Policy

II. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) supports the belief that membership of a person on, or employment of a person by the County Board does not affect the eligibility of any member of his/her family for services provided by the County Board or by an entity under contract with the County Board. Therefore, the County Board has created an Ethics Council to review all direct service contracts meaning any legally enforceable agreement with an individual, agency or other entity that, pursuant to its terms or operation, may result in a payment from the County Board to an eligible person or to a member of the family of an eligible person for services rendered to the eligible person. Direct service contracts will include but not be limited to Supported Living and Family Support Services (if payments are made directly to the family).

III. MEMBERSHIP OF COUNCIL

The President of the Board shall appoint three members of the Board to an Ethics Council. The President may be one of those appointed and the Superintendent shall be a non-voting member of the Council. The President shall not appoint a Board member to the Ethics Council if the member, or any member of their family, will have any interest in any direct services contract under review by the Council while the member serves on the Council or during the twelve month period after completion of their Council service.

IV. ROLE OF COUNCIL

The role of the Ethics Council shall be to review all direct service contracts which may result in direct payments to an eligible person or to a member of the eligible person’s family according to this policy and develop for recommendation to the County Board policy regarding ethical standards, contract audit procedures and grievance procedures with respect to the award and reconciliation of direct services contracts.

V. COUNCIL BUSINESS

A. The Ethics Council shall meet annually or as needed prior to County Board meetings to perform its functions. Any action taken by the Ethics Council shall be in public to afford the affected party
the opportunity to meet with the Ethics Council on matters related to a direct services contract or any action taken by the Ethics Council. All Ethics Council meetings and actions shall be part of the Public Records of the County Board.

B. All contracts and information provided to the Ethics Council shall be sent by the Superintendent or his designee with appropriate certification that the contracts are within available resources and appropriations made by the County Board. The Ethics Council, during its regular meeting, shall determine whether the amount to be paid under the contract is appropriate based on the actual expenses or reasonable and allowable projections. The Ethics Council shall also determine whether the eligible person who would receive services under the contract stands to receive any preferential treatment or any unfair advantage over other eligible persons.

C. If the amount to be paid is not acceptable or the contract would result in preferential treatment or unfair advantage, the Ethics Council shall recommend that the County Board not enter into a contract or shall suggest acceptable, specific revisions. The County Board shall not enter into any contract that is not recommended by the Ethics Council or enter into any contract to which revisions are suggested if the contract does not include the specified revisions.

D. The County Board, by resolution, shall enter into each direct services contract that the Ethics Council recommends or recommends with specified revisions. The County Board may request the prosecuting attorney to prepare a legal review of recommended direct service contracts to determine compliance with state law.

E. The Ethics Council shall in no way allow a County Board member or employee of the County Board to authorize, or use the authority of his/her office or employment to secure authorization of a direct services contract that they may benefit from in any way.

Board Adopted: June 6, 2002
Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006; January 4, 2007; January 3, 2008; January 1, 2009; January 14, 2010
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
MUSKINGUM COUNTY BOA OF DEVELOPMENTAL DISABILITIES

EMPLOYMENT FIRST POLICY

Policy Reference:
Employment First
Policy Number:
EF 1.00
Ohio Revised Code Reference:
Chapter 3323, 5123.022, 5123.04, 5126.05, 5126.051
Ohio Administrative Code References
5123:2-2-05

I. SUBJECT

Employment First

II. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) will implement the Employment First policy in accordance with 5123:022 of the Ohio Revised Code.

III. SCOPE

This policy applies to the County Board and providers responsible for planning, coordinating, or providing employment services, regardless of funding source, to individuals with developmental disabilities (DD).

IV. POLICY

A. The County Board’s desired outcome for every individual of working age is community employment.

B. The County Board shall adopt and periodically update a strategic plan that outlines its strategy and benchmarks for increasing the number of individuals of working age engaged in community employment services.

C. The County Board shall collaborate with workforce development agencies, vocational rehabilitation agencies, and mental health agencies in Muskingum County to support individuals to obtain community employment.

D. The County Board shall collaborate with school districts in Muskingum County to ensure a framework exists for individuals approaching completion of a program or service under Chapter 3323 of the Ohio Revised Code such that the County Board and school districts in the Muskingum County use similar methods to support students with DD to obtain community employment.
employment. Through this collaboration the County Board shall identify and attempt to resolve duplication of efforts.

V. ANNUAL REVIEW AND ADOPTION OF POLICIES

This policy shall be maintained on file in the administrative offices of the County Board and shall be reviewed and updated annually.

VI. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: April 3, 2014
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. PURPOSE

The Purpose of this procedure is to establish the responsibilities of the Muskingum County Board of Developmental Disabilities (County Board) to implement Employment First procedures in accordance with Section 5123.022 of the Ohio Revised Code.

II. DEFINITIONS

A. **Benefits Analysis** means information provided to individuals about the impact of work on public assistance programs, including, but not limited to, social security disability insurance, supplemental security income, Medicaid/Medicare coverage, Medicaid buy-in for workers with developmental disabilities (DD), veteran’s benefits, housing assistance, and food stamps.

B. **Community Employment** means competitive employment that takes place in an integrated setting.

C. **Competitive Employment** means full-time or part-time work in the competitive labor market in which payment is at or above the minimum wage and not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by persons who do not have disabilities.

D. **County Board** means the Muskingum County Board of Developmental Disabilities.

E. **DODD** means the Ohio Department of Developmental Disabilities.

F. **Employment First Policy** means the state of Ohio policy, established in Section 5123.022 of the Ohio Revised Code, that employment services for individuals with DD be directed at community employment and that individuals with DD are presumed capable of community employment.

G. **Employment services** means prevocational services or supported employment services.

H. **Individual** means a person with a Developmental Disability (DD)

I. **Integrated setting** means a setting typically found in the community where individuals interact with persons who do have disabilities to the same extent as persons who do not have disabilities in comparable positions. Integrated setting includes employment settings in which employees interact with the community through technology.

J. **Prevocational services** means services that provide learning and work experiences from which an individual can develop general strengths and skills that are not specific to a particular task or
job, but contribute to employability in community employment, supported work at community-based sites, or self-employment. “Prevocational services” includes vocational habilitation funded in whole or part by a home and community-based services waiver administered by DODD. Prevocational services shall in accordance with the individual’s individual plan (IP) or individual service plan (ISP), as applicable, and occur over a specified period of time with specific outcomes sought to be achieved.

K. **Provider** means an agency provider or an independent provider that is certified or licensed by DODD.

L. **Supported Employment** services means vocational assessment, job training and coaching, job development and placement, work site accessibility, and other services related to employment outside a sheltered workshop and includes all of the following:

1. Job training resulting in the attainment of community employment, supported work in a typical work environment or self-employment;

2. Support for ongoing community employment, supported work at community-based sites, or self-employment.

3. Integrated employment funded in whole or part by a home and community-based services waiver administered by DODD.

4. Supported Employment-community funded in whole or part by a home and community-based services waiver administered by DODD.

5. Supported Employment-enclave funded in whole or part by a home and community-based waiver administered by DODD

M. **Working Age** means at least eighteen years of age.

III. PERSON-CENTERED PLANNING PROCESS

A. Each individual of working age and each individual approaching completion of a program or service under Chapter 3323. of the Ohio Revised Code shall participate in an individualized person centered planning process in accordance with , as applicable , 5123:2-1-11 of the Ohio Administrative Code or 42 C.F.R. 483.440 to identify the individual’s unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to community employment. The person-centered planning process shall begin with a review of available information to determine what additional information is needed and what supplemental situational and/or other formal or informal evaluations are needed to discover this information. For individuals who receive public assistance, the importance of obtaining a benefit analysis shall be emphasized to enable the individual to make informed decisions regarding employment. Resources available for obtaining a benefit analysis shall be identified for the individual prior to job development.

B. The person-centered planning process shall include identification and documentation of:

1. The individual’s place on the path to community employment that is;
a. The individual is already engaged in community employment and needs support for job stabilization, job improvement, or career advancement;

b. The individual expresses a desire to obtain community employment but is not currently employed and needs support to obtain employment or identify career options and employment opportunities;

c. The individual is unsure about community employment and needs support to identify career options and employment opportunities, and the economic impact for the individual of the decision to work; or

d. The individual does not express a desire to work and needs support to learn more about careers and employment opportunities and what the economic impact for the individual of the decision not to work.

2. The individual’s desired community employment outcome.

3. Clearly defined activities, services, and supports necessary for the individual to achieve or maintain community employment, job improvement, or career advancement.

C. The results of the person-centered planning process, including the individual’s desired outcomes as they relate to community employment, shall be integrated into the IP or ISP, as applicable.

D. The results of the person-centered planning process shall be reviewed at least once every twelve months and whenever a significant change in employment, training, continuing education, services, or supports occurs or is proposed.

IV. REQUIREMENTS FOR THE COUNTY BOARD

A. The County Board shall disseminate information to individuals served, families, schools, community partners, employers, and providers of services about resources and opportunities, including Medicaid buy-in and other work incentive programs, that facilitate community employment.

B. The County Board shall collect and submit to DODD individual–specific data regarding the cost of non-Medicaid employment services, employment outcomes for individuals who receive non-Medicaid
employment services and employment outcomes for individuals who do not receive paid employment services but who are engaged in competitive employment or community employment.

V. REQUIREMENTS FOR PROVIDERS

A. Providers of employment services shall submit to each individual’s team at least once every twelve months, or more frequently as decided upon by the team, a written progress report that demonstrates that services provided are consistent with the individual’s identified community employment outcome and that the individual receiving services has obtained community employment or is advancing on the path to community employment. The progress report for each individual participating in prevocational services shall describe progress on achievement of desired outcomes as set for the IP or ISP, as applicable.

B. Providers of employment services shall collect and submit to DODD individual-specific data regarding employment services and employment outcomes including but not limited to type of services provided, how individuals obtained employment, hours worked, wages earned, and occupations. The data shall be submitted through a web-based data collection system developed and maintained by DODD.

C. Providers of employment services shall disseminate aggregate data regarding employment services and employment outcomes including but not limited to, type of services provided, how individuals obtained employment, hours worked, wages earned, and occupations, to individuals seeking employment services and others upon request. The data shall be disseminated in a manner that does not disclose confidential information regarding individuals receiving employment services.

Approved: April 3, 2014
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. SUBJECT

Early Intervention Services

II. PURPOSE AND PHILOSOPHY

The purpose of the Muskingum County Board of Developmental Disabilities (County Board) Early Intervention (EI) Program is to meet the identified needs of eligible infants and toddlers birth through age 2, and to meet the needs of the family related to enhancing the child’s development. The County Board shall coordinate with other community agencies, the Early Childhood Coordinating Committee (ECCC), and families so that services are flexible and build upon family strengths and respond to their needs.

III. DESCRIPTION OF SERVICES

The County Board EI is based upon the following seven premises. The EI Services are:

A. Family centered, community based, services is responsive to priorities and needs of the family, and provided in natural environments. Families may enter and exit the system at any time and may determine the extent of their involvement in a range of program options;

B. Coordinated with families, other community agencies, the Help Me Grow system and the ECCC so that services are flexible, accessible, and built upon family strengths and needs;

C. Culturally sensitive to the diversity in beliefs, values, and family structures;

D. Empowering for families including supporting individual family members to assist their child;

E. Organized upon a framework that shall include child find and eligibility determination, family involvement and support, interdisciplinary assessment, comprehensive services, Individualized Family Service Plan (IFSP) process, follow-along, service coordination, outcome-based program evaluation, procedural safeguards, and a comprehensive system of personnel development;

F. Prevention-oriented to reflect efforts to prevent the further development of disabilities, and include participation in collaborative prevention efforts;
G. Future-oriented to reflect transition toward the next environment, including linking with agencies serving preschool children.

IV. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: July 16, 2002
Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006;
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
I. PROGRAM

A. Program content shall include, but not be limited to the following:

1. Language stimulation and communication development
2. Self help and adaptive behavior development
3. Physical (fine and gross motor) development
4. Social emotional development
5. Cognitive development
6. Sensory development

Facility, Materials, and Equipment

Early Intervention (EI) services are provided in a variety of settings including the home, Starlight School, and in the community. Programs are designed to accommodate both the needs of the infant and toddler and the family. This shall include at a minimum:

1. Equipment and materials which are developmentally and age appropriate and reflect functional abilities and safety needs of infants and toddlers;
2. Equipment and materials, which are appropriate for imparting information to families;
3. Thoughtful use of resources, materials (toys, play equipment) in the school, home and community.

C. Description of the role of The Muskingum County Board of Developmental Disabilities (County Board) in the Help Me Grow (HMG) System:

The County Board, through the Starlight School, provides EI Services at no cost to eligible residents of Muskingum County.

1. Intake

   All new referrals are assigned a Service Coordinator by HMG at the time of referral.

2. Evaluations

   The evaluation includes the use of a research based tool and informed clinical opinion and covers all required developmental areas except nutrition and hearing and vision, which are coordinated elsewhere by the HMG Service Coordinator.
3. The following chart illustrates the role of the County Board in the provision of HMG program components:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Help Me Grow</th>
<th>Muskingum County Board of DD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Outreach/Child find/intake procedural safeguards.</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2. Prenatal visits.</td>
<td>X</td>
<td></td>
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<tr>
<td>3. Newborn home visits.</td>
<td>X</td>
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<tr>
<td>4. Ongoing home visiting services.</td>
<td>X</td>
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<tr>
<td>5. Service coordination/individualized family service plan development, implementation, and review.</td>
<td>X</td>
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<tr>
<td>6. Family Support Services</td>
<td>X</td>
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<tr>
<td>7. Evaluation to determine eligibility and ongoing assessment.</td>
<td>X</td>
<td></td>
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<tr>
<td>8. Specialized services in everyday routines, activities, and places.</td>
<td>X</td>
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</tbody>
</table>

4. Services

The County Board is one of several specialized service providers in the county. The Muskingum County program operates up to two hundred and fifty two days (252). EI staff, families, and service coordinators work to identify strengths and needs of the family and child. Service options and frequency are determined through these discussions and included in the Individual Family Service Plan (IFSP). EI is considered an education program and the involvement and participation of parents is encouraged and supported. Families are given information and taught skills so that they can be their child’s best teacher. Many service options are available in order to meet the needs of a family. The setting for services may be home, school or community based, Services may be provided in a small group or an individual basis.

5. Staff

The program consists of the Developmental Specialists and other support services as deemed necessary.

6. Transition

The Developmental Specialists coordinates transition activities. However, upon request, Developmental Specialists and other County Board specialized Service Providers assist with this process in order to insure a smooth and timely transition from HMG or into other services. Helping families and children make a smooth transition to other programs is considered an ongoing process and not a one-time event. Six months prior to a child’s 3rd birthday, a transition
meeting is held to ensure that services can continue uninterrupted as the child moves to another setting. At this meeting, options are identified and appropriate forms are completed.

II. CALENDAR

EI Services shall be available on a year-round basis for a minimum of two hundred fifty-two days (252), providing that funds are available. If year-round services are not provided, the County Board will work with other agencies within the Early Childhood Coordinating Committee (ECCC), to help assure continuity of services for families.

III. ELIGIBILITY DEFINITION

A. The County Board shall provide services and supports to children less than 3 years of age with developmental delays or disabilities and their families. To be eligible for HMG services and supports provided by a County Board, an infant or toddler shall;

1. Have a developmental delay in one or more of the following areas, as measured by a research-based developmental evaluation tool and informed clinical opinion as refined by the lead agency:

   a. Cognitive development,
   b. Physical development including vision, hearing and nutrition,
   c. Communication development,
   d. Social or emotional development,
   e. Adaptive development self-care (help);

2. Have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay or disability that is based on a written medical report; or

3. Have already been determined Part C eligible in the state of Ohio.

4. For children over the age of 3 the following exceptions will be considered:

   a. A child who reaches his 3rd birthday while enrolled in the County Board operated EI program may remain in EI if:
      i. The required transition activities have been completed;
      ii. There is space available in the program as determined by the Director of Education Programs; there is an individual Educational Plan (IEP) that defines structure, purpose, and duration for the child’s stay in EI.

   b. Children who turn 3 may continue to be served by EI staff no longer than the following start date of the child’s school district of residence of public school program.

B. To determine if an infant or toddler has a developmental delay or disability, the evaluation to determine eligibility shall:

1. Be preceded by a developmental screening completed by the HMG Service Coordinator as applicable, unless the child has a diagnosed physical or mental condition. The developmental
screening must be completed and shared with the family within forty-five calendar days of referral to the HMG system.

2. Be completed by the developmental evaluation team, which includes the parents, Service Coordinator, and at least 2 appropriately licensed or certified professionals from 2 different disciplines. A member of the evaluation team must have specialized training or expertise with the child’s suspected need or primary area of delay (i.e. Developmental Specialist, a person with an academic background and experience in special education also meets this requirement).

3. Be based on at least 1 evidence-based developmental evaluation tool and informed clinical opinion. If a delay is not confirmed using a developmental evaluation tool, then informed clinical opinion can be used by the members of the developmental evaluation team to determine a delay.

4. Include the 5 developmental areas specified in paragraph (III) (A) (1) of this procedure with a focus on the child’s unique strengths and needs in each domain.

5. Include a vision, hearing, and nutrition screening completed by qualified personnel.

6. Be provided at no cost to the family.

7. Include a review of pertinent records related to the child’s health, developmental and medical history. If a child has already had an evaluation in all or some of the domains including a medical evaluation within the past ninety days, this information must be used as part of the developmental evaluation.

8. Be preceded by informed, written parental consent for the screening and evaluation.

9. Be conducted in collaboration with the family in settings and at times that are selected by families.

10. Be administered in the primary language of the child and family or other mode of communication unless it is clearly not feasible to do so.

11. Be selected and administered so as not to be racially or culturally discriminatory.

12. Be coordinated by the family’s Service Coordinator.

13. Be written and include the date or dates of the evaluation, evaluation method, summary of the child’s unique strengths and needs in each domain, statement of eligibility, identification of the domains that are delayed, and each evaluator’s agency, degree, certification and/or professional license.

14. Be completed and a copy of the report shared with the family within forty-five calendar days of the initial referral to the system for a suspected delay. If the child is eligible, the IFSP is developed and signed within the same forty-five calendar days and without undue delay. If the family disagrees with the eligibility determination, their rights shall be explained and, upon consent, the appropriate referral made. In the event of exceptional family circumstances, which make it impossible to complete the developmental evaluation within forty-five calendar days, the Service Coordinator shall document the exceptional circumstances and that the parents
were informed and understood that there is an alternative timeline and are in agreement.

15. If the County Board is not involved in the evaluation to determine eligibility for HMG as described in paragraphs (III)(A) and (III)(B) of this procedure, the County Board shall request a copy of the written evaluation report for the child’s record and shall maintain documentation that a request was made if the information is not available.

E. Within 45 calendar days of initial contact to the HMG, the County Board shall assure cooperation in the completion of the evaluation for eligibility and the assessment for program planning.

F. Ongoing family and child assessment

1. Children who are eligible for Part C HMG services and supports and their families shall receive ongoing family and child assessments. Within forty-five calendar days of the initial referral to the system, the first family and child assessment shall be completed to gather information on the strengths, needs and choices of the child and family for the purpose of program planning.

2. Ongoing assessments for program planning shall be completed by qualified personnel and shall be summarized, documented, and provide detailed strength-oriented information on the child’s abilities and recommended approaches for future interventions. This information shall be provided to parents and other team members as parental consent allows. The family shall be provided every opportunity to take an active role in the assessment process. For children receiving ongoing County Board services, the team members must review all current existing developmental and family information so that duplication of information gathered does not occur.

IV. INTAKE AND REFERRAL

A. Upon receipt of a request from the family or other source, the County Board will forward all request to HMG. Upon initial contact to HMG by the parent or other referral source, the family shall receive communication within 2 working days from the HMG system.

B. Prior to conducting an evaluation to determine eligibility, the County Board shall receive copies of the following from the HMG Service Coordinator:

1. Central Intake Form including the date of the suspected delay
2. Informed consent for evaluation from parent
3. Results of all Screenings
4. Medical records
5. Documentation that parents received “Parents rights in HMG”

C. The following records will be requested if available:

1. Verification of Birth
2. Social Security Card
3. Medicaid Card
4. Immunization Record
5. OT / PT Release
6. IFSP
7. Parent Consent to Release Information
V. RECORDS

A. For each child birth through 2 years of age enrolled in the County Board to receive EI services and supports from the County Board, the following information shall be compiled and kept on file:

1. Verification of birth. Acceptable documents which may be copied and kept on file include: a passport or attested transcript of a passport filed with a registrar of passports at a point of entry of the United States showing the date and place of birth of the child, an attested transcript of the certificate of birth, an attested transcript of the certificate of baptism or other religious record showing the date and place of birth of the child, an attested transcript of a hospital record showing the date and place of birth of the child, or a birth affidavit.

2. Documents used to determine eligibility, the written report of the developmental evaluation, or the written medical report.

3. Documentation verifying the date of request for or referral to services in the HMG system and the date of initial contact with the County Board if the County Board is assisting in the initial evaluation/assessment process.

4. Any ongoing assessments of the child and family.

5. A health record that contains ongoing pertinent health information, which includes a record of current immunizations or the exemption or waiver where an immunization is medically contraindicated, a list of medications, a list of any allergies and treatments, and authorization for emergency medical treatments.

6. Unusual Incident /Major Unusual Incident Forms.

7. School-based attendance, home and other community based visitation records, and ongoing, systematic program data. Documentation by each County Board provider shall include date, duration, frequency, intensity and specific type of service provided, and outcomes in accordance with the IFSP. A summary of this data shall form the basis for the one-hundred-twenty-day progress report and be used to measure progress on the outcomes identified on the IFSP.

8. Current IFSP, subsequent reviews, written notices regarding meetings, and other related correspondence with the family.

9. Signed written consents and releases including, but not limited to, informed written consent for the developmental screening, developmental evaluation, family assessments, and ongoing services.

10. Documentation that a request for a copy of any required information was made, but the information was not available.

11. Application for Enrollment /Eligibility Determination form signed by Director of Education.

12. New enrollee form.
VI. INDIVIDUAL FAMILY SERVICE PLAN (IFSP) DEVELOPMENT AND CONTENT

A. IFSP Development

The child's Service Coordinator from HMG is responsible to ensure the development, implementation, review and monitoring of the IFSP and its timelines. The County Board shall participate in the development, implementation, review, and monitoring of the IFSP. The County Board direct service providers shall be available for the initial, annual and one hundred and twenty day review meetings and shall attend when appropriate or if requested by the family or other member of the team. If service provider is unable to attend one hundred and twenty day review, arrangements shall be made to supply appropriate information to the review team.

B. County Board service providers shall:

1. Participate with parent and other service providers in the development of one IFSP.

2. Provide information related to the IFSP process to the child’s Service Coordinator, the IFSP team, or the parent, as appropriate, including evaluation or assessment information.

3. Supply required information for the IFSP when the County Board is requested to provide or fund a service or support leading accomplishment of a child or family outcome. The County Board must consent to the provision or funding of a service or support before it is listed on and obligated by the IFSP.

4. Participate in data collection and ongoing assessment related to the accomplishment of child and family outcomes for the IFSP and review at least every one hundred eighty days and for the annual meeting to evaluate the IFSP and to revise its provisions as needed.

5. Participate in transition planning as requested by the Service Coordinator or parent six months prior to the child’s 3rd birthday or when the child exits the system at any other time.

VIII. PARENT’S RIGHTS AND PROCEDURAL SAFEGUARDS PROCESS

For infants and toddlers in the HMG system, the lead agency has established parents’ rights and procedural safeguards that protect the rights of parents and their eligible children. The lead agency, in partnership with the state and the Muskingum County Family and Children First Council, is responsible for assuring effective implementation of these parents’ rights and procedural safeguards by each local agency that is involved in the provision of EI Services.

A. For all Part C eligible infants and toddlers served by the County Board, the County Board shall:

1. Comply with the Ohio Department of Health's "Ohio Procedural Safeguards" policy;

2. Ensure that parents are informed of these procedural safeguards afforded under the lead agency, provide a copy upon receipt of a complaint and upon request, and ensure that families are aware that they may file a complaint with the lead agency at any time;

3. Ensure parents are afforded all requirements under section 5123.63 of the Revised Code,
distribution of the "Bill of Rights."

4. Ensure that parents are informed of their rights as outlined in the “Parents Rights in Help Me Grow” brochure and document that the parent has received a copy of the “Parents Rights in Help Me Grow” brochure.

B. EI Policies and Procedures

The County Board shall communicate its EI policies, procedures, and the description of services to families, county agency partners, and regulatory bodies for the purpose of clarifying the County Board’s role within the HMG system.

IX. STAFFING

A. Staffing Ratios

1. The County Board EI staffing requirements shall be based upon IFSP and resulting feedback in the provision of those supports for families. The administration of the County Board shall review the previous trends of service delivery and supports to evaluate current resources for reallocation for the purpose of better meeting the needs of those served.

2. The staffing review shall be a component of the Annual Action Plan development and be responsive to the feedback received from program surveys, interviews, IFSP needs assessments, public meetings and any other vehicles used to gather data for analysis. Partnerships and linkages with other community agencies will also be considered in the staffing requirement analysis. The County Board shall collaborate with HMG Service Coordinators for children enrolled in the EI program. The County Board will utilize the guidelines set forth in the HMG program related to Federal Part C entitlements for infants and toddlers.

3. The Director of Education shall develop and recommend to the Superintendent EI services staffing requirements specific to each program area based on the typical service/support needs of individuals receiving services in programs provided by the County Board. Some variables that may affect the ration include:

   a. The extent and intensity of the family supports provided;
   b. The extent and intensity of the child's needs;
   c. Location of services and supports including travel time for home-based services;
   d. The involvement and assistance of other services, supports, and agencies;
   e. The participation of age-eligible, typically developing children in School-based programming;
   f. The resources available within the County Board and the community.

4. The EI staffing ration procedure shall be reviewed annually.

III. B. Certification of Staff

1. The person employed as the home-and/or school-based Developmental Specialist shall possess a currently valid Developmental Specialist certificate issued and maintained by the Ohio Department of Developmental Disabilities (DODD).
2. A person who substitutes in any one assigned Developmental Specialist position for more than sixty consecutive working days shall obtain either a substitute or a temporary Developmental Specialist level certificate issued and maintained by DODD.

3. Ancillary professional staff providing services in their discipline to infants and toddlers shall possess a currently valid Ohio license or certification issued by that professional licensing/certifying entity that governs requirements for the respective service provided.

4. It shall be the policy of the County Board to meet or exceed such requirements as defined by the DODD, related to the certification standards for staff working in home and school based EI positions with the County Board or its contract agencies.

5. These standards shall apply to all professional and paraprofessional employees working for County Board in positions either providing direct services or on behalf of infants/toddlers enrolled in EI programs or managing those employees providing such services.

6. In the EI program, employees directly supervising these service employees shall be required to hold appropriate certification. Staff of agencies contracting with the County Board shall be required to have applicable certification until such time as the County Board is appropriately accredited, licensed or certified to perform particular services or activities.

7. The Superintendent shall make recommendation to the department of the applicability of the accreditation, licensing or certification of the contract agency under consideration and request approval accordingly. Staff employed in position requiring licensure or certification issued by another County Board or agency is exempt from these standards.

8. The types of certification applicable to this policy are in compliance with the Ohio Administrative Code 5123:2-5-04, 5123:2-5-05:

9. Employees shall be responsible for meeting the professional, educational, continuing education and/or experience requirements applying to their position in order to maintain the proper state required certification(s).

10. The required fees for certification/registration/license applications, renewals, or for course work, related to certification and licensing shall be the responsibility of the individual staff member.

11. An employee holding a certificate or evidence of certification may have such certificate or evidence of certification denied, suspended or revoked by the DODD, if DODD determines that such employee is guilty of intemperate, immoral or other conduct unbecoming to the employee’s position is guilty of incompetence or negligence within the scope of the employee’s duties, or the employee has been convicted or plead guilty to any of the offenders listed in Ohio Revised Code 5126.28.

12. No person will be employed or compensated by the County Board if the person does not hold the certificate evidence of certification or license required for the position. The Superintendent may employ, at the Superintendent’s discretion, an individual pending the issuance of the proper certificate, registry or license if the person has met the requirements
for such and has applied for certification, registry or license and the application has not been denied.

13. If required license/certificate/registration is permanently revoked, is not renewed, or lapses that person’s employment shall be terminated by the County Board pursuant to Section 5126.082 of the Ohio Revised Code, and in accordance to the County Board’s progressive discipline policy/procedures.

Forms used with this procedure: None
Approved: August 29, 2002
Reviewed: February 24, 2003; July 26, 2005
Revised: November 14, 2006
Reviewed: January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. SUBJECT

Family Assistance Program

II. PURPOSE

A. Individuals with developmental disabilities have a right to live in a healthy and safe environment, enjoy living with their family, have access to the array and quantity of supports needed to enable them to participate in their community and experience relationships with others. Therefore, Muskingum County Board of Developmental Disabilities (County Board) shall provide a family support services program known as Family Assistance Program (FAP) to promote the unity of the family by assisting them to meet the special needs of the individuals with developmental disabilities so the individual may live at home. The three primary purposes of the FAP are to:

1. Promote the unity of the family by assisting the special needs of the individual;

2. Promote the unity of the family by meeting the special needs of other family members as related to the individual; and

3. Facilitate care, health or safety of the individual within the family home.

B. The FAP shall also assist the individual to maximize self-sufficiency and prevent institutionalization. Services and supports shall be tailored to the unique needs of the eligible individuals and their families. Support systems should seek and nurture partnerships between family members, other supportive people, and the professionals who serve them; build on strengths and characteristics of each family; utilize the resources in each family’s social network and home community; and respect the beliefs, values and structures of each family.

III. APPLICATION

This policy applies to individuals who are determined eligible for County Board services and their families/guardian

IV. ADMINISTRATION

The Muskingum County Board of Developmental Disabilities will contract with Mid-East Ohio Regional Council (MEORC) to assist with the administration of the Family Assistance Program (FAP)
V.  POLICY

A.  Family Support Services funding through Ohio Department of Developmental Disabilities will be used as Waiver match to provide Waiver services. Families will continue to be served from local funding. Annually, the Board shall determine the funds available for FAP. Funding for the FAP will be directed to serve a broad base of families.

B.  FAP is considered the payment of last resort. Families are to utilize other funding available to pay for supports that they request through the FAP. To ensure this occurs, the family, upon filling out a request for service, documents that they have checked other sources.

VI.  DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Adopted: January 6, 2011
Revised: January 5, 2017
Reviewed: January 16, 2018
II. SUBJECT

Family Assistance Program

IV. PURPOSE

The purpose of this policy is to establish a Family Assistance Program (FAP) to provide support to a person with a developmental disability and their family.

V. DEFINITIONS

A. **Family Assistance Program** is a locally funded program that provides reimbursement to families with a child or adult who is developmentally disabled and living at home.

B. **Respite Care** is a short-term or temporary relief for families of children or adults with developmental disabilities in or out of the home.

C. **Counseling, Training and Education** means services that are provided to help families meet special needs of their child or adult with a developmental disability such as: behavioral, medical or emotional.

D. **Special Diet** means a diet that is prescribed by a physician or a qualified dietician.

E. **Special Equipment** is equipment that will help a person with a developmental disability to live more independently or safer in their home.

F. **Home Modification** is an alteration made to a home to meet the needs of a person with a developmental disabilities so they can live more independently and safely.

VI. ALLOCATION

The Muskingum County Board of Developmental Disabilities (County Board) sets an annual maximum allocation per individual or per family with more than one eligible individuals. The program is a first-come first-serve program. When funds are depleted, no services can be funded until additional funds become available regardless of the individual’s allocation balance. Each year the program will end on December 31st and all available allocations end. All **Request for Services/Verification of Need** forms must be submitted to the Mid-East Ohio Regional Council (MEORC) by November 30th for the calendar year.
VII. ELIGIBILITY

The Family Assistance Program is always the payer of last resort. The families are to utilize other funding sources available to pay for services that are requested through the Family Assistance Program. The Customer Guide at the County Board may assist families with identifying sources that could be used for requested items/services. Potential funding sources are listed below:

1. Family Private Insurance
2. Medicaid and/or Medicare
3. Health Department
4. Civic Organizations such as Rotary, Kiwanis, Sertoma, Eagles, American Legion, Elks Lodge, Jaycees, Knights of Columbus
5. East Side Community Ministries, Salvation Army, United Way, Catholic Social Services
6. Christ Table and food pantries
7. Six County, Inc.
8. JFS Enhanced Medicaid Transportation
9. Waiver Programs
10. United Cerebral Palsy
11. Easter Seals
12. BMCH

VIII. APPROVED USE OF FAP FUNDING

A. Respite

Respite care, in or out of the home (respite cannot be provided by anyone under the age of 18 and provider cannot be living in the household). A Contractual Agreement for Family Selected Respite Care Provider Services will be sent to the family for completion.

B. Training, Counseling and Education

Services provided to all family members to obtain the education and skills to assist the family with learning how to address special behavioral, medical, or emotional, therapeutic or personal needs of the individual. Services that may be approved are listed below:
1. Counseling
2. Conferences or training (registration only; no travel or hotel costs)
3. Resource and training materials (i.e. sign language videos)

Professional Recommendation
It is at the discretion of MEORC to ask for a professional recommendation in this area if the request is out of the ordinary. Recommendations may be accepted from a physician, psychiatrist, teacher or other licensed professional.

C. Special Diet

Assistance with purchasing food or equipment items needed for a special diet due to a medical, behavioral or disabling condition.

Food or equipment that may be approved:
1. Baby food for children or adults who cannot eat regular food
2. Special formulas or milk
3. Dietary Supplements such as Ensure or vitamins
4. Equipment to process food for needed texture
5. Special plates, spoons, etc.

**Professional Recommendation**
Special diets must be prescribed by a physician or dietician. Equipment can be ordered or recommended by physician, dietician or speech therapist or occupational therapist.

**D. Purchase of Adaptive Equipment/Items**

Special Equipment/Items that are needed to improve the living environment or to facilitate the care of the individual at home. Special Equipment that may be purchased are listed below:
1. Adaptive seating for wheelchairs
2. Booster chairs
3. Wheelchairs/ambulating devices
4. Bathing chairs, rails for bathtub or commode, elevated commode seats, etc.
5. Lifts for home use including tracks and installation of lifts/tracks or wheelchair lifts for vans
6. Specialty shoes, braces, AFO’s, etc.
7. Developmental/adaptive feeding supplies – easy grip fork & spoons, scooper bowls & training plates, etc.
8. Adaptive add-ons for computers (switches) or joy sticks, v-smile adaptor for communication devices
9. Helmet needed for safety reason such as seizures
10. Diapers for individuals beyond training years (3 + years)

**Professional Recommendation**
The need for special equipment must be made by a Physician, Occupational Therapist, Physical Therapist or Speech Therapist and/or linked to the person’s Individual Support Plan.

**E. Home Modifications**

The requested home or property modifications must make the individual’s home accessible.
Home modifications that may be approved are listed below:
1. Ramps/walkways both inside and out of the home
2. Widening doorways to accommodate wheelchair
3. Chairlift to access second floor
4. Special fire alarm equipment

**Professional Recommendation**
Request for professional recommendation will be at the discretion of MEORC.

**F. Other**

A. Other is a broad-based category that the family may request services not covered under any of the previous categories. Approval of these requests will be at the discretion of MEORC.
These requests will not be approved if it is determined by MEORC that there is a potential health and safety risk to the eligible individual.

B. Developmental Toys or Materials (These types of items must address specific goals/needs as specified in the individual’s IFSP, IEP or ISP.) The type of item requested which will assist the child/adult in learning or maintaining skills such as:
1. Sensory stimulation development
2. Increase fine & gross motor skills
3. Improve/maintain reading skills
4. Facilitate language development
5. Develop cognitive skills

C. Camp/Recreation/Leisure Activities that provide opportunities for individuals with developmental disabilities to learn or maintain skills such as:
1. Specialized Summer Camp (Echoing Hills, Nuhop, etc) (If a family chooses camp they will not be eligible for the annual family allotment)
2. Toddler Enrichment Program (Carr Center)
3. Safety Town
4. Membership fee to exercise facility (Single membership only)

D. Safety Devices/Equipment
1. Plugs for electrical outlets
2. Devices/locks to keep individuals from getting into cabinets, etc.

E. Specialty Medical Supplies
1. Bandages, special tape
2. Catheter holder
3. Water-proof bed pads/sheets

F. Medical Bills
1. Medicaid spend down amount

Professional Recommendation
Request for a professional recommendation for the other category will be at the discretion of the County Board.

IX. USE OF FAMILY ASSISTANCE PROGRAM NOT APPROVED

Services/Items that will not be approved or reimbursed are listed below:
1. Anything purchased prior to approval from Mid-East Ohio Regional Council (MEORC)
2. Anything that is available through a third party source/payer
3. Any item/service the County Board or MEORC determines that would be a possible health and safety risk for the individual
4. Family vacations
5. Utility bills/deposits
6. Rent deposits/mortgages
7. Luxury items such as electronics (TV’s, VCR’s, DVD’s, video games, etc), swing sets, trampolines, lawn furniture, swimming pools, etc.
8. General applications/registration/activity fees
9. Typical expenses incurred for a child/adult of the same age (regular clothes/shoes, crib for infant, strollers, car seats, school fees/supplies, infant immunizations, typical medical costs,
Christmas/Birthday gifts, regular furniture/appliances, vehicles, vehicle repair/maintenance, fuel and insurance, music, dance lessons, sports camps)

10. Damage to property
11. Educational services other than summer camp

Forms used with this procedure:
Family Assistance Program Application
Family Assistance Program Service Definitions
Family Assistance Program Brochure

Adopted: December 5, 2016
Reviewed: January 5, 2017; January 16, 2018
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

GENERAL HEALTH AND WELL BEING OF ALL INDIVIDUALS RECEIVING SERVICES POLICY

Policy Reference:
General Health and Well Being of all Individuals Receiving Services

Policy Number:
GHS 1.00

Ohio Administrative Code Reference:
5123:2-1-02 (L) (1)

I. SUBJECT

General Health and Well Being of all Individuals Receiving Services

II. PURPOSE

The purpose of this health services policy is to adhere to the Administrative Code requirements that the Muskingum County Board of Developmental Disabilities (County Board) adopt policies and develop procedures related to health services for the protection of all persons in all programs operated by the authority of the County Board.

III. POLICY

A. The County Board fully recognizes the challenges in meeting the complex health care needs of persons with mental retardation and other developmental disabilities. The County Board acknowledges that services should be provided to meet these needs according to the consumer’s capabilities and to encourage them to achieve maximum functioning in the least restrictive environment(s). However, by so doing, the health of individuals, and families receiving services should not be compromised. This policy shall require the establishment of procedures that clearly state the processes by which this policy shall be implemented.

B. The County Board shall address the Ohio Board of Nursing and Ohio Department of Developmental Disabilities (DODD) requirements specific to administration of medication and delegation of nursing tasks in a stand-alone policy with corresponding procedures to promote safe and accessible nursing care for all program participants.

C. It is the practice of the County Board to report all accidents and incidents to the parents of a minor, guardian, residential providers, and maintain a record of any such incident on file. The accident or incident record shall be initiated according to procedures specific to Incidents Adversely Affecting Health and Safety Procedure and Policy.

IV. ANNUAL REVIEW AND ADOPTION OF POLICIES

This policy shall be maintained on file in the administrative offices of the County Board and shall be reviewed and updated annually.
V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: June 6, 2002
Reviewed: January 8, 2004; February 3, 2005; January 5, 2006;
January 4, 2007; January 3, 2008
Revised: January 1, 2009
Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; Reviewed:
January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. REPORTING OF ALL ACCIDENTS AND INCIDENTS

All accidents and incidents shall be documented and reported within four hours of the occurrence. Such report shall include recommendations for prevention at a future time. Information concerning health and special job considerations shall be communicated to appropriate supervisory personnel. All accidents and incidents shall be reported to the individual’s parent(s)/guardian(s)/provider(s). A record shall be maintained in the individual’s file. Accidents and incidents shall be treated as Unusual Incidents (UIs) and shall be reported as outlined in the County Board’s policy and procedures specific to “Incidents Adversely Affecting Health and Safety.” Major Unusual Incident/Unusual Incident (MUI/UI) Report Forms shall be submitted to the Program Director or designee.

A. Illness Reports

Illnesses occurring on County Board property or during activity under the authority of the County Board shall be reported to a nurse. Applicable reports will be initiated according to procedures specific to Incidents Adversely Affecting Health and Safety with copies forwarded to parent(s)/guardian(s)/provider(s) when complete.

B. Seizure Reports

Individual seizure logs will be used for documentation of apparent seizures. Parent(s)/guardian(s)/provider(s) will be given a copy of the seizure log at the intervals they require or request. Unusual or prolonged seizure activity will be reported to a nurse. Parent(s)/guardian(s)/provider(s) will be notified of such seizure activity as soon as possible.

C. Major Unusual and Unusual Incident Reports

Recording of all MUI/UI reports by staff shall conform to the policies and procedures specific to Incidents Adversely Affecting Health and Safety.

II. PROVIDING ROUTINE FIRST AID TREATMENT

Staff trained to administer first aid and Cardio Pulmonary Resuscitation (CPR) shall provide care for ill or injured individuals, as appropriate, within the scope of their training. A nurse or other medical professional shall be consulted for any situation outside the scope of the staff person’s training.
III. EMERGENCY TREATMENT, SECURING EMERGENCY SQUAD AND AMBULANCE SERVICE OR PERSONAL PHYSICIAN

A. If transport for emergency care is warranted the procedures for emergency treatment will be followed. In the event of an emergency the following guidelines apply:

1. Check the scene and the individual.

2. Call for assistance and/or the nurse as needed.

3. Once it is determined Emergency Medical Services (EMS) is needed, have a staff person knowledgeable of the situation make the 911 call to request an ambulance and indicate to 911 operator which building and entrance to use.

4. Have staff that has been trained in first aid/CPR care for the ill/injured.

5. The individual’s emergency medical authorization will be sent to the hospital with them.

6. As soon as time permits staff responding to the situation should begin the appropriate report forms per program procedures.

B. Emergency building procedures at the School, Bus Garage, Zane Street and MSI at Annex and Newark Road Workshop outline procedures for emergency treatment.

IV. MANAGEMENT OF SEVERE ALLERGIC REACTIONS

All direct care staff shall receive information and training and will follow guidelines for management of severe allergic reactions. See Appendix A for this procedure.

V. FIRST AID AND CPR TRAINING TO APPROPRIATE CERTIFIED, REGISTERED, AND LICENSED STAFF

Appropriate registered, certified, and licensed staff designated by the Superintendent or his designee shall receive first aid and CPR training by a certified instructor.

VI. FIRST AID FACILITIES, EQUIPMENT, AND SUPPLIES

The County Board program shall designate an area in each facility for First Aid treatment. Appropriate first aid supplies and equipment will be maintained in all facilities and vehicles operated by the County Board. First aid supplies and equipment shall be adequate to address all routine and initial emergency situations until professional help arrives. A Program Director or designee shall conduct regular audits of the first aid supplies and equipment.

A. Posting of Emergency Numbers by Phones.

Emergency telephone numbers are posted by each phone in County Board operated facilities.
VII. MANAGEMENT OF COMMUNICABLE DISEASES

Individuals receiving services and employees of the County Board may be at risk of contracting communicable diseases as a condition of their enrollment or employment. The following practices have been established to reduce that risk:

A. All County Board staff will receive initial and annual training on the County Board’s Exposure Control Plan, per Federal Occupational Safety and Health Administration (OSHA) Regulations, as well as training on the management of communicable diseases. This includes routine use of universal precautions to control the spread of communicable diseases, temporary exclusion from the program for health reasons, handling of illness on site and return to program after an illness or other health condition subsides. See Exposure Control Plan Appendixes B/forms and Management Communicable Diseases Appendix C/forms of this procedure.

B. Employees/enrollees of MSI will receive training on communicable diseases and universal precautions as part of their health education sessions at the workshop.

C. All training materials will be tailored to the educational level of staff and/or enrollees. Training will be offered during program hours and at a convenient location. Training will include any new information as soon as it is made available.

D. Sign in sheets are kept as verification of staff training and will be kept in the nurse’s office at the school. The workshop nurse will record attendance at health education sessions at MSI. Documentation will be kept in the nurse’s office at the workshop.

E. Temporary exclusion of individuals with suspected or diagnosed communicable diseases will be based on guidelines established by the Ohio Department of Health.

F. Strategies and response to outbreaks, epidemics, or pandemics of influenza or other contagious diseases will be based on local information from local and state public health authorities.

Decisions on appropriate responses will be based on the following key indicators:

1. Disease severity in the community
2. Extent of disease in the community
3. Amount of absenteeism in the organization
4. Impact of disease on workforce populations that are vulnerable and at higher risk
5. Other factors that may affect employee’s ability to get to work

G. Information about hygiene practices to prevent any type of flu will be communicated to staff, enrollees and parents/guardians/service providers.

H. Every effort will be made to isolate ill individuals until parent(s)/guardian(s)/ provider can be contacted for transport from the facility.

I. Service delivery for individuals with specific chronic communicable diseases or medical conditions will be considered on an individual basis in conjunction with the individual and their
parent(s)/guardian(s)/provider. The individual will not be excluded from County Board services for health reasons. All changes in service delivery will be based on the needs of the individual as a result of the disease or condition.

J. In the event the infectious disease status of a staff member or enrollee is revealed, that information must remain strictly confidential in accordance with applicable laws and regulations concerning disclosure of the identity and infectious status of an individual.

VIII. HAZARD COMMUNICATION

The County Board will comply with OSHA Hazard Communication Standard. All staff shall receive information and training and shall follow guidelines for Hazard Communication. See Appendix D for this procedure.

IX. IMMUNIZATION

A. The County Board shall adhere to the minimum requirements established by the Ohio Department of Health and the Ohio Department of Education regarding immunizations. Enrollees shall meet the minimum requirements by age established by the said agencies with documentation on file prior to admission. Enrollees who do not meet or exceed minimum immunization requirements shall be considered inadequately immunized. The following exemptions/exceptions are allowed under Ohio law:

1. An enrollee is in compliance if his/her guardian submits written evidence, signed by a physician, that immunization is medically contraindicated.

2. An enrollee is also in compliance if his/her parent(s)/guardian(s)/provider submit a statement that immunization is objectionable on religious or other grounds.

B. Should an epidemic of the subject disease occur, the enrollee will be excluded from attendance until the epidemic resolves. With written documented evidence showing that one of the above exemptions/exceptions is in order, the enrollee shall be considered in compliance.

C. The County Board is required to enforce these procedures and guidelines.

X. EXTENDED ABSENCES, SURGERY, OR HOSPITALIZATION

IV. A. Employees of MSI who are absent from work due to illness for three consecutive days or more may be requested to provide a doctor’s release to return to work. Enrollees at the School who are absent for extended periods of time may be requested to provide a doctor’s release to return to program attendance, as determined by nursing service.

B. Employees/enrollees who have surgery or are seen for treatment at a hospital may be requested to provide a doctor’s release to return to work, regardless of any or no work/school time missed. Work/activity restrictions must be specified. Renewal of authorization/permission for physical or occupational therapy may also be requested, as determined by therapy staff.
XI. HEALTH CARE RECORDS, EMERGENCY MEDICAL TREATMENT AUTHORIZATION AND HEALTH CARE PLANS

A. Current health information shall be on file for each individual receiving services as required by rules and regulations specific to each program. A County Board Medical Exam Form, or the equivalent (as determined by nursing service), completed by a physician or nurse practitioner and current within 6 months, shall be on file within thirty days of enrollment for each individual served. Health information will include, but not be limited to, diagnosis, allergies, immunizations, medications, treatments, and restrictions. An update of this form shall be completed every 3 years for school age enrollees; every year for early childhood enrollees; and as determined by the Individual Service Plan (ISP) team of adult enrollees.

B. Personal/Emergency Information Forms shall be completed on each enrollee before admission to the program and updated annually. Forms include authorization for emergency medical treatment, phone number and address of primary contact for emergencies, phone number and address of at least 2 alternate contacts, enrollee’s physician, dentist and preferred hospital. Forms are kept on file at each facility with copies distributed to all applicable service providers including transportation. Copies shall accompany individuals during off-site County Board activities.

1. Individuals, parents/guardians who refuse to give consent for emergency medical treatment must have a written plan of action for program authorities to follow in case of a medical emergency.

2. The written plan of action must be documented on part II of the Emergency Medical Authorization section of the Personal/Emergency Care Form;

3. The written action plan must have the approval of the student’s/enrollee’s physician, on part II of the Emergency Medical Authorization section of the Personal/Emergency Care Form.

C. A Registered Nurse will develop and implement procedures and guidelines for care regarding enrollees with certain diagnosed medical conditions, specific health care needs, and for general health issues concerning all enrollees. The Medical Director will approve health care guidelines as developed by the Program Nurse and will write standing orders for medical procedures as indicated. Individualized health care plans will be developed as indicated. Appropriate County Board staff will be instructed by the nursing staff on these health care plans, procedures, and guidelines. See Health Related Guidelines for Care Appendix E and forms/guidelines.

XII. NOTICE OF WRITTEN POLICIES AND PROCEDURES TO ALL PERSONNEL, PERSONS SERVED, PARENTS, GUARDIANS AND PROVIDERS

These written policies and procedures shall be communicated to all personnel, persons served, parents/guardians and providers and shall be made available in each program facility upon request.
Appendixes and Forms used with this procedure:
Muskingum County Board of MRDD MUI/UI Report Form
Illness / Nurse Report
Seizure Log – 2 Samples
Individualized Health Care Plan – Sample
Emergency Medical Authorization / Enrollee Personal Information Form
Medical Exam Form
Standing Physician’s Order for Finger stick blood sugar (FSBS)
Standing Physician’s Order for Automatic External Defibrillator (AED)
Nurse Notified Information Form
Nurse Notified Information Form Protocol

Appendix A
Procedures for Severe Allergic Reaction Procedures

Appendix B
Exposure Control Plan

Guidelines/Forms used with Appendix B
Definitions
Guidelines for Universal Precautions
Information on Voluntary Authorization of Hepatitis B (HBV) Vaccine
HBV Vaccination Consent Form
HBV Vaccination Declination Form
Schedule for Decontamination of Work Sites
Infectious Waste Spill/Accident Log
Contaminated or Infectious Waste Spills – Clean Up Procedures
Facility Compliance /Supply Checklist
Facility Compliance/Supply Report
Accidental Exposure to Blood/Other Potentially Infectious Materials Report
Post Exposure Referral Form
Informed Consent to HIV Antibody Test
Notification of Exposure Incident
Request for Exposure Source Blood Testing
Post Exposure Evaluation/Follow-Up Documentation
Training Acknowledgement
Sharps Injury Log

Appendix C
Management of Communicable Diseases

Appendix D
Hazard Communication Program

Appendix E
Health Related Guidelines for Care used with this procedure

Guidelines/Forms used with Appendix E
First Aid for Epileptic Seizures
Gastrostomy Tubes or Buttons
Warning signs of Diabetic Reactions
Guidelines for Splinter Removal
Guidelines for application of Sunscreen
Open wounds and lesions
Knocked Out Permanent Tooth (Avulsed Tooth)
Heat Related Illnesses

Guidelines & Letters to Families for Pests and Parasitic Infestations
Bed Bug Identification Information
Ticks Letter
Head Lice Information
Head Lice Letter
Scabies Information
Scabies Letter

Approved: August 30, 2002
Revised: December 14, 2006
Reviewed: January 4, 2007; January 3, 2008
Revised: January 1, 2009
Reviewed: January 14, 2010; January 6, 2011
Revised: May 20, 2011
Reviewed: January 5, 2012
Revised: December 3, 2012
Reviewed: January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

ACCESS TO LICENSED NURSE FOR EMERGENCIES

Access to the Licensed Nurse:

- **In Classrooms**: Use intercom or phone to notify the office that a nurse is needed. Please explain to the office what is needed.

- **By Radio**: Call for a nurse with short description of what is needed.

- **By Phone**: Call extension 1608 or 1604

Notify the Secretary IMMEDIATELY for Emergency

**Other Emergency Numbers:**

9-911  Emergency

1-800-221-2222  Poison Control
The Muskingum County Board of Developmental Disabilities has established procedures for dealing with severe allergic reactions.

Epinephrine Auto-Injectors (EPIPEN or other epinephrine pens) will be administered by physician order to any County Board enrollee who has a history of severe allergic reaction, which is a life-threatening emergency. Use of an EPIPEN is considered to be rendering emergency treatment or care. Delegated Nursing Rules of the Ohio Board of Nursing and the Ohio Department of Developmental Disabilities do not apply to emergency treatment.

Enrollees will be required to have a back up dose of epinephrine available during program attendance.

I. PROCEDURES

A. Severe allergic reactions are responses to a foreign protein from a variety of sources: food, medication, pollen, or insect stings. These reactions (also known as ANAPHYLACTIC reactions) can cause death if not properly handled. Thus, an allergic reaction is a medical emergency that requires immediate recognition and response.

B. Symptoms of severe allergic reaction include one or more of the following:

1. Swelling, flushing, and itching skin
2. Irritability and / or apprehension
3. Tightness of throat and chest
4. Rash – hives, diffuse or wheal-like pattern
5. Vomiting, diarrhea, and abdominal cramping
6. Breathing difficulty, wheezing, or both
7. Bluish color to the skin (cyanosis)
8. Hard to find or weak pulse (circulatory collapse)
9. Seizures
10. Loss of consciousness
C. While most allergies follow a progression of symptoms from rash or hives to a life-threatening breathing difficulty over a series of episodes, some individuals develop an anaphylactic reaction as the first manifestation of the sensitivity. Also, during a single episode, the progression in time from the first indication of sensitivity to the occurrence of serious symptoms can be very short. These reactions are the type that are considered severe.

II. MANAGING A SEVERE ALLERGIC REACTION

A. Determine that the individual is having a severe allergic reaction:

1. There has been exposure to allergens
2. There are symptoms present
3. The symptoms have appeared suddenly (within minutes)

B. If the individual does not have an EPI PEN order, notify the nurse and activate the emergency treatment plan for securing an emergency squad as indicated.

C. If medication for severe allergic reactions is ordered for the individual, it should be given as ordered by trained staff only and according to the following guidelines:

   Adult dose: 0.3 mg (Package marked EPI PEN)
   Pediatric dose: 0.15 mg (Package marked EPI PEN Jr.)

1. Have victim lie down.
2. If staff available, send someone to call the emergency squad immediately.
4. If reaction is caused by an insect sting, remove stinger, if possible. Remove stinger by scrapping it away with a stiff card. (Do Not Squeeze)
6. Give EPI PEN in thigh muscle only, through clothing, if necessary. Massage area after injection for 10 seconds.
7. If you are alone, give EPI PEN first, then go for help.
8. Apply cold pack to sting site or area of external contact, if known applicable.
10. Place affected site below the level of the level of the heart. Do not elevate the area.
11. If the reaction is due to allergen other than insect sting be sure to remove the allergen from the area.
11. Give second dose of EPI PEN in 5-10 minutes if symptoms persist or recur and emergency personnel have not arrived on the scene yet.
D. County Board Staff who are currently certified to administer rescue breathing or CPR (Cardio-Pulmonary Resuscitation) should do so, as indicated, until emergency personnel arrive.

III. PREVENTION AND EDUCATION

Several steps will be taken in this area to try to avoid life-threatening allergic reactions.

A. Appropriate County Board staff will be in-serviced annually on reactions, symptoms, and procedures for handling severe allergic reactions. Staff members will also be informed of any enrollee who has a known history of severe allergic reactions and/or written authorization to administer prescribed medication for severe allergic reactions. Procedures will be implemented to assure that any enrollee who is ordered medication for severe allergic reaction will have their medication available for use at all times while attending the program, Board activities and work sites, or while on Board transportation.

B. County Board enrollees and their parents and guardians will be encouraged to notify the Program Nurse of any history of severe allergies or anaphylactic reactions. Those who do report such information will be encouraged to have written authorization completed (Enrollee and Physician) allowing County Board staff to administer prescribed allergy medication to enrollees in the event of a severe allergic reaction.

C. Efforts will be made to have all enrollees that have known severe allergic reactions wear identification (medical alert bracelets or necklaces).

D. Because of the reported increase in the incidence of latex (natural rubber) allergies among individuals with myelodysplasia (spinabifida) and also among workers with repeated exposure to latex products, vinyl gloves will be used at all County Board facilities when needed as personal protective equipment (Refer to Exposure Control Plan).

E. Recommendations and policies will be established for the implementation, monitoring and evaluation of safe environments for those enrollees who have documented severe allergies to specific products.
I. PROGRAM ADMINISTRATION

A. The program nurse is responsible for implementation of the ECP (Exposure Control Plan). The program nurse will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: Tobie Snow, R.N. Starlight School 740-455-4177.

B. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

C. The program nurse will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The program nurse will ensure that adequate supplies of the aforementioned equipment are available in appropriate sizes. Contact location/phone number: Starlight School 740-455-4177.

D. The program nurse will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee/enrollee health records are maintained. Contact location/phone number: Starlight School 740-455-4177.

E. The program nurse will be responsible for training, documentation of training, and making the written ECP available to employees/enrollees, OSHA, and NIOSH representatives. Contact location/phone number: Starlight School 740-455-4177.

II. EMPLOYEE/ENROLLEE EXPOSURE RISK DETERMINATION

A. It is the position of the Muskingum County Board of Developmental Disabilities (County Board) to consider all full time staff job classifications as potentially at risk for occupational exposure. Because the responsibility to provide first aid is only a collateral duty of the substitute employee, the County Board will not offer Hepatitis B Vaccination to substitute staff until or unless a potential exposure occurs.

III. METHODS OF IMPLEMENTATION AND CONTROL – EXPOSURE CONTROL PLAN

A. All staff will receive an explanation of this ECP during their initial training, using definitions in Appendix B (A). It is also reviewed in annual refresher training. All staff can review this plan at any time during their work hours by contacting the program nurse. If requested, a copy of the ECP will be provided to staff free of charge and within 15 days of the request.
B. The program nurse is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised staff positions with occupational exposure.

C. Universal Precautions

All staff will receive an explanation of universal precautions in Appendix B (A) and will then be expected to practice universal precautions while working.

D. Engineering Controls and Work Practices

1. Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

   a. Hand Washing – facilities are available in each building. Alternative hand washing supplies are provided by the facility nurse. It is the responsibility of staff to check supplies before outings and replenish as needed.

   b. Safe Needle Devices – used by facility nurses as supplied by the Zanesville-Muskingum County Health Department.

   c. Clothing – staff are encouraged to wear long sleeves and minimal jewelry if assigned to work with enrollees who exhibit aggressive behaviors (biting, scratching, spitting, etc.)

   d. Decontamination of work sites will be done following the schedule listed in Appendix B (A).

2. This program identifies the need for changes in engineering controls and work practices through documentation, review, and tracking of Unusual Incidents (UIs) and Major Unusual Incidents (MUIs). All workshop, school, maintenance and transportation staff and management personnel are involved in this process.

3. The program nurse is responsible for ensuring that recommendations are implemented.

IV. PERSONAL PROTECTIVE EQUIPMENT

A. Personal Protective Equipment (PPE) is provided to staff and enrollees at no cost to them. Training in the use of appropriate PPE for specific tasks or procedures is provided by nursing staff or direct supervisors. The types of PPE available to staff and enrollees are as follows:

<table>
<thead>
<tr>
<th>Disposable Gloves</th>
<th>Disposable Aprons</th>
<th>CPR Ventilation Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utility Gloves</td>
<td>Utility Aprons</td>
<td>Face and Eye Shields</td>
</tr>
</tbody>
</table>
B. PPE is located in each facility building and on each program vehicle and may be obtained through the program nurse.

C. All staff and enrollees using PPE must observe the following precautions:

a. Wash hands immediately or as soon as feasible after removing gloves or other PPE.

b. Remove PPE after it becomes contaminated and before leaving the work area.

c. Used disposable PPE may be disposed of in regular trash if not dripping with blood or other OPIM; utility or cloth PPE can be stored in closable, leak proof containers appropriately labeled or color-coded as hazardous until they are laundered.

d. Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, or contaminated, or if their ability to function as a barrier is compromised.

e. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

f. Never wash or decontaminate disposable gloves for reuse.

g. Wear appropriate face or eye protection when splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

h. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

V. HOUSEKEEPING

Regulated waste will be placed in containers which are closable, leak proof, and appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available in each nurse’s clinic. Sharps containers are disposed of through the Zanesville Muskingum County Health Department. The County Board is a small generator of infectious waste (less than 50 lbs. a month). Therefore, a monthly Infectious Waste Generation Log will be kept to quantify the amount of infectious waste generated Appendix B (A). Large spills will be documented and described on the Large Spill/Accident Log Appendix B (A). Both of these logs will be monitored by the program nurse. Small and large spills will be cleaned up promptly according to procedures outlined in Appendix B (A). Bins and pails are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.
VI. LAUNDRY

A. Laundering of contaminated articles will be performed as needed by trained staff following these requirements:

1. Handle contaminated laundry as little as possible, with minimal agitation.
2. Place wet contaminated laundry as little as possible, with minimal agitation.
3. Wear PPE, such as gloves, apron, or mask when handling or sorting contaminated laundry.


VII. LABELS

The following labeling methods are used in this program:

1. Biohazard labels are on all sharps containers and regulated waste containers.
2. Red biohazard bags are used as required for contaminated laundry or waste.
3. The program nurse is to be notified if regulated waste containers are discovered without proper labeling.

VIII. HEPATITIS B VACCINATION

A. The Voluntary Authorization for the Administration of Hepatitis B Vaccine found in Appendix B (A) will be reviewed with new hires by the HR Specialist. New hires will determine if they want to consent or decline the Hepatitis B Vaccination and complete Hepatitis B Vaccination consent or decline form found in Appendix B (A).

B. The Hepatitis B Vaccination series is available at no cost after initial staff training and within 10 days of initial assignment to all staff identified in the exposure determination section of this plan. Vaccination is encouraged unless:

1. Documentation exists that the individual has previously received the series;
2. Antibody testing reveals that the individual is immune; or
3. Medical evaluation shows that vaccination is contraindicated. Information on Hepatitis B Vaccination is presented to staff using Appendix B (A) (Information on Hepatitis). Appendix B (Hepatitis B Vaccination Consent Form) is signed by staff to obtain consent. However, if an individual declines the vaccination, they must sign a declination form (Appendix B (A). Staff who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the staff personnel file at the Administration Office. Vaccination will be provided by the Genesis Occupational Services. Following the medical evaluation, a copy of the health care professional’s written opinion
will be obtained and provided to the staff person within 15 days of the completion of the evaluation. It will be limited to whether the staff person requires the Hepatitis Vaccine and whether the vaccine was administered.

C. The program nurse will provide training to staff on Hepatitis B Vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

VIV. POST EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, the program nurse or other licensed nurse on duty should be notified. An immediately available (preferably within 2-4 hours) confidential medical evaluation and follow-up will be conducted by Genesis Occupational Services at Genesis Healthplex, using the most current guidelines for the management of occupational exposure to HIV. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

1. Document routes of exposure form found in Appendix B (A) and how the exposure occurred.

2. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).

3. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual’s test results were conveyed to the staff person’s health care provider.(see Appendix B (A) for form).

4. If the source individual is already known to be HIV, HCV, or HBV positive, new testing need not be performed.

5. After obtaining consent, collect exposed staff person’s blood as soon as possible after exposure incident, and test blood for HBV and HIV serologic status.

6. If the staff person does not give consent for HIV serologic testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed staff person elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

7. Assure that the exposed staff person is provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g. laws protecting confidentiality) (see Appendix B (A) for forms).

IX. POST EXPOSURE FOR SUBSTITUTE EMPLOYEES

Because the responsibility to provide first aid is only a collateral duty of the substitute employee, the Muskingum County Board of DD will not offer Hepatitis B Vaccination to substitute staff until or unless a potential exposure occurs. The revised OSHA Enforcement Procedures for the
occupational exposure to blood pathogens, 29 CFR 1910.1030, shall be followed when pre-exposure vaccination is not offered to substitute staff:

1. As stated above, a primary job assignment of the substitute is not to render first aid.

2. Substitute staff will receive the same training in universal precautions and bloodborne pathogens as regular staff. The training will include instructions for reporting potential incidents involving the administration of first aid.

3. Reporting procedures will ensure that all first aid incidents involving the presence of blood or OPIM will be reported to the program nurse before the end of the work day. These reports will include the names of all substitutes who rendered first aid assistance. Regardless of whether personal protective equipment was used, and will describe the first aid incident, including time and date. The description will include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident, as defined by the standard, occurred. This determination will ensure that the same post-exposure evaluation, prophylaxis, and follow-up will be offered to substitute staff as is identified in this exposure control plan for permanent staff. A copy of the reports of first aid incidents involving unvaccinated substitutes will be kept in the program nurse’s office and will be provided to appropriate OSHA staff upon request.

4. Provision for the full Hepatitis B Vaccination series will be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific “exposure incident”, as defined by the standard, has occurred.

IX. ADMINISTRATION OF POST EXPOSURE EVALUATION AND FOLLOW-UP

The program nurse ensures that health care professionals responsible for staff Hepatitis B and post exposure evaluation and follow-up have or are given a copy of OSHA’s bloodborne pathogens standard.

A. The program nurse ensures that the health care professional evaluating staff after an exposure incident received the following:

1. A description of the staff job duties relevant to the exposure incident.

2. Route(s) of exposure

3. Circumstances of exposure

4. If possible, results of the source individual are blood test

5. Relevant staff medical records, including vaccination status

B. The program nurse provides staff with a copy of the evaluating health care professional’s written opinion within 15 days of the completion of the evaluation.
X. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The program nurse will review the circumstances of all exposure incidents to determine:

1. Engineering controls in use at the time
2. Work practices followed
3. A description of the device being used (including type and brand)
4. Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shield, etc.)
5. Location of the incident
6. Procedure being performed when the incident occurred
7. Staff training

XI. EMPLOYEE TRAINING

A. All staff who has occupational exposure to bloodborne pathogens receives initial and annual training conducted by the program nurse or other licensed nurse on staff.

B. This training includes, at a minimum:

1. Epidemiology, symptoms, and transmission of bloodborne pathogen diseases
2. Explanation of the OSHA bloodborne pathogen standard
3. An explanation of our ECP and how to obtain a copy
4. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
5. An explanation of the use and limitations of engineering controls, work practices, and PPE
6. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
7. An explanation of the basis for PPE selection
8. Information on the Hepatitis B Vaccination, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
10. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available

11. Information on the post-exposure evaluation and follow-up that the employer is required to provide for staff following an exposure incident

12. An explanation of the signs and labels an/or color coding required by the standard and used at this facility

13. An opportunity for interactive questions and answers with the person conducting the training session

C. Training materials are available at the program nurse’s office at Starlight School.

XII. RECORDKEEPING

A. Training Records

1. Training records are completed for staff upon completion of training. These documents will be kept for at least 3 years in the program nurse’s office at Starlight School. Appendix B (A)

2. The training records include:
   a. The dates of the training sessions
   b. The contents or a summary of the training sessions
   c. The names and qualifications of the persons conducting the training sessions
   d. The names and job titles of all persons attending the training sessions

B. Staff Training

Staff training records are provided upon request to the individual staff or their authorized representative within 15 working days. Such requests should be addressed to Tobie Snow, R.N., Program Nurse.

C. Medical Records

1. Medical records are maintained for each staff person with occupational exposure in accordance with 29 CFR 1910.1020, “Access to Employee Exposure and Medical Records.”

2. The program nurse is responsible for maintenance of the required medical records. These confidential records are kept in the program nurse’s office for at least the duration of employment plus 30 years.
3. Staff medical records are provided upon request of the individual staff person or to anyone having their written consent within 15 working days. Such requests should be sent to Tobie Snow R.N., Program Nurse, Starlight School, 1330 Newark Rd., Zanesville, Ohio 43701.

D. OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA’s Recordkeeping Requirements (29 CFR 1904). This determination and the recordkeeping activities are done by the Business Manager.

E. Sharps Injury Log

1. In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log (Appendix B (A)). All incidences must include at least:
   
   a. Date of the injury  
   b. Type and brand of device involved (syringe, suture, needle)  
   c. Department or work area where the incident occurred  
   d. Explanation of how the incident occurred

2. This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.
Table of Guidelines and Forms:

- Exposure Control Plan Definitions
- Center for Disease Control (CDC) Guidelines for Universal Precautions
- Information on Voluntary Authorization for the Administration of Hepatitis B Vaccine
- Hepatitis B Vaccination Consent Form
- Hepatitis B Vaccination Declination Form
- Schedule for Decontamination of Work Sites
- Monthly Infectious Waste Generation Log
- Infectious Waste Spill/Accident Log
- Contaminated or Infectious Waste Spills Cleanup Procedures
- Facility Compliance Supply Checklist
- Facility Compliance Supply Report
- Accidental Exposure To Blood/Other Potentially Infectious Materials Report
- Post Exposure Referral Form
- Informed Consent for HIV Antibody Testing
- Notification of Exposure Incident
- Request for Exposure Source Blood Testing
- Post Exposure Evaluation / Follow-up Documentation
- Training Acknowledgement
- Sharp Injury Log
Definitions:

- **Antibody**: A protein formed in the bloodstream to fight infection.

- **Blood**: Human blood, human blood components, and products from human blood.

- **Bloodborne Pathogens**: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to, hepatitis B Virus (HBV) and human immunodeficiency virus (HIV).

- **Clinical Laboratory**: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

- **Contaminated**: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

- **Contaminated Laundry**: Laundry soiled with blood or other potentially infectious materials.

- **Contaminated Sharps**: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

- **Decontamination**: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item. The surface or item is then rendered safe for handling, use or disposal.

- **Engineering Controls**: Area controls used to minimize employee exposure to bloodborne pathogens (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace; hand washing facilities, waterless hand washing agents and disposal towels.

- **Exposure Control Plan**: Each employer having an employee with occupational exposure shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

- **Exposure Incident**: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

- **Handwashing Facilities**: A facility providing an adequate supply of running water, soap and single use towels or hot air drying machine and/or waterless hand washing agents.

- **HBV**: Hepatitis B virus.

- **HIV**: Human immunodeficiency virus.
- **Immune**: Protected against any particular infection.

- **Immunoglobulin**: An antibody.

- **Licensed Healthcare Professional**: Is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by the Muskingum County Board of Mental Retardation and Developmental Disabilities E.C.P.

- **Occupational Exposure**: Means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

- **Parenteral**: Means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

- **Personal Protective Equipment (PPE)**: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment (gloves, goggles, boots, aprons, coveralls may be considered PPE).

- **Regulated or Infectious Waste**: Means (1) liquid/semi-liquid blood and/or infectious material containing bodily fluids; (2) contaminated items or clothing which could release blood of bodily fluids when compressed; (3) items caked with dried blood/bodily fluids; (4) contaminated sharps; (5) the carcasses/body parts of animals either intentionally or unintentionally killed.

- **Source Individual**: Means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

- **Sterilize**: Means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

- **Titer**: A standard of measurement of antibodies in the bloodstream to a specific disease.

- **Universal Precautions**: Is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

- **Work Practice Controls**: Means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).
I. PRECAUTIONS FOR GENERAL PATIENT CARE

A. Gloves will be worn when there is the potential for the hands to have contact with blood, other potentially infectious body fluids, mucous membranes, or on intact skin and when handling items or surfaces soiled with blood or other potentially infectious body fluids. Gloves will be worn during all invasive procedures and during all vascular access procedures.

B. Masks and eye protection (or chin-length face shields) will be equipped with solid side shields.

C. Appropriate protective body clothing (gowns, aprons, lab coats, and clinic jackets) will be worn if there is a potential for soiling of clothing with blood or other potentially infectious body fluids. Protective body clothing will not permit blood or other potentially infectious materials to pass through or to reach the employee's clothes, undergarments, or skin.

D. Surgical caps or hoods and/or shoe covers or boots will be worn when gross contamination can reasonably be anticipated.

E. Mouthpieces, resuscitation bags, or other ventilation devices will be available for use in areas in which the need for resuscitation might be predicted.

F. Hands and other skin surfaces will be washed immediately or as soon as possible with soap and water if contaminated with blood or other potentially infectious body fluids. Employees will wash their hands immediately or as soon as possible after the removal of gloves or other personal protective equipment.

G. Mucous membranes will be flushed with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.

H. Employees who have draining lesions or weeping dermatitis will refrain from direct patient care and from handling patient care equipment until the condition resolves.

I. Gloves will be changed after each patient contact. Gloves will be replaced as soon as possible when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised.

J. Single-use gloves (such as surgical or exam gloves) will not be washed or disinfected for re-use. Houseworking type gloves (utility gloves) will be washed with soap and water and hospital disinfectant before being reused, but will be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

K. Used needles and other sharps will not be sheared, bent, broken, recapped or resheathed by hand.
Used needles will not be removed from disposal syringes.

L. Disposable used needles will be disposed of in closable, leakproof, puncture-resistant, disposable containers which are red or identified by an orange or orange-red label containing the biohazard symbol and the word "biohazard". The container must also be identified with the word "sharps".

M. Disposal of non-sharp contaminated items will be put into red-bagged or labeled containers in accordance with state and local regulations. Infectious waste will be transferred to specified red containers labeled "Infectious Waste" and marked with the biohazard symbol for transport and disposal.

N. Reusable items contaminated with blood or other potentially infectious body fluids will be washed with soap and water prior to reprocessing. Reusable sharps will be placed in puncture-resistant, leak proof containers labeled with the biohazard label or red in color.

O. Laundry items soiled with blood or other potentially infectious body fluids will be placed and transported in bags which prevent soak-through or leakage of fluids to the exterior.

P. Specimens of blood or other potentially infectious materials will be placed in closable, leak proof containers which are red or labeled with the biohazard label prior to being stored or transported. If the specimen could puncture the primary container, the primary container will be placed in a secondary container which is puncture-resistant in addition to the above characteristics.

Q. All equipment and working surfaces will be cleaned with soap and water and disinfected with an EPA-approved, tuberculocidal disinfectant after contact with blood or other potentially infectious materials. Work surfaces will be decontaminated with disinfectant after completion of procedures; when surfaces are overtly contaminated; immediately after any spill of blood or other potentially infectious materials and at the end of the work shift.

R. Equipment which may become contaminated with blood or other potentially-infectious material will be decontaminated prior to servicing or shipping. If decontamination of the equipment or portions of it is not feasible, the equipment will be labeled with a biohazard label which indicates which portions remain contaminated.

S. All receptacles (bins, pails, etc.) intended for reuse which have a potential for becoming contaminated with blood or other potentially infectious body fluids will be inspected, cleaned and disinfected on a regular schedule and cleaned and disinfected whenever visible contamination occurs.

T. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a potential for occupational exposure to blood or other potentially infectious materials.

U. All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

V. Mouth Pipetting/suctioning of blood or other potentially infectious materials is prohibited.
W. Recapping or removal of contaminated needles will be allowable only when such action is required by a specific medical procedure and when no alternative is feasible. Such recapping or removal must be done through the use of mechanical device or a one-handed technique.

X. Mechanical means (such as brush and dust pan or tongs) will be used to clean up broken glassware. Broken glassware will be disposed of in a sharps container.

Y. Containers used to store, transport or ship blood or other potentially infectious materials will be red or will be labeled with a biohazard label.
The Disease:

Hepatitis B is a viral infection that affects the liver. The incubation period ranges from 40 to 180 days. The course of acute hepatitis can be mild and completely without outward symptoms or it can be severe, prolonged and possibly fatal. Health care workers can be exposed to Hepatitis B from contaminated needle punctures or blood spills on broken skin or mucous membranes. Other body fluids, such as bloody urine, bloody wound drainage or semen may also be infectious. The greatest threat to health care workers is the nearly one million Hepatitis B carriers in the country, 80 to 90 percent of whom are not identified.

Recombinant Hepatitis B Vaccine:

The vaccine is for protection against Hepatitis B. The vaccine is recommended for those with frequent exposure to the above sources. Three (3) doses of vaccine are administered to complete the series: scheduled according to CDC recommendations. Hepatitis B vaccine is prepared from recombinant yeast cultures and is free of association with human blood or blood products. Documentation of exposure incidents must continue even after the vaccine series is completed.

Hepatitis B vaccine will not prevent Hepatitis caused by other agents, such as Hepatitis A virus, non-A, non-B Hepatitis viruses or by other viruses known to infect the liver. Although information available to date indicates that the vaccine is highly effective in protecting against Hepatitis B, it has not been proven totally effective in preventing Hepatitis B among all persons vaccinated (those who are immunosuppressed or those with presence of any serious active infection).

Follow-up studies indicate that the most common side effect is injection site soreness. Less common local reactions are redness, swelling and warmth, which usually subside within 48 hours. Low grade fever occurs occasionally. Other complaints include malaise, fatigue, headache, nausea, dizziness and joint pain. These symptoms are infrequent and limited to the first few days following the vaccine. Rash has been reported rarely.

Precautions:

Recombinant Hepatitis B vaccine is contraindicated for individuals who are hypersensitive to yeast or any component of the vaccine (aluminum, thimersol, or mercury). Any serious active infections prior to receipt of the vaccine are reason to delay the vaccine. Staff / enrollees with a history of cardiopulmonary disease and/or diagnosed medical conditions, are at risk for developing a fever or a systemic reaction and must consult their private physicians prior to receipt of the vaccine and have an authorization from their private physician for administration of the vaccine. The Hepatitis B vaccines are not recommended for use by pregnant women or nursing mothers. All staff/enrollees of the Muskingum County Board of Mental Retardation and Developmental Disabilities are encouraged to consult their physician prior to their decision to take the Hepatitis B vaccines. Options, including blood testing for natural immunity, may be recommended.
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES  
EXPOSURE CONTROL PLAN- APPENDIX B (A)  
HBV VACCINATION CONSENT FORM

DATE: 
STAFF/ENROLLEE: 
STAFF/ENROLLEE SS#: 

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine.

I accept the Muskingum County Board of Mental Retardation and Developmental Disabilities opportunity for the Hepatitis B Virus (HBV) vaccine and will participate in the series of inoculations as determined by the Board.

All staff/enrollees of the Muskingum County Board of Mental Retardation and Developmental Disabilities are encouraged to consult their physician prior to their decision to take the Hepatitis B vaccines. Options, including blood testing for natural immunity, may be recommended.

Staff/Enrollee Signature 

Guardian Signature (If Applicable) 

Witness 

Hepatitis B Vaccine Series

<table>
<thead>
<tr>
<th>Dose/Site</th>
<th>Date</th>
<th>Vaccine/Lot#</th>
<th>Given By</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
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<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
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</tbody>
</table>
HBV VACCINATION DECLINATION FORM

DATE: ______________________________

STAFF/ENROLLEE: ______________________________

STAFF/ENROLLEE SS#: ______________________________

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Staff/Enrollee Signature: ______________________________  Date: ______________________________

Guardian Signature (If Applicable): ______________________________  Date: ______________________________

Witness: ______________________________  Date: ______________________________
This facility will be cleaned and decontaminated according to the following schedule:

<table>
<thead>
<tr>
<th>Area</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunch Tables</td>
<td>Daily and After Each Use</td>
</tr>
<tr>
<td>Clinics and Restrooms</td>
<td>Daily</td>
</tr>
<tr>
<td>Changing Tables</td>
<td>After Each Use</td>
</tr>
<tr>
<td>Bath Mat</td>
<td>After Each Use</td>
</tr>
<tr>
<td>Protective Floor Mat</td>
<td>After Each Use</td>
</tr>
</tbody>
</table>

Decontamination will be accomplished by utilizing the following materials:

- Approved Disinfectant
- Bleach
- Emergency Clean-up:
  - Small Spill – As Needed
  - Large Spill – As Needed
  - Using Approved Disinfectant Spray
<table>
<thead>
<tr>
<th>Year</th>
<th>Sharps Containers</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annex</td>
<td>Newark Rd.</td>
<td>School</td>
<td>Zane St.</td>
<td>Any Other I.W.</td>
<td>Total I.W. Generated</td>
</tr>
<tr>
<td>January</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
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<td>February</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
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<td>March</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
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<tr>
<td>April</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
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<tr>
<td>May</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
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<tr>
<td>June</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
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<tr>
<td>August</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
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<tr>
<td>October</td>
<td># lbs.</td>
<td># lbs.</td>
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<tr>
<td>November</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
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<tr>
<td>December</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
<td># lbs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name &amp; Address of Facility</td>
<td>Date &amp; Time of Spill</td>
<td>Name of Staff/Enrollee Involved in the Spill</td>
<td>Date of Report</td>
<td>Short Summary of Events Leading to the Spill</td>
<td>Clean-Up Procedure Used</td>
<td>Amount of I.W. Generated in lbs.</td>
</tr>
<tr>
<td>---------------------------</td>
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</tbody>
</table>
I. SMALL SPILLS

A. Less than 500 ml. (approx. 16 oz.)

B. May be cleaned up by any Count Board staff / enrollee who is knowledgeable in the spill clean-up procedure.

1. Equipment

   a. Small spill kit contents or substitute comparable items
   b. Absorbent material
   c. Disposable latex gloves
   d. Plastic bag with tie
   e. Liquid or spray disinfectant
   f. Antiseptic hand wipes
   g. Scoops or scrapers (optional)
   h. Manufacturer’s Safety Data Sheets (MSDS)

2. Procedure

   a. Detour traffic around area
   b. Put on latex disposable gloves
   c. Sprinkle absorbent material over the spill
   d. Use scoop, scraper, or disposable towels to clean up the spill and absorbent material
   e. Put all waste material in the plastic bag
   f. Use disinfectant on the spill area. Allow area to remain wet for at least ten (10) minutes
   g. Wipe up area with more disposable towels
   h. Properly remove gloves and put them in the plastic bag
   i. Use the antiseptic hand wipes to clean your hands and discard it into the plastic bag
   j. Tie the bag securely to prevent leakage and dispose of it in a trash container
   k. WASH HANDS with soap and warm running water
   l. If it is determined that the spill should be considered Infectious Waste, (See Section III F.1. Pages 9-10, E.C.P.) The plastic bag shall not be placed in the normal trash. It will be rebagged in a red biohazard bag and placed in the infectious waste bin in the first aid area.
   m. Notify nurse of infectious waste spill and complete log description of spill on the appropriate form in the nurse’s office.
II. LARGE SPILLS

A. Will be cleaned up by the custodial personnel or those who have been trained in large spill containment and clean-up.

1. Equipment
   a. Small spill kit contents of substitute comparable items
   b. Absorbent material (Premisorb or RO-ZORB)
   c. Disposable latex gloves
   d. Plastic bag with tie
   e. Disposable towels
   f. Antiseptic hand wipes
   g. Scoops or scrapers (optional)
   h. MSDS Sheet and Instruction Sheet
   i. MSDS Sheet and Instruction Sheet

2. Plus: Infection Control Pack
   a. Gown
   b. Face shield with mask and goggles
   c. Shoe covers
   d. Gloves
   e. Cap
   f. Red biohazard bags with ties

B. Hazardous Waste Container / or Sharps Container from Clinic Room (if broken glass or sharps involved)

C. Warning Spill Sign

1. Procedure
   a. Detour traffic around area, put up warning signs.
   b. Notify custodial personnel for cleanup.
   c. Put on gloves, put on cap and face shield with mask (and goggles) if splashing might occur.
   d. Pour absorbent material on spill to absorb liquid.
   e. Use scraper, scoop or disposable towels to clean up the absorbent and discard the waste in a red plastic bag. If sharps or broken glass is involved, a broom and clean up dustpan will be used and waste will be discarded in the lined hazardous waste container or sharps.
   f. Clean area with soap and water. Disinfect area with liquid or spray disinfectant. Let sit on area at least ten minutes prior to wiping off with disposable towels.
   g. Dispose of waste in red plastic bag. Remove gloves and any other personal protection equipment and place in red bag.
   h. Use antiseptic towelettes to clean hands and discard them in the red bag.
   i. Close bag by expelling air gently, then tie securely.
   j. Place sealed bag in the infectious waste bin in the first aid area.
   k. Wash hands with soap and warm water.
   l. Notify program nurse and complete the log description of spill on the appropriate form in
the Nurse’s office.

III. POINTS OF EMPHASIS

A. Small Spill Kits are located in the Program Nurse’s office, the first aid area of the Annex, the bus garage, all school buses and vehicles, Adult Day Program (Annex), Newark Road – production floor and custodial room at the school.

B. Large Spill Clean-Up items are kept in sealed bags next to the small spill kits at these locations:

1. Newark Road
2. School custodial office & nurse’s office
3. Annex – Adult Day Program
4. Garage

C. Disinfectants used to clean up the environment after an infectious waste spill must be approved by the EPA to be virucidal, fungicidal, tuberculocidal and effective against HIV.
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
EXPOSURE CONTROL PLAN- APPENDIX B (A)
FACILITY COMPLIANCE/SUPPLY CHECKLIST

✓ Okay
* Problem

| Building | J | A | N | F | E | B | M | A | R | A | P | R | M | A | Y | J | U | N | J | U | L | A | U | G | S | E | P | O | C | T | N | O | V | D | E | C |
| Year:    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Needle boxes | (3/4 or more full problem) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Handwashing Facilities |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Full/Working Soap Dispensers |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Paper Towel Holders |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Personal Protective Equipment |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Gloves |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Gowns |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Masks |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Eyewear |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mouth/Mouth resuscitation |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Biohazard Waste Handling |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Separate from regular waste |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| In impervious red bags |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| RED bags accessible |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Soiled Linen Collection |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bags securely closed |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Labeled Correctly |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Cleaning |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hospital approved detergent/disinfectant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Broom/Dustpan available |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Exposure Reporting Forms |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Forms available |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inspection of Bins/Pails |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Contamination? |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Proper Labeling |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Small Spill Kits |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Accessible |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Properly Equipped |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Large Spill Kits |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Accessible |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Properly Equipped |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Initials |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Day |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

*If any of these are found unsatisfactory please explain on back and contact the Program Nurse.
<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Corrective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>All needle boxes checked for fullness and replaced when ¾ full.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Adequate hand washing facilities. Soap dispensers clean, filled, and in good working order. Paper towels available.</td>
<td></td>
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<tr>
<td>3.</td>
<td>Personal Protective equipment readily accessible to all employees. Gloves, gowns, masks, eyewear, mouth-to-mouth resuscitation devices.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Bio-hazardous waste separated from other solid waste and placed in impervious red bags.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Soiled linen collected in impervious bags with bio-hazard label. Bags are securely tied closed prior to transport.</td>
<td></td>
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</tr>
<tr>
<td>6.</td>
<td>Hospital approved detergent / disinfectant available for cleaning. Dust pan and broom accessible.</td>
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<tr>
<td>7.</td>
<td>Exposure Reporting Forms readily accessible to all employees.</td>
<td></td>
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<tr>
<td>8.</td>
<td>Inspection of bins, pains, and cans used for refuse or potentially infectious materials for contamination and proper labeling.</td>
<td></td>
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</tr>
<tr>
<td>9.</td>
<td>Small spill kits accessible and properly equipped.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Large spill kits accessible and properly equipped.</td>
<td></td>
<td></td>
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</tbody>
</table>
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
EXPOSURE CONTROL PLAN - APPENDIX B (A)

ACCIDENTAL EXPOSURE TO BLOOD/OTHER POTENTIALLY
INFECTIOUS MATERIALS REPORT

1. EXPOSED INDIVIDUAL
   Department: ____________________________________________
   Home Telephone: _______________________________________
   SS#: ________________________________________________

2. TYPE OF EXPOSURE AND CIRCUMSTANCES OF THE INCIDENT
   Exact description of exposure-date, time, job duty being performed at the time of the exposure,
   details of exposure, including amount of fluid or material, type of fluid or material & severity of
   exposure. I.E. for a needle stick, depth of injury & whether fluid was injected; for a skin or mucous
   membrane exposure, the extent & duration of contact & the condition of the skin, chapped, abraded,
   intact.

3. PERSONAL PROTECTIVE EQUIPMENT (P.P.E.) USED
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________

4. FIRST AID MEASURES/ACTION TAKEN
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________

5. EXPOSED INDIVIDUAL
   LAST TETANUS IMMUNIZATION: _________________________
   STATUS OF HEP B. IMMUNIZATION: ____________________
6. SOURCE INDIVIDUAL

STATUS OF HEP B IMMUNIZATION: ____________________________

7. SUGGESTIONS – for changes in procedures, environment, or policy to avoid similar incidents in the future:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

8. THIS REPORT IS TO BE DELIVERED TO THE PROGRAM NURSE BY THE EXPOSED INDIVIDUAL AS SOON AS POSSIBLE FOLLOWING THE INCIDENT.

DATE RECEIVED: ____________________________
TIME RECEIVED: ____________________________
PROGRAM NURSE: ____________________________

STEPS TAKEN: _______________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

EXPOSED INDIVIDUAL ______________________ DATE _____________

GUARDIAN (IF APPLICABLE) __________________ DATE _____________

SUPERVISOR __________________ DATE _____________

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
EXPOSURE CONTROL PLAN - APPENDIX B (A)
POST EXPOSURE REFERRAL FORM

_________________________________________________________________________________

You have been exposed to the blood or other potentially infectious body fluid of another person. The following medical evaluation is offered to you as part of the County Board’s Exposure Control Plan.

_________________________________________________________________________________
EXPOSED INDIVIDUAL SENT FOR MEDICAL FOLLOW UP:

---

Date and Time

Exposed Individual's Signature               Date

Exposure Incident Evaluator               Date

REFUSAL OF FOLLOW-UP CARE:

I have been referred to a health care professional for Bloodborne Pathogens Exposure Evaluation and Treatment. I decline any and all treatment offered and recommended by the Muskingum County Board of MR/DD.

---

Exposed Individual               Date

Exposure Incident Evaluator               Date

Superintendent               Date
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
EXPOSURE CONTROL PLAN - APPENDIX B (A)

Informed Consent to HIV* Antibody Test
(Testing for the AIDS Virus)

I. BEFORE AN HIV ANTIBODY TEST CAN BE GIVEN IN OHIO, INFORMED CONSENT IS NEEDED

A. What is the HIV Antibody Test?

   The HIV Antibody Test is a blood test. The test shows if you have antibodies to the virus that causes AIDS. A sample of your blood will be taken from your arm with a needle. If the first test shows that you have antibodies, a series of tests including a different test will then be done on the same blood sample to make sure the first test was right. A positive test result means that you have been exposed to the virus and are infected. It does not mean that you have AIDS or that you will necessarily become sick with AIDS in the future. A negative test does not necessarily mean that you are not infected with the virus. It takes the body time to produce HIV antibodies. If you have been exposed to HIV recently, you need to be retested in several months to make sure you are not infected. Your doctor or counselor will explain this to you.

B. Voluntary Testing

   Taking an HIV antibody test is voluntary. You do not have to take the test. Consent may be withdrawn within one hour after the blood is taken for the test. If you are under 18, you may consent to be given an HIV test. If you do not wish anyone to know your test results or even that you have been tested, you can go to an anonymous test site. This is a place where you can receive counseling and the HIV test without giving your name and address. You can find the nearest anonymous test site by calling the AIDS Hotline 1-800-322-AIDS or the Muskingum County Health Department at 454-9741.

C. Behaviors that Pose Risk

   Most AIDS infections are spread through certain sexual activities or sharing of intravenous needles. Either anal or vaginal intercourse with an infected individual can transmit the virus. Oral intercourse with an infected individual may also spread the infection. An infected woman can pass the virus on to her unborn child.

D. What is the Value of HIV Antibody Test?

   If you test negative:

      You can learn how to continue to avoid getting infected. Getting education through counseling is the key to preventing the spread of AIDS.

   If you test positive:

      You can learn how to avoid giving the virus to others. With this information, your doctor can take better care of you. If you are a woman or a man thinking about having a baby, you can learn about the risk to your baby.

E. Confidentiality of Test Results
If you take the HIV antibody test, your test results are confidential. They will become a part of your Employee Health record. Persons authorized to review health files will have access to the results.

F. Risks involved with Disclosure and Sources of Help

If you test positive, you should be careful about telling others what your test showed. Some HIV positive people have been discriminated against by employers, landlords, and others. If you experience discrimination because of release of HIV related information you may contact the Ohio Civil Rights Commission (OCRC) at 614-466-2785.

G. For more Information

For a list of resources for further counseling or support, ask your physician. If you have further questions about HIV antibody testing or resource information you may contact the Ohio AIDS Hotline 1-800-332-AIDS or Muskingum Area AIDS Task Force at 454-9741.

---

**INFORMED CONSENT TO HIV ANTIBODY TEST**

I have reviewed the information in the Informed Consent for HIV Antibody Testing. My questions about the HIV test have been answered.

I agree to take the HIV Antibody Test at baseline, 3 and 6 months.

_______________________  _______________________
Signature                  Signature

_________________________
Date

_____________________________
Witness

I agree to have my blood drawn and held but not tested for HIV at this time. Should I decide within the next 90 days to have an HIV test done, I will notify Employee Health and sign the appropriate consent. After 90 days my blood will be discarded without prior notification.

_____________________
Signature

_________________________
Date

_________________________
Witness
Date: ______________________________

Dear: ____________________________,

____________________________________ was involved in an incident where his/her blood and/or body fluids were exposed to an employee. For follow-up for the employee, we are recommending that you complete and take the attached form to your physician and have the following lab work completed as soon as possible:

HepBsAg, RPR and HIV.

Thank you in advance for your cooperation in this matter and please feel free to contact me at 455-4177 between the hours of 8:30 a.m. and 4:00 p.m. with any questions or concerns.

Sincerely,

Program Nurse
Dear Dr._

__________ was involved in an incident where his/her blood and/or body fluids were exposed to an employee.

The following lab work is needed on the source person as soon as possible: HepBsAg, Hep C, and HIV.

I give my permission for the results of these lab tests to be communicated with the Program Nurse at the Muskingum County Board of Mental Retardation and Developmental Disabilities for proper follow-up of the exposed employee.

Thank you in advance for your cooperation in this matter.

Staff/Enrollee Signature__________________________ Date________________

Parent/Guardian Signature ______________________________ Date __________________
was involved in an exposure incident on ________________________.

He/she has been made aware of the results of testing on him/herself and on the source person.

Source Testing Date: ________________________________

Results:

HbsAg: ______________________

HIV: ______________________

HepC: ______________________

Source Refused Testing Date: ________________________

Exposed Individual Notified of Refusal Date: ________________________

Exposed Individual wishes to pursue legal action: ______ Yes ______ No

The exposed individual was informed of Source Test Results and was also informed of current rules and regulations concerning the disclosure of the identified and infectious status of an individual.

Date ________________________  Program Nurse's Signature ________________________

I understand that this information is confidential and that I cannot release it to anyone without the written permission of the source person.

Date ________________________  Signature ________________________
I have reviewed the Muskingum County Board of Developmental Disabilities Exposure Control Plan and Communicable Disease Policy. I have viewed a video on Bloodborne Pathogens and Universal Precautions and have had an opportunity to have any questions answered by the Program Nurse.

It is my responsibility to exercise all universal precautions while engaged in my work for the Muskingum County Board of Developmental Disabilities. It is also my responsibility to safely dispose of all contaminated materials in the manner specified. I accept the responsibility to report any accidental exposure to my employer through the established policy and to follow the recommendations of the Program Nurse regarding accidental exposure.

____________________________________________________________________________________

I have reviewed the Muskingum County Board of Developmental Disabilities Exposure Control Plan and Communicable Disease Policy. I have viewed a video on Bloodborne Pathogens and Universal Precautions and have had an opportunity to have any questions answered by the Program Nurse.

It is my responsibility to exercise all universal precautions while engaged in my work for the Muskingum County Board of Developmental Disabilities. It is also my responsibility to safely dispose of all contaminated materials in the manner specified. I accept the responsibility to report any accidental exposure to my employer through the established policy and to follow the recommendations of the Program Nurse regarding accidental exposure.

_________________________  ____________________________
Employee's Signature      Date

_________________________  ____________________________
Trainer’s Signature        Date

SUBSEQUENT ANNUAL RE-TRAINING WILL BE DOCUMENTED USING SIGN-IN SHEETS AND WILL BE KEPT IN THE PROGRAM NURSE’S FILES.
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
EXPOSURE CONTROL PLAN - APPENDIX B (A)
SHARPS INJURY LOG

DATE OF SHARPS INJURY: ____________________________

TYPE & BRAND OF DEVICE INVOLVED: ____________________________________________________________
____________________________________________________________________________________
LOCATION OF THE INCIDENT: _________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
DESCRIPTION OF THE INCIDENT: ______________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
ACTION TAKEN: ____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SIGNATURE ____________________________ DATE ____________________________
It is the policy of the County Board to protect enrollees and staff in all programs from contagious conditions within the program environment. Therefore the following guidelines have been established by the Program Nurse.

I. GUIDELINES FOR ILLNESS

A. Parents/guardians/service providers are requested to keep enrollees home if they exhibit symptoms of a communicable disease such as:

1. Temperature of 101* (100* axillary) or above in the last twenty-four (24) hours.

2. Vomiting in the last twenty-four (24) hours.

3. Diarrhea in the last twenty-four (24) hours.

4. Severe cough and/or cold.

5. Fever with runny nose if exposed to chickenpox in the last two (2) to three (3) weeks.

6. Chickenpox; for six (6) days after outbreak or until all lesions are crusted.

7. Difficult or rapid breathing.

8. Yellowish skin or eyes, unusually dark urine and/or gray or white stool.


10. Impetigo or other untreated, contagious skin conditions.

14. Conjunctivitis (pink eye) – redness and/or drainage from eye or eyes.

B. A physician’s release to resume programming may be requested by program nurse for clarification of safest return date to promote management of communicable diseases in a congregate setting.

C. Based on an assessment by nursing staff, program personnel will be directed to call parents/guardians to come for an enrollee who exhibits sufficient signs and symptoms of illness or suspected communicable disease to warrant exclusion from the program.

D. Parents and guardians are expected to have someone available at all times to come for the enrollee if the need arises.
E. Enrollees should stay home if they have experienced an unusual seizure or prolonged seizure activity within the last four (4) hours. Parents/guardians will be contacted if an enrollee does not recuperate after a seizure during program hours.

F. Enrollees are required to have a physician’s release to return to program after any surgery. Any restrictions shall be described on this release.

G. In the event a contagious disease is diagnosed or suspected in the home, parents are asked to contact their bus driver, program authorities, or the program nurse. This assistance can help in preventing the spread of disease throughout the program.

H. Parents/guardians are asked to report to the bus driver in plenty of time if an enrollee is ill and cannot attend. They are then to call the bus driver when the enrollee is ready to return. Drivers are not responsible to stop for an enrollee until they have been notified that the enrollee is returning.

II. EXTENDED ABSENCES, SURGERY, OR HOSPITALIZATION

A. MSI

Employees/enrollees who are absent from work due to illness for three consecutive days or more are required to provide a doctor’s release to return to work upon their return.

B. Starlight School

Enrollees who are absent for extended periods of time may be required to provide a doctor’s release to return to program attendance, as determined by the program nurse.

C. MSI and Starlight School

Enrollees who have surgery or are seen for treatment at a hospital are required to provide a doctor’s release to return to program attendance, regardless of any or no program absence. Activity restrictions must be specified. Renewal of authorization/permission for physical therapy may also be required, as determined by therapy staff. Therapy may be delayed in the absence of new authorization.

D. Management of Communicable Disease

The following precautions will be taken for enrollees suspected of having a communicable disease:

1. Individuals with suspected infectious diseases shall be excluded from attendance at program sites as deemed necessary by the program nurse and/or any other licensed nurse employed or contracted by the County Board.

2. The program shall notify the parent/guardian of the enrollee’s condition.

3. The enrollee shall be isolated and discharged to his parent/guardian as determined by the nursing staff.
4. The enrollee, while isolated at the program, shall be carefully watched for further symptoms of illness as well as unusual spots or rashes, sore throat, difficulty swallowing, elevated temperature, or vomiting.

5. Programs shall follow the Ohio Department of Health Communicable Disease Chart for appropriate management of suspected illnesses.

6. Attendance may be resumed when the communicable disease has been treated and/or resolved to the satisfaction of the program nurse.

7. No individual identified as having a chronic infectious disease shall be excluded from appropriate services for which he/she is otherwise eligible. Each individual case shall be evaluated and decisions on services will be based upon medical data and according to current medical guidelines in reference to a specific infectious disease.

8. A program nurse will be responsible to send notices to parents/guardians of enrollees who are exposed to a diagnosed communicable disease such as conjunctivitis, ringworm, chicken pox, or lice.

E. Care of the Mildly Ill Enrollee

An enrollee who is experiencing minor symptoms of illness or minor common cold symptoms and does not feel well enough to participate in regular activities shall be made comfortable in either the nurse’s clinic or in the program environment as determined by the nursing staff. A mildly ill enrollee shall be observed carefully for worsening condition.

F. Management of Pest/Parasitic Infestations

1. If live parasites such as lice, scabies, or bed bugs are identified on a student or enrollee or their personal property the individual will be sent home with information on how to manage the condition. If transportation home can not immediately be arranged, the student or enrollee will be isolated from others to the extent possible.

2. If live pest such as roaches, fleas, or ticks are identified on a student or enrollee or their personal belongings, the Integrated Pest Management procedures will be followed.

3. Guidelines from the Center for Disease Control, the Ohio Department of Health, and the Central Ohio Bed Bugs Task Force will be followed and the information on how to manage pest/parasitic infestations will be given to parents/providers/guardians. See Appendix C1
I. HAZARD COMMUNICATION STANDARD

A. The hazard communication standard was put into place to guarantee that workers would be told about the chemical hazards they face on the job. The federal government decided to put a uniform hazard communication standard into effect.

B. In complying with this standard the Muskingum County Board of Developmental Disabilities has developed a written hazard communication program. The Board will:

1. Tell enrollees and county board staff about the Hazard Communication Standard.

2. Explain how it is being put into effect in the workplace.

3. Provide information and training on hazardous chemicals within the organization. This includes how to recognize, understand, and use labels. Material Safety Data Sheets (MSDS), and use safe procedures when working with hazardous substances.

II. MSDS GUIDELINES

A. Each building will have the Material Safety Data Sheets and charts located in an area accessible to all enrollees and county board staff.

B. Labels will be placed on all chemicals so that enrollees and county board staff can use the information when working with them. The labels are used to refer to the chart to identify any hazards.

C. Old or outdated MSDS shall be placed in a designated area and maintained for 30 years.

D. Enrollees and county board staff will be advised and trained on hazardous chemicals and MSDS use annually by the MSDS Coordinator.

E. All MSDS’s will be checked and cataloged annually. MSDS’s will be updated every three years. The MSDS Coordinator will place outdated MSDS’s and MSDS’s of those chemicals no longer used by MSI away in a file as mentioned in (II) (C).

III. CONTENTS OF MSDS

A. The MSDS identifies the product, who makes it, emergency phone numbers, and the date prepared.

B. Listed are the substance’s hazardous components, chemical ID, common trade names, and worker exposure limits to the chemical. The only time you will not find the identity of a chemical is if it is a trade secret, but it will tell you the hazards and safety measures required.
C. The physical and chemical characteristics such as: boiling point, vapor pressure, vapor density, melting point, evaporation rate, water solubility, appearance and odor under normal conditions are also on the sheet.

D. The fire and explosion hazard data section helps you judge the risk of these two dangerous hazards, and also tells you what to use to put out a fire, and if there are any special hazards or fire-fighting procedures to follow.

E. Reactivity tells you whether the substance is stable.

F. The health hazard section will tell you how the chemical could enter the body i.e. inhaling, through the skin, or swallowing. Also covered are the signs and symptoms of exposure, such as eye irritation, nausea, dizziness, skin rashes, headache, and existing medical conditions that could be aggravated by exposure. Plus emergency first aid procedures if an accident should occur.

G. The safety sheets also have the precaution for safe handling and use, such as what to do if the substance spills or leaks, how to handle the substance properly, how to store it, and any other precautions.

H. Control measures to reduce harmful exposure are listed. The type of respirator, gloves, eye protection, protective clothing, and ventilation to use when handling that particular chemical.

IV. RESPONSIBILITIES

A. It is the responsibility of county board staff to assist new enrollees with their questions or concerns in regards to chemicals and MSDS sheet understanding.

B. It is the responsibility of each person who orders new products or chemicals to request MSDS from the supplier.

C. It is the responsibility of the person who orders products or chemicals to inform the MSDS Coordinator of any changes or discontinuation of a product or chemical used at Muskingum County Board of DD.

D. It is the responsibility of the person opening a new shipment to secure new or updated MSDS’s and give them to the MSDS Coordinator.

E. It is the responsibility of county board staff and enrollees to become familiar with the MSDS sheets. They will find everything that is known about the chemical, its hazards, and the things they can do to avoid injury and illness when handling the hazardous substance.
A Registered Nurse will develop and implement procedures and guidelines for care regarding enrollees with certain diagnosed medical conditions, specific health care needs, and for general health issues concerning all enrollees. Individualized health care plans will be developed as indicated. Appropriate Board and staff will be instructed by the nursing staff on these health care plans, procedures, and guidelines.

I. Guidelines for seizure care.

II. Guidelines for management of gastrostomy tubes / buttons.

III. Guidelines for care of hypoglycemic / hyperglycemic (diabetic) reactions.

IV. Guidelines for splinter removal.

V. Guidelines for use of sunscreen.

VI. Guidelines open wounds and lesions.

VII. Guidelines for avulsed tooth.

VIII. Guidelines for heat related illnesses.

IX. Guidelines for Managing Students & Adult Enrollees with Food Allergies
A major epileptic seizure is often dramatic and frightening, but usually lasts only a few minutes. It does not require expert care and seldom is anything gained by transporting them to a hospital emergency room. These simple procedures should be followed:

Keep calm. You cannot stop a seizure once it has started. The seizure will run its course. Remember, the individual is not in pain.

If you can, ease the person to the floor and loosen the collar.

Try to prevent the individual from striking their head or body against any hard, sharp or hot objects; but do not interfere with their movements. Remember, you do not need to physically restrain them.

When the individual becomes quiet, turn them on their side, face obliquely pointed downward, so that saliva or vomit can drain out and is less likely to be inhaled.

Do not insert anything between the person’s teeth. There may be violent teeth clenching as part of the seizure. Teeth may be broken or gums injured in attempting to introduce objects into the mouth.

Do not be frightened if the person having a seizure seems to stop breathing momentarily. Breathing will be resumed spontaneously. Resuscitation efforts are unnecessary and may be harmful.

If Nursing is available at your setting call nursing if seizure hasn’t stopped after 2 minutes.

After the movements stop and the person is relaxed, they should be allowed to sleep or rest if they wish. They usually can return to their normal activities as soon as they feel capable of doing so.

If seizure does not stop after 5 minutes or if at any time there is respiratory distress call 911.

If the person is a child, the parent or guardians should be notified that a seizure has occurred.

After a seizure, many people can carry on as before. If after resting, the person seems groggy, confused or weak, it might be best for arrangements to be made for them to be sent home.

A minor seizure with or without a motor activity may be a confusing experience for the observer.

1. During such seizures, confusion or non-responsiveness may occur and may be accompanied by the
individual’s display of some simple non-purposeful movements. For example: lip smacking, fingering clothing, chewing and/or rhythmic movements of the eyes may occur.

2. Do not try to restrain or forcibly move the individual.
A. Take care when loading and unloading buses not to accidentally bump or pull on the G-Tube or button.

B. Make sure clothing covers the abdomen and the individual is positioned so that they are not as likely to pull on the button themselves.

C. Possible problems that are not emergencies, report to the nurse as soon as possible:
   1. Bleeding or drainage around G-tube or button.
   2. Vomiting
   3. G-tube or button falls out - Cover the site with a dry dressing or large bandaid.
      Call the nurse.

D. Possible problems that require **IMMEDIATE** attention.
   1. Persistent / Strong Gagging
   2. Color Changes
   3. Breathing Difficulty

E. Initiate the Emergency Action Plan for the above symptoms.
Enrollee’s Name: ____________________________________________
Medical Diagnosis: ____________________________________________

<table>
<thead>
<tr>
<th>Diabetic Reaction Warning Signs</th>
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<tbody>
<tr>
<td>S &amp; Sx of Hypoglycemia (Low Blood Sugar)</td>
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</tr>
<tr>
<td>Trembling</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Headache</td>
<td>Dizziness</td>
</tr>
<tr>
<td>Hunger</td>
<td>Pale Skin</td>
</tr>
<tr>
<td>Clumsiness</td>
<td>Mood Changes</td>
</tr>
<tr>
<td>S &amp; Sx of Hyperglycemia (High Blood Sugar)</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>Blurred Vision</td>
</tr>
<tr>
<td>Frequent Urination</td>
<td>Fruity Smelling Breath</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Excessive Thirst</td>
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<tr>
<td>Nausea/Vomiting</td>
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</tbody>
</table>

Comments: ____________________________________________

The above reactions are more likely to occur before lunch and/or after exercise.

**ACTIONS TO TAKE IN CASE OF A REACTION**

1. Call the nurse – describe the symptoms
2. If nursing care is not available immediately, give some form of sugar to the individual to eat:
   - Fruit Juice - ½ cup
   - Candy - equivalent to 5-6 Lifesavers
   - Pop - ½ cup
   - Sugar - 2 packets (1 tsp.)

The individual may need coaxing to eat. Repeat the above feeding if no improvement in 10-15 minutes. Follow with a cracker/cookie/sandwich/type snack. Continue to try to contact the nurse.
3. If individual should become unconscious:

- Turn the person on their side
- Do not feed them
- Call 911 for the emergency squad.

Submitted by: ____________________________

Program Nurse

Date
Splinters that occur while an enrollee is attending a Board Program may be removed by Board staff if the following criteria are met:

- The splinter is not in/around eyes
- The splinter is highly visible
- The end of the splinter can be easily grasped with tweezers
- And pulled straight out
- The enrollee requests that the splinter be removed

If any of these criteria are not met a nurse should be notified.
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

HEALTH RELATED GUIDELINES FOR CARE

GUIDELINES FOR APPLICATION OF SUNSCREEN

In order for sunscreen to be used on Muskingum Co. MR/DD enrollees or employees during program hours or activities, the following criteria must be met:

- Parents or guardians must sign a permission slip for application of sunscreen

- Parents or guardians must then send sunscreen to the facility with the enrollee or employee’s name on the bottle

Enrollees or employees who are their own guardians will be permitted to use their own sunscreen on themselves if they wish.

Parents and guardians can obtain permission slips for sunscreen at the school or workshop offices.

Consent remains in effect unless rescinded in writing by parent/guardian.
If an enrollee is actively bleeding (has an open wound or lesion with liquid blood or body fluids weeping or flowing) and the wound or lesion cannot be sufficiently bandaged for it to remain covered, the enrollee will be excluded from attending the program until the wound is healed enough to stop bleeding or weeping.

Liquid bandage preparations may be considered as a wound or lesion dressing in order to promote continued Program attendance.

Services will continue to be offered to the enrollee in an environment of reduced risk for the enrollee, other enrollees, and staff members. Plans for the delivery of these services will be made on an individual basis.
1. Find tooth, but do not handle it by the roots (hold tooth by crown).
   - If the tooth is dirty, rinse gently with saline (use tap water if saline is not available)
   - Don’t scrub or use antiseptic

2. Do not re-insert the tooth. Place the tooth in a glass of fresh whole milk.
   - If milk is unavailable, place tooth in saline solution. Use container provided in first aid kit to transport tooth in saline.
   - If saline is unavailable, place tooth in saliva (either hold in mouth or spit in the container).
   - Place tooth in water **only** as a last resort. Tooth must NOT dry out!

3. Contact parent/guardian and arrange to TAKE ENROLLEE AND TOOTH TO DENTIST IMMEDIATELY. Re-plantation within 15-20 minutes is best.
# Heat Related Guidelines for Care

## Heat Related Illnesses

<table>
<thead>
<tr>
<th>Description</th>
<th>Do</th>
<th>Don’t</th>
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<tbody>
<tr>
<td><strong>Heat Cramps</strong></td>
<td>Stomachache, Sweating, Muscle Cramps</td>
<td>Rest/Shade, Give sports drink (sugar &amp; Electrolytes), Ice &amp; water in bag to cramped muscles for 20 minutes, Give Salt Water, Give Salt Tablet, Vigorously Rub Cramped Muscles</td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Heat Exhaustion</strong></td>
<td>Nausea, Dizziness, Vomiting, Weakness, Fainting, Muscle Cramps</td>
<td>Rest, Shade, Remove Clothing, Give sports drink, Cool water spray to skin, Cool cloths to neck, armpits, and groin, Offer Food, Force Fluids, Apply Rubbing Alcohol, Resume Normal Activities</td>
</tr>
<tr>
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<tr>
<td><strong>Heat Stroke</strong></td>
<td>Confusion, Passing Out, Dizziness, Red, hot, dry skin, Seizures</td>
<td>Cool Body in water up to your neck, only until acting normal, Cool cloths to neck, armpits and groin, Give sports drink if able to drink, Call 911, Give Large Amounts of Water</td>
</tr>
</tbody>
</table>
Food allergies can be life threatening. The risk of accidental exposure to food allergies can be reduced by awareness, education, and environmental control. The following procedures will be followed to minimize risks associated with food allergies.

- Parent / guardian’s are responsible to notify administration or a program nurse of an student’s allergies.

- Upon enrollment, the student’s emergency care card and health records will be reviewed for known food or environmental allergies. A program nurse will be informed if any are listed.

- Nursing will interview parents / guardians for specific details about symptoms of the allergic reaction; history of mild, moderate, or severe reactions; current treatment; and dietary restrictions needed during program hours.

- Written orders for any medications to be used for symptoms of allergic reaction will be obtained from the student’s prescribing health care professional. Parent / guardian permission will also be obtained.

- An individualized Health Care Plan will be developed by the program nurse. Included will be the emergency action plan for severe allergic reaction and use of an epinephrine auto injector, if applicable.

- Environmental controls will be initiated in each setting on an individualized basis to help the student avoid exposure to offending allergens.

- All appropriate staff, including transportation and substitutes will review and have access to a copy of the student’s Individualized Health Care Plan and will receive training and instruction on the recognition and management of severe allergic reaction and administration of the EPIPEN Auto Injector at least annually.

- Medications will be kept in an easily accessible secure location (not locked in cupboards or drawers) during program hours, at work sites or on field trips and during transport.

- A NO EATING policy will be enforced on program vehicles.

- Program vehicles will have communication devices in case of an emergency.

- The emergency action plan will be initiated for any severe allergic reaction and/or when an EPIPEN Auto Injector is administered.
Food allergies can be life threatening. The risk of accidental exposure to food allergies can be reduced by awareness, education, and environmental control. The following procedures will be followed to minimize risks associated with food allergies.

- Parent / guardian’s are responsible to notify administration or a program nurse of an enrollee’s allergies.

- Upon enrollment, the enrollee’s emergency care card and health records will be reviewed for known food or environmental allergies. A program nurse will be informed if any are listed.

- Nursing will interview parents / guardians for specific details about symptoms of the allergic reaction; history of mild, moderate, or severe reactions; current treatment; and dietary restrictions needed during program hours.

- Adult enrollees supply their own lunches. It is the responsibility of the parent / guardian / service provider to ensure the enrollee’s lunch does not contain restricted foods.

- DD personnel will be made aware of enrollees with food allergies and are expected to monitor vending machine choices and foods that are served during program sponsored activities such as the annual picnic and the holiday party.

- Written orders for any medications to be used for symptoms of allergic reaction will be obtained from the enrollee’s prescribing health care professional. Parent / guardian permission will also be obtained.

- An individualized Health Care Plan will be developed by the program nurse. Included will be the emergency action plan for severe allergic reaction and use of an epinephrine auto injector, if applicable.

- Environmental controls will be initiated in each setting on an individualized basis to help the enrollee avoid exposure to offending allergens.

- All appropriate staff, including transportation and substitutes will review and have access to a copy of the enrollee’s Individualized Health Care Plan and will receive training and instruction on the recognition and management of severe allergic reaction and administration of the EPIPEN Auto Injector at least annually.

- Medications will be kept in an easily accessible secure location (not locked in cupboards or drawers) during program hours, at work sites or on field trips and during transport.

- A NO EATING policy will be enforced on program vehicles.
- Program vehicles will have communication devices in case of an emergency.

- The emergency action plan will be initiated for any severe allergic reaction and/or when an EPIPEN Auto Injector is administered.
A. Place an “Oxygen in Use” warning sticker in a visible place, preferably in the back (offside rear window).

1. Never transport cylinders in the front seat of the vehicle or in the trunk.

2. If transporting several cylinders, place them in a safety carrier, then secure the carrier with a seat belt or bungee cords.

3. Tanks can be laid on the floor in the backseat. Use padding between multiple tanks.

4. Never use oxygen in a fuel station.

5. Never allow smoking in the vehicle.

6. Do not leave cylinders in direct sunlight or near any heat sources.

7. Remove cylinders from the vehicle when your destination is reached.

8. Keep a window in the vehicle at least partially open.

9. Portable liquid tanks should be placed on the floor in front of the enrollee between their feet.

7/14/2011 A. Smith R.N. / R.T. Northside Oxygen
Table of Guidelines and Forms:

- Exposure Control Plan Definitions
- Center for Disease Control (CDC) Guidelines for Universal Precautions
- Information on Voluntary Authorization for the Administration of Hepatitis B Vaccine
- Hepatitis B Vaccination Consent Form
- Hepatitis B Vaccination Declination Form
- Schedule for Decontamination of Work Sites
- Monthly Infectious Waste Generation Log
- Infectious Waste Spill/Accident Log
- Contaminated or Infectious Waste Spills Cleanup Procedures
- Facility Compliance Supply Checklist
- Facility Compliance Supply Report
- Accidental Exposure To Blood/Other Potentially Infectious Materials Report
- Post Exposure Referral Form
- Informed Consent for HIV Antibody Testing
- Notification of Exposure Incident
- Request for Exposure Source Blood Testing
- Post Exposure Evaluation / Follow-up Documentation
- Training Acknowledgement
- Sharp Injury Log
Definitions:

- **Antibody**: A protein formed in the bloodstream to fight infection.

- **Blood**: Human blood, human blood components, and products from human blood.

- **Bloodborne Pathogens**: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to, hepatitis B Virus (HBV) and human immunodeficiency virus (HIV).

- **Clinical Laboratory**: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

- **Contaminated**: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

- **Contaminated Laundry**: Laundry soiled with blood or other potentially infectious materials.

- **Contaminated Sharps**: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

- **Decontamination**: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item. The surface or item is then rendered safe for handling, use or disposal.

- **Engineering Controls**: Area controls used to minimize employee exposure to bloodborne pathogens (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace; hand washing facilities, waterless hand washing agents and disposal towels.

- **Exposure Control Plan**: Each employer having an employee with occupational exposure shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

- **Exposure Incident**: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

- **Handwashing Facilities**: A facility providing an adequate supply of running water, soap and single use towels or hot air drying machine and/or waterless hand washing agents.

- **HBV**: Hepatitis B virus.

- **HIV**: Human immunodeficiency virus.
- **Immune**: Protected against any particular infection.

- **Immunoglobulin**: An antibody.

- **Licensed Healthcare Professional**: Is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by the Muskingum County Board of Developmental disabilities and Developmental Disabilities E.C.P.

- **Occupational Exposure**: Means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

- **Parenteral**: Means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

- **Personal Protective Equipment (PPE)**: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment (gloves, goggles, boots, aprons, coveralls may be considered PPE).

- **Regulated or Infectious Waste**: Means (1) liquid/semi-liquid blood and/or infectious material containing bodily fluids; (2) contaminated items or clothing which could release blood of bodily fluids when compressed; (3) items caked with dried blood/bodily fluids; (4) contaminated sharps; (5) the carcasses/body parts of animals either intentionally or unintentionally killed.

- **Source Individual**: Means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

- **Sterilize**: Means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

- **Titer**: A standard of measurement of antibodies in the bloodstream to a specific disease.

- **Universal Precautions**: Is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

- **Work Practice Controls**: Means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).
I. PRECAUTIONS FOR GENERAL PATIENT CARE

Z. Gloves will be worn when there is the potential for the hands to have contact with blood, other potentially infectious body fluids, mucous membranes, or on intact skin and when handling items or surfaces soiled with blood or other potentially infectious body fluids. Gloves will be worn during all invasive procedures and during all vascular access procedures.

AA. Masks and eye protection (or chin-length face shields) will be equipped with solid side shields.

BB. Appropriate protective body clothing (gowns, aprons, lab coats, and clinic jackets) will be worn if there is a potential for soiling of clothing with blood or other potentially infectious body fluids. Protective body clothing will not permit blood or other potentially infectious materials to pass through or to reach the employee's clothes, undergarments, or skin.

CC. Surgical caps or hoods and/or shoe covers or boots will be worn when gross contamination can reasonably be anticipated.

DD. Mouthpieces, resuscitation bags, or other ventilation devices will be available for use in areas in which the need for resuscitation might be predicted.

EE. Hands and other skin surfaces will be washed immediately or as soon as possible with soap and water if contaminated with blood or other potentially infectious body fluids. Employees will wash their hands immediately or as soon as possible after the removal of gloves or other personal protective equipment.

FF. Mucous membranes will be flushed with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.

GG. Employees who have draining lesions or weeping dermatitis will refrain from direct patient care and from handling patient care equipment until the condition resolves.

HH. Gloves will be changed after each patient contact. Gloves will be replaced as soon as possible when visibly soiled, torn, punctured, or when their ability to function as a barrier is compromised.

II. Single-use gloves (such as surgical or exam gloves) will not be washed or disinfected for re-use. Houseworking type gloves (utility gloves) will be washed with soap and water and hospital disinfectant before being reused, but will be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
JJ. Used needles and other sharps will not be sheared, bent, broken, recapped or resheathed by hand. Used needles will not be removed from disposal syringes.

KK. Disposable used needles will be disposed of in closable, leakproof, puncture-resistant, disposable containers which are red or identified by an orange or orange-red label containing the biohazard symbol and the word "biohazard". The container must also be identified with the word "sharps".

LL. Disposal of non-sharp contaminated items will be put into red-bagged or labeled containers in accordance with state and local regulations. Infectious waste will be transferred to specified red containers labeled "Infectious Waste" and marked with the biohazard symbol for transport and disposal.

MM. Reusable items contaminated with blood or other potentially infectious body fluids will be washed with soap and water prior to reprocessing. Reusable sharps will be placed in puncture-resistant, leak proof containers labeled with the biohazard label or red in color.

NN. Laundry items soiled with blood or other potentially infectious body fluids will be placed and transported in bags which prevent soak-through or leakage of fluids to the exterior.

OO. Specimens of blood or other potentially infectious materials will be placed in closable, leak proof containers which are red or labeled with the biohazard label prior to being stored or transported. If the specimen could puncture the primary container, the primary container will be placed in a secondary container which is puncture-resistant in addition to the above characteristics.

PP. All equipment and working surfaces will be cleaned with soap and water and disinfected with an EPA-approved, tuberculocidal disinfectant after contact with blood of other potentially infectious materials. Work surfaces will be decontaminated with disinfectant after completion of procedures; when surfaces are overtly contaminated; immediately after any spill of blood or other potentially infectious materials and at the end of the work shift.

QQ. Equipment which may become contaminated with blood or other potentially-infectious material will be decontaminated prior to servicing or shipping. If decontamination of the equipment or portions of it is not feasible, the equipment will be labeled with a biohazard label which indicates which portions remain contaminated.

RR. All receptacles (bins, pails, etc.) intended for reuse which have a potential for becoming contaminated with blood or other potentially infectious body fluids will be inspected, cleaned and disinfected on a regular schedule and cleaned and disinfected whenever visible contamination occurs.

SS. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a potential for occupational exposure to blood or other potentially infectious materials.

TT. All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
UU. Mouth Pipetting/suctioning of blood or other potentially infectious materials is prohibited.

VV. Recapping or removal of contaminated needles will be allowable only when such action is required by a specific medical procedure and when no alternative is feasible. Such recapping or removal must be done through the use of mechanical device or a one-handed technique.

WW. Mechanical means (such as brush and dust pan or tongs) will be used to clean up broken glassware. Broken glassware will be disposed of in a sharps container.

XX. Containers used to store, transport or ship blood or other potentially infectious materials will be red or will be labeled with a biohazard label.
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
EXPOSURE CONTROL PLAN- APPENDIX B (A)
INFORMATION ON VOLUNTARY AUTHORIZATION FOR THE
ADMINISTRATION OF HEPATITIS B VACCINE

The Disease:

Hepatitis B is a viral infection that affects the liver. The incubation period ranges from 40 to 180 days. The course of acute hepatitis can be mild and completely without outward symptoms or it can be severe, prolonged and possibly fatal. Health care workers can be exposed to Hepatitis B from contaminated needle punctures or blood spills on broken skin or mucous membranes. Other body fluids, such as bloody urine, bloody wound drainage or semen may also be infectious. The greatest threat to health care workers is the nearly one million Hepatitis B carriers in the country, 80 to 90 percent of whom are not identified.

Recombinant Hepatitis B Vaccine:

The vaccine is for protection against Hepatitis B. The vaccine is recommended for those with frequent exposure to the above sources. Three (3) doses of vaccine are administered to complete the series: scheduled according to CDC recommendations. Hepatitis B vaccine is prepared from recombinant yeast cultures and is free of association with human blood or blood products. Documentation of exposure incidents must continue even after the vaccine series is completed.

Hepatitis B vaccine will not prevent Hepatitis caused by other agents, such as Hepatitis A virus, non-A, non-B Hepatitis viruses or by other viruses known to infect the liver. Although information available to date indicates that the vaccine is highly effective in protecting against Hepatitis B, it has not been proven totally effective in preventing Hepatitis B among all persons vaccinated (those who are immunosuppressed or those with presence of any serious active infection).

Follow-up studies indicate that the most common side effect is injection site soreness. Less common local reactions are redness, swelling and warmth, which usually subside within 48 hours. Low grade fever occurs occasionally. Other complaints include malaise, fatigue, headache, nausea, dizziness and joint pain. These symptoms are infrequent and limited to the first few days following the vaccine. Rash has been reported rarely.

Precautions:

Recombinant Hepatitis B vaccine is contraindicated for individuals who are hypersensitive to yeast or any component of the vaccine (aluminum, thimersol, or mercury). Any serious active infections prior to receipt of the vaccine are reason to delay the vaccine. Staff / enrollees with a history of cardiopulmonary disease and/or diagnosed medical conditions, are at risk for developing a fever or a systemic reaction and must consult their private physicians prior to receipt of the vaccine and have an authorization from their private physician for administration of the vaccine. The Hepatitis B vaccines are not recommended for use by pregnant women or nursing mothers. All staff/enrollees of the Muskingum County Board of Developmental disabilities and Developmental Disabilities are encouraged to consult their physician prior to their decision to take the Hepatitis B vaccines. Options, including blood testing for natural immunity, may be recommended.
DATE: __________________________
STAFF/ENROLLEE: __________________________
STAFF/ENROLLEE SS#: __________________________

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine.

I accept the Muskingum County Board of Developmental disabilities and Developmental Disabilities opportunity for the Hepatitis B Virus (HBV) vaccine and will participate in the series of inoculations as determined by the Board.

All staff/enrollees of the Muskingum County Board of Developmental disabilities and Developmental Disabilities are encouraged to consult their physician prior to their decision to take the Hepatitis B vaccines. Options, including blood testing for natural immunity, may be recommended.

__________________________
Staff/Enrollee Signature 
Date

__________________________
Guardian Signature (If Applicable) 
Date

Witness 
Date

Hepatitis B Vaccine Series

<table>
<thead>
<tr>
<th>Dose/Site</th>
<th>Date</th>
<th>Vaccine/Lot#</th>
<th>Given By</th>
<th>Reaction</th>
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<tr>
<td>1st</td>
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MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
EXPOSURE CONTROL PLAN - APPENDIX B (A)
HBV VACCINATION DECLINATION FORM

DATE: ____________________________

STAFF/ENROLLEE: ____________________________

STAFF/ENROLLEE SS#: ____________________________

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Staff/Enrollee Signature: ____________________________  Date: ____________________________

Guardian Signature (If Applicable): ____________________________  Date: ____________________________

Witness: ____________________________  Date: ____________________________
This facility will be cleaned and decontaminated according to the following schedule:

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<tr>
<td>Lunch Tables</td>
<td>Daily and After Each Use</td>
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<tr>
<td>Clinics and Restrooms</td>
<td>Daily</td>
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<tr>
<td>Changing Tables</td>
<td>After Each Use</td>
</tr>
<tr>
<td>Bath Mat</td>
<td>After Each Use</td>
</tr>
<tr>
<td>Protective Floor Mat</td>
<td>After Each Use</td>
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Decontamination will be accomplished by utilizing the following materials:

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<tr>
<td>Approved Disinfectant</td>
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<tr>
<td>Bleach</td>
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<tr>
<td>Emergency Clean-up:</td>
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<tr>
<td>Small Spill – As Needed</td>
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<tr>
<td>Large Spill – As Needed</td>
</tr>
<tr>
<td>Using Approved Disinfectant Spray</td>
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<td>December</td>
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<tr>
<td>Name &amp; Address of Facility</td>
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I. SMALL SPILLS

A. Less than 500 ml. (approx. 16 oz.)

B. May be cleaned up by any Count Board staff / enrollee who is knowledgeable in the spill clean-up procedure.

1. Equipment

   a. Small spill kit contents or substitute comparable items
   b. Absorbent material
   c. Disposable latex gloves
   d. Plastic bag with tie
   e. Liquid or spray disinfectant
   f. Antiseptic hand wipes
   g. Scoops or scrapers (optional)
   h. Manufacturer’s Safety Data Sheets (MSDS)

2. Procedure

   a. Detour traffic around area
   b. Put on latex disposable gloves
   c. Sprinkle absorbent material over the spill
   d. Use scoop, scraper, or disposable towels to clean up the spill and absorbent material
   e. Put all waste material in the plastic bag
   f. Use disinfectant on the spill area. Allow area to remain wet for at least ten (10) minutes
   g. Wipe up area with more disposable towels
   h. Properly remove gloves and put them in the plastic bag
   i. Use the antiseptic hand wipes to clean your hands and discard it into the plastic bag
   j. Tie the bag securely to prevent leakage and dispose of it in a trash container
   k. WASH HANDS with soap and warm running water
   l. If it is determined that the spill should be considered Infectious Waste, (See Section III F.1. Pages 9-10, E.C.P.) The plastic bag shall not be placed in the normal trash. It will be rebagged in a red biohazard bag and placed in the infectious waste bin in the first aid area.
   m. Notify nurse of infectious waste spill and complete log description of spill on the appropriate form in the nurse’s office.

II. LARGE SPILLS

A. Will be cleaned up by the custodial personnel or those who have been trained in large spill containment and clean-up.
1. Equipment
   a. Small spill kit contents of substitute comparable items
   b. Absorbent material (Premisorb or RO-ZORB)
   c. Disposable latex gloves
   d. Plastic bag with tie
   e. Disposable towels
   f. Antiseptic hand wipes
   g. Scoops or scrapers (optional)
   h. MSDS Sheet and Instruction Sheet
   i. MSDS Sheet and Instruction Sheet

2. Plus: Infection Control Pack
   a. Gown
   b. Face shield with mask and goggles
   c. Shoe covers
   d. Gloves
   e. Cap
   f. Red biohazard bags with ties

B. Hazardous Waste Container / or Sharps Container from Clinic Room (if broken glass or sharps involved)

C. Warning Spill Sign

1. Procedure
   a. Detour traffic around area, put up warning signs.
   b. Notify custodial personnel for cleanup.
   c. Put on gloves, put on cap and face shield with mask (and goggles) if splashing might occur.
   d. Pour absorbent material on spill to absorb liquid.
   e. Use scraper, scoop or disposable towels to clean up the absorbent and discard the waste in a red plastic bag. If sharps or broken glass is involved, a broom and clean up dustpan will be used and waste will be discarded in the lined hazardous waste container or sharps.
   f. Clean area with soap and water. Disinfect area with liquid or spray disinfectant. Let sit on area at least ten minutes prior to wiping off with disposable towels.
   g. Dispose of waste in red plastic bag. Remove gloves and any other personal protection equipment and place in red bag.
   h. Use antiseptic towelettes to clean hands and discard them in the red bag.
   i. Close bag by expelling air gently, then tie securely.
   j. Place sealed bag in the infectious waste bin in the first aid area.
   k. Wash hands with soap and warm water.
   l. Notify program nurse and complete the log description of spill on the appropriate form in the Nurse’s office.
III. POINTS OF EMPHASIS

A. Small Spill Kits are located in the Program Nurse’s office, the first aid area of the Annex, the bus garage, all school buses and vehicles, Adult Day Program (Annex), Newark Road – production floor and custodial room at the school.

B. Large Spill Clean-Up items are kept in sealed bags next to the small spill kits at these locations:

1. Newark Road
2. School custodial office & nurse’s office
3. Annex – Adult Day Program
4. Garage

C. Disinfectants used to clean up the environment after an infectious waste spill must be approved by the EPA to be virucidal, fungicidal, tuberculocidal and effective against HIV.
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
EXPOSURE CONTROL PLAN- APPENDIX B (A)
FACILITY COMPLIANCE/SUPPLY CHECKLIST

- ✔ Okay
- ✗ Problem

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<th>Year:</th>
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<th>APR</th>
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<td>Full/Working Soap Dispensers</td>
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<td>Gowns</td>
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<td>In impervious red bags</td>
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<td>Inspection of Bins/Pails</td>
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*If any of these are found unsatisfactory please explain on back and contact the Program Nurse.
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
EXPOSURE CONTROL PLAN - APPENDIX B (A)
<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Corrective Action</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>All needle boxes checked for fullness and replaced when ¾ full.</td>
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<td>2.</td>
<td>Adequate hand washing facilities. Soap dispensers clean, filled, and in good working order. Paper towels available.</td>
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<td>3.</td>
<td>Personal Protective equipment readily accessible to all employees. Gloves, gowns, masks, eyewear, mouth-to-mouth resuscitation devices.</td>
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<td>4.</td>
<td>Bio-hazardous waste separated from other solid waste and placed in impervious red bags.</td>
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<td>5.</td>
<td>Soiled linen collected in impervious bags with bio-hazard label. Bags are securely tied closed prior to transport.</td>
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<td>6.</td>
<td>Hospital approved detergent / disinfectant available for cleaning. Dust pan and broom accessible.</td>
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<td>7.</td>
<td>Exposure Reporting Forms readily accessible to all employees.</td>
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<tr>
<td>8.</td>
<td>Inspection of bins, pains, and cans used for refuse or potentially infectious materials for contamination and proper labeling.</td>
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<tr>
<td>9.</td>
<td>Small spill kits accessible and properly equipped.</td>
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<tr>
<td>10.</td>
<td>Large spill kits accessible and properly equipped.</td>
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</table>
ACCIDENTAL EXPOSURE TO BLOOD/OTHER POTENTIALLY INFECTIOUS MATERIALS REPORT

1. EXPOSED INDIVIDUAL

   Department: ________________________________
   Home Telephone: ________________________________
   SS#: ________________________________

2. TYPE OF EXPOSURE AND CIRCUMSTANCES OF THE INCIDENT

   Exact description of exposure-date, time, job duty being performed at the time of the exposure, details of exposure, including amount of fluid or material, type of fluid or material & severity of exposure. I.E. for a needle stick, depth of injury & whether fluid was injected; for a skin or mucous membrane exposure, the extent & duration of contact & the condition of the skin, chapped, abraded, intact.

3. PERSONAL PROTECTIVE EQUIPMENT (P.P.E.) USED

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. FIRST AID MEASURES/ACTION TAKEN

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. EXPOSED INDIVIDUAL

   LAST TETANUS IMMUNIZATION: ________________________________
   STATUS OF HEP B. IMMUNIZATION: ________________________________
6. SOURCE INDIVIDUAL

STATUS OF HEP B IMMUNIZATION: __________________________

7. SUGGESTIONS – for changes in procedures, environment, or policy to avoid similar incidents in the future:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

8. THIS REPORT IS TO BE DELIVERED TO THE PROGRAM NURSE BY THE EXPOSED INDIVIDUAL AS SOON AS POSSIBLE FOLLOWING THE INCIDENT.

DATE RECEIVED: __________________________
TIME RECEIVED: __________________________
PROGRAM NURSE: __________________________

STEPS TAKEN: __________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

EXPOSED INDIVIDUAL __________________________ DATE __________
GUARDIAN (IF APPLICABLE) __________________________ DATE __________
SUPERVISOR __________________________ DATE __________
You have been exposed to the blood or other potentially infectious body fluid of another person. The following medical evaluation is offered to you as part of the County Board’s Exposure Control Plan.

---

EXPOSED INDIVIDUAL SENT FOR MEDICAL FOLLOW UP:

Date and Time

Exposed Individual’s Signature   Date

Exposure Incident Evaluator  Date

REFUSAL OF FOLLOW-UP CARE:

I have been referred to a health care professional for Bloodborne Pathogens Exposure Evaluation and Treatment. I decline any and all treatment offered and recommended by the Muskingum County Board of MR/DD.

Exposed Individual   Date

Exposure Incident Evaluator   Date

Superintendent   Date
I. BEFORE AN HIV ANTIBODY TEST CAN BE GIVEN IN OHIO, INFORMED CONSENT IS NEEDED

A. What is the HIV Antibody Test?

The HIV Antibody Test is a blood test. The test shows if you have antibodies to the virus that causes AIDS. A sample of your blood will be taken from your arm with a needle. If the first test shows that you have antibodies, a series of tests including a different test will then be done on the same blood sample to make sure the first test was right. A positive test result means that you have been exposed to the virus and are infected. It does not mean that you have AIDS or that you will necessarily become sick with AIDS in the future. A negative test does not necessarily mean that you are not infected with the virus. It takes the body time to produce HIV antibodies. If you have been exposed to HIV recently, you need to be retested in several months to make sure you are not infected. Your doctor or counselor will explain this to you.

B. Voluntary Testing

Taking an HIV antibody test is voluntary. You do not have to take the test. Consent may be withdrawn within one hour after the blood is taken for the test. If you are under 18, you may consent to be given an HIV test. If you do not wish anyone to know your test results or even that you have been tested, you can go to an anonymous test site. This is a place where you can receive counseling and the HIV test without giving your name and address. You can find the nearest anonymous test site by calling the AIDS Hotline 1-800-322-AIDS or the Muskingum County Health Department at 454-9741.

C. Behaviors that Pose Risk

Most AIDS infections are spread through certain sexual activities or sharing of intravenous needles. Either anal or vaginal intercourse with an infected individual can transmit the virus. Oral intercourse with an infected individual may also spread the infection. An infected woman can pass the virus on to her unborn child.

D. What is the Value of HIV Antibody Test?

If you test negative:

You can learn how to continue to avoid getting infected. Getting education through counseling is the key to preventing the spread of AIDS.

If you test positive:

You can learn how to avoid giving the virus to others. With this information, your doctor can take better care of you. If you are a woman or a man thinking about having a baby, you can learn about the risk to your baby.

E. Confidentiality of Test Results
If you take the HIV antibody test, your test results are confidential. They will become a part of your Employee Health record. Persons authorized to review health files will have access to the results.

F. Risks involved with Disclosure and Sources of Help

If you test positive, you should be careful about telling others what your test showed. Some HIV positive people have been discriminated against by employers, landlords, and others. If you experience discrimination because of release of HIV related information you may contact the Ohio Civil Rights Commission (OCRC) at 614-466-2785.

G. For more Information

For a list of resources for further counseling or support, ask your physician. If you have further questions about HIV antibody testing or resource information you may contact the Ohio AIDS Hotline 1-800-332-AIDS or Muskingum Area AIDS Task Force at 454-9741.

---

**INFORMED CONSENT TO HIV ANTIBODY TEST**

I have reviewed the information in the Informed Consent for HIV Antibody Testing. My questions about the HIV test have been answered.

I agree to take the HIV Antibody Test at baseline, 3 and 6 months.

___________________________  __________________________
Signature  Signature

___________________________  __________________________
Date  Date

Witness  Witness

I agree to have my blood drawn and held but not tested for HIV at this time. Should I decide within the next 90 days to have an HIV test done, I will notify Employee Health and sign the appropriate consent. After 90 days my blood will be discarded without prior notification.

___________________________  __________________________  __________________________
Signature  Date  Witness
Date: ____________________

Dear: ____________________,

________________________ was involved in an incident where his/her blood and/or body fluids were exposed to an employee. For follow-up for the employee, we are recommending that you complete and take the attached form to your physician and have the following lab work completed as soon as possible:

- HepBsAg
- RPR
- HIV

Thank you in advance for your cooperation in this matter and please feel free to contact me at 455-4177 between the hours of 8:30 a.m. and 4:00 p.m. with any questions or concerns.

Sincerely,

Program Nurse
Dear Dr.__________________________,

__________________________ was involved in an incident where his/her blood and/or body fluids were exposed to an employee.

The following lab work is needed on the source person as soon as possible: HepBsAg, Hep C, and HIV.

I give my permission for the results of these lab tests to be communicated with the Program Nurse at the Muskingum County Board of Developmental disabilities and Developmental Disabilities for proper follow-up of the exposed employee.

Thank you in advance for your cooperation in this matter.

Staff/Enrollee Signature______________________________ Date__________________

Parent/Guardian Signature ______________________________ Date__________________
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
EXPOSURE CONTROL PLAN- APPENDIX B (A)
POST EXPOSURE EVALUATION/FOLLOW-UP DOCUMENTATION

__________________________________________ was involved in an exposure incident on ____________________________.

He/she has been made aware of the results of testing on him/herself and on the source person.

Source Testing Date: ________________________________

Results:  
HbsAg: __________________
HIV: __________________
HepC: __________________

Source Refused Testing Date: ____________________________

Exposed Individual Notified of Refusal Date: ____________________________

Exposed Individual wishes to pursue legal action:  
______ Yes  
______ No

The exposed individual was informed of Source Test Results and was also informed of current rules and regulations concerning the disclosure of the identified and infectious status of an individual.

Date ____________________________  Program Nurse's Signature

I understand that this information is confidential and that I cannot release it to anyone without the written permission of the source person.

Date ____________________________  Signature
I have reviewed the Muskingum County Board of Developmental Disabilities Exposure Control Plan and Communicable Disease Policy. I have viewed a video on Bloodborne Pathogens and Universal Precautions and have had an opportunity to have any questions answered by the Program Nurse.

It is my responsibility to exercise all universal pre-cautions while engaged in my work for the Muskingum County Board of Developmental Disabilities. It is also my responsibility to safely dispose of all contaminated materials in the manner specified. I accept the responsibility to report any accidental exposure to my employer through the established policy and to follow the recommendations of the Program Nurse regarding accidental exposure.

Employee's Signature

Date

Trainer’s Signature

Date

SUBSEQUENT ANNUAL RE-TRAINING WILL BE DOCUMENTED USING SIGN-IN SHEETS AND WILL BE KEPT IN THE PROGRAM NURSE’S FILES.
DATE OF SHARPS INJURY: ____________________________

TYPE & BRAND OF DEVICE INVOLVED: ____________________________

LOCATION OF THE INCIDENT:
__________________________________________________________
__________________________________________________________
__________________________________________________________

DESCRIPTION OF THE INCIDENT:
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

ACTION TAKEN:
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
Food Allergies can be life threatening. The risk of accidental exposure to food allergies can be reduced by awareness, education, and environmental control. The following procedures will be followed to minimize risks associated with food allergies.

- Parent / guardian’s are responsible to notify administration or a program nurse of an student’s allergies.

- Upon enrollment, the student’s emergency care card and health records will be reviewed for known food or environmental allergies. A program nurse will be informed if any are listed.

- Nursing will interview parents / guardians for specific details about symptoms of the allergic reaction; history of mild, moderate, or severe reactions; current treatment; and dietary restrictions needed during program hours.

- Written orders for any medications to be used for symptoms of allergic reaction will be obtained from the student’s prescribing health care professional. Parent / guardian permission will also be obtained.

- An individualized Health Care Plan will be developed by the program nurse. Included will be the emergency action plan for severe allergic reaction and use of an epinephrine auto injector, if applicable.

- Environmental controls will be initiated in each setting on an individualized basis to help the student avoid exposure to offending allergens.

- All appropriate staff, including transportation and substitutes will review and have access to a copy of the student’s Individualized Health Care Plan and will receive training and instruction on the recognition and management of severe allergic reaction and administration of the EPIPEN Auto Injector at least annually.

- Medications will be kept in an easily accessible secure location (not locked in cupboards or drawers) during program hours, at work sites or on field trips and during transport.

- A NO EATING policy will be enforced on program vehicles.

- Program vehicles will have communication devices in case of an emergency.

- The emergency action plan will be initiated for any severe allergic reaction and/or when an EPIPEN Auto Injector is administered.
Protocols for using the Nurse Notified Information Notice

When an enrollee complains of:

Earache, headache, sore throat, tooth ache, or other ailments that are **not apparent** and are **not accompanied** by visible symptoms such as fever, drainage, color changes, swelling, etc., staff should:

- Call a program nurse and give her a report.

If it is determined that the nurse does **not** need to examine the enrollee, she will instruct the staff person to:

- complete this Nurse Notified Information Notice
- mark the nurse’s recommendation
- send copy home
- route per department procedures
Muskingum County Board of Developmental Disabilities

Nurse Notified Information Notice

Individual’s Name: ___________________________  Today’s Date: __________

Information I/we would like to share:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

____________________

Staff  Signature

Nursing Service was given report:

___________  The Nurse recommends that medical attention or advice be sought today or as soon as possible.

___________  The Nurse recommends that medical attention or advice be sought IF complaints continue or worsen.
The Nurse has excluded ________________ from Program Attendance.

<table>
<thead>
<tr>
<th>Exclusion</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>As directed by the Program Nurse the above enrollee is excluded from Program Attendance. The enrollee may return to Program Attendance:</td>
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</tbody>
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Contact Made to: ____________________________ Date: ____________________________

Phone Call: ___ Date: ____________________________

Sent Nurse Notified Form to Individual’s home: ___ Date: ____________________________

Copy to file: ___ Date: ____________________________
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
SEIZURE LOG

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Initials</th>
<th>Printed Name</th>
<th>Signature</th>
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ENROLLEE’S NAME ______________________________________

VAGAL NERVE STIMULATOR  YES____  NO ____

LOCATION __________________

* All injuries require a UI and Nursing Notification

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>DURATION OF SEIZURE</th>
<th>CHARACTERISTICS OF SEIZURE</th>
<th>MAGNET</th>
<th>OTHER OBSERVATIONS</th>
<th>* INJURY</th>
<th>If Yes</th>
<th>INJURY</th>
<th>IF YES</th>
<th>UI COMPLETED</th>
<th>INJURY</th>
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CONTINUE ON REVERSE SIDE

ajs 10/07
Program nurses may perform a Finger Stick Blood Sugar during program hours / activities as indicated on any victim who shows signs and symptoms of hyperglycemia or hypoglycemia.

Date________________________

Physician’s Signature

Physician’s Name Printed

Physician’s Address

Physician’s Phone Number
Dear Parents / Guardians / Providers:

We have a confirmed case of head lice in the_________________________. Where there is one case, there are usually more. Please check everyone in your household’s head each day. Signs to watch for:

1. Persistent Itching
   Often found with infected scratches or rash on the scalp.

2. Nits
   Small, silvery egg cases attached to individual hairs. You can see them if you look closely.

Thoroughly check the scalp and hair at the back of the head and behind the ears. This is where lice usually settle down.

If your child has head lice, or if you have any questions, please call me at 740-455-4176.

Thank you,

Toni Smith, R.N.
Program Nurse
Dear Parents / Guardians / Providers:

This notice is to inform you that there has been a reported case of scabies at Starlight Programs.

Please observe your child / adult to see if he or she is doing any excessive scratching or has unusual red spots or scratches on his or her hands, arms, tummy or genital area.

Scabies is a little insect that infests people and causes itching. Although scabies is not as common as head lice in children, it can be seen in this age group.

Scabies are very contagious and need to be diagnosed by a health professional. If we suspect scabies on a Starlight Programs student or enrollee, he or she will be isolated and sent home as soon as possible.

Please inform the program nurse if a case of scabies has been confirmed in your family or home setting. Feel free to call me at 740-455-4176 if you have any questions or concerns about this condition.

Thank you,

Toni Smith, R.N.
Program Nurse
Dear Parents / Guardians / Providers:

This is to inform you that a tick was found on ______________________________ today at our Program. It appeared to be an American dog tick, which can be a carrier of the organism that causes Rocky Mountain Spotted Fever (R.M.S.F.). Humans can contact R.M.S.F. through the bite of the dog tick, or by coming in contact with tick secretions or body fluids through careless handling of ticks.

The tick was removed and disposed of; the bite site was disinfected. We are sending home a pamphlet from the Ohio Department of Health which covers important information about ticks. Please read this information carefully and then check your child or adult, other family members and pets for tick infestation. Although finding a tick does not mean the disease will occur, it is important to be aware of symptoms, treatment and prevention of this serious disease.

Please feel free to call me at 740-455-4176 if you have any questions. Contact your physician if anyone experiences signs or symptoms of R.M.S.F. after tick contact.

Thank you,

Toni Smith, R.N.
Program Nurse
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

PROCEDURES FOR SAFETY COMMITTEES

Procedure Number:

GHS 1.02

V. PURPOSE

A. The purpose of this procedure is to establish a consistent process for all Muskingum County Board of Developmental Disabilities (County Board) staff, in the operation of the Program Management Team, Adult Services and School Safety Committees. Ohio Administrative Rule 5123: 2-1-06 (I)(4) requires the County Board to have “written procedures for reporting all accidents with recommendations regarding the safety program and handling of accidents and injuries. Information concerning health, safety, and specific job considerations shall be clearly communicated to appropriate staff.”

B. This procedure will work in alliance with all other County Board Health and Safety Policies and Procedures.

1. Policy GHS 1.00, “General Health and Well Being of all Individuals Receiving Services”
2. GHS 1.01, Procedure for “General Health and Well Being of all Individuals Receiving Services”
3. GHS 1.01 “Care Guidelines” Appendix A
4. Policy GHS 2.00, “Safety and Building Emergency Plans”
5. GHS 2.01 Procedure for “Safety and Building Emergency Plans”
6. Policy GHS 2.00, “Medication Administration and Performance of Nursing Tasks”
7. GHS 3.01, “Procedures for Medications Administration and Performing Nursing Tasks”
8. GHS 5.00, Policy for “Do Not Resuscitate”
9. GHS 5.01, Procedures for “Do Not Resuscitate”
10. Policy MUI 1.00 “Incidents Adversely Affecting Health & Safety”
11. MUI 1.01 Procedure for “Incidents Adversely Affecting Health & Safety”
12. Unusual Incident Guidelines – Appendix C
13. Personnel Policy, Section 10 “Workplace Health & Safety”

VI. RELATIONSHIP AND FUNCTION

14. The Adult Services and School Safety Committees will establish a system for identifying and reporting safety concerns and make appropriate referral.
15. The Adult Services and School Safety Committees shall in writing, identify and report all incidents, accidents, and all other possible safety issues to the Program Management Team. These safety issues will be determined to have a substantial or possible risk of safety to individuals receiving County Board services and staff.

a. The Committees shall monitor safety procedures and assist in communicating and education staff on safety awareness and procedure as a group.

b. Staff shall fill out the appropriate form for the situation, for an enrollee or student a MUI/UI Incident Report or for a County Board Staff an Employee Incident/Accident Report.

c. If an incident/accident occurs for which medical attention or advice is needed the forms will be directed to the nurse. The nurse shall process the form to the Program Director. If the incident/accident involves a staff person the form will be directed to the Safety Officer by the Program Director.

d. In all other situations, staff will submit the form to the Program Director for processing to the Committee. The Program Director may initiate action to resolve the issue, but will continue to process the issue/form to the Committee for finalization, awareness and documentation.

16. The Program Management Team will review and confirm the issue/concern. This Committee may ask for additional information, discuss possible resolution or make decisions. Written documentation shall be maintained for all action.

17. The Program Management Team will notify the appropriate Chairperson of the decision.

C. Adult Services and School Safety Committee Membership

1. The Adult Services and School Safety Committee members are appointed by Program Director.

2. Annually a Chairperson will be selected by the Program Director.

3. Membership terms shall be 2 year terms, except for Program Director.

C. Program Management Team Membership

1. The Committee will consist of the management team.

III. REPORTING OF ACCIDENTS AND INJURIES.

A. All accidents and injuries shall be reported within 24 hours of the occurrence. Accident and injury reports shall be submitted to the appropriate Safety Committee for analysis and recommendations for prevention in the future as indicated in (II)(A) of this procedure.

B. Reporting of accidents and injuries shall be in accordance with the County Board Procedures for General Health and Well Being of All Individuals Receiving Services (GHS 1.01).
Forms used with this procedure:
MUI/Unusual Incident Report Form
Employee Incident/Accident Report

Approved: December 5, 2002
Revised: November 2, 2006
Reviewed: January 4, 2007; January 3, 2008;
Revised: January 1, 2009
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
I. SUBJECT

Safety and Building Emergency Plans

II. POLICY

Safety is the first priority in the delivery of services and supports of every staff employed by the Muskingum County Board of Developmental Disabilities (County Board). During the decision making process of each day, safety must guide and rule every action. Each staff person is responsible to account for the safety and whereabouts of each individual under their authority. This responsibility does not end until another authorized person assumes that obligation.

III. STAFFING QUALIFICATIONS AND TRAINING

A. All County Board staff shall be credentialed as required by the appropriate state agency or licensing board before providing services or supports to individual and/or their families.

B. All staff shall successfully complete background checks, driver’s abstracts (initial employment, semi-annual and annually) and random drug testing. Staff shall receive training in specialized areas such as recognition and reporting of abuse and neglect, reporting of Major Unusual Incidents/Unusual Incidents (MUI/UI’s), delegated nursing training for applicable staff and any other specialized training required to ensure the safety of those receiving services and supports.

C. At least one staff shall be trained in techniques of fire suppression at each facility operated by the County Board.

IV. PRACTICING SAFETY

A. The County Board shall have systems in place to increase the likelihood of successful evacuations of the facilities in the event of emergencies or natural disasters and lessen the risks to all persons being served including staff. Building evacuation drills will be conducted as required by the Ohio Administrative Code and be conducted as outlined in building emergency plans.
B. Practices of tracking and analyzing MUI/UI to identify patterns and trends for the purpose of recommending corrective action/preventive measures shall be initiated by the County Board and providers.

C. A safety committee shall meet regularly for the purpose of addressing safety needs in the program. Special attention shall be directed to the review of any accidents reports for the purposes of initiating recommendations to prevent future re-occurrence.

V. WEAPONS AND THREATS OF VIOLENCE

A. The County Board is committed to providing a safe environment, which is free from the dangers of firearms, knives and other dangerous weapons.

B. A firearm shall include any weapon (including a starter gun) which will or is designed to, or may readily be converted to, expel a projectile by action of an explosive. Any weapon, firearm muffler or firearm silencer, or any destructive device which includes, but is not limited to, any explosive, incendiary, poisonous gas, bomb, grenade, or rocket having a propellant charge of more than four ounces, or missile having an explosive or incendiary charge of more than one-quarter ounce, mine or device similar to any of the devises described above are considered a firearm.

C. Individuals enrolled in County Board Programs and all Starlight Staff are prohibited from bringing firearms, knives, metal knuckles, straight razors, explosives, noxious irritation or poisonous gasses, poisons, illegal drugs, and other such items onto County Board property, into County Board buildings, having in any County Board owned vehicles or any vehicle on County Board property or to any County Board sponsored activity.

D. Threats of violence shall always be reported and will not be tolerated under the County Board safety policy and applicable procedures.

VI. FACILITIES

Each facility owned or operated by the County Board shall be inspected in accordance with applicable local and state entity rules and regulations. Facilities shall conform to the design and be equipped in conformance with all applicable laws including the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

VII. DEVELOPMENT AND COMMUNICATION OF EMERGENCY BUILDING PLANS AND SAFETY PROCEDURES:

Procedures outlining emergency building plans shall be developed and be communicated and available to County Board staff. All prescribed sections in the Ohio Administrative Code Section 5123:2-1-02 (K) (4-9) shall be addressed in the procedures.

VII. VIII. ANNUAL REVIEW AND ADOPTION OF POLICIES

This policy shall be maintained on file in the administrative offices and reviewed and updated annually or as needed.
IX. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: June 6, 2002;
Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006; January 4, 2007
Revised with approval: February 1, 2007
Reviewed with approval: January 3, 2008
Revised: January 1, 2009
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

PROCEDURES FOR SAFETY AND BUILDING EMERGENCY PLANS

Procedure Number:
GHS 2.01

I. INSPECTIONS OF FACILITIES AND VEHICLES

A. Annual fire inspections of all Muskingum County Board of Developmental Disabilities (County Board) owned or leased facilities shall be conducted by the local Fire Marshal or designee.

B. The Muskingum County Health Department shall annually inspect the kitchen and food prep areas. Successful documentation of these inspections results in the issuance of a certificate for operation that should be visibly displayed in the kitchen area.

C. In accordance with transportation policies and procedures the Ohio State Highway Patrol inspects all buses annually.

D. All inspections shall be documented and any recommendations implemented upon receipt of written or verbal reports received from the inspector or surveyor.

E. All fire extinguishers, fire gongs, and alarms shall be kept in good working order and inspected no less than once per year by the Transportation and Maintenance Supervisor or designee.

F. Storage of combustibles or flammable materials shall effectively be separated from all rooms or work areas in such a manner to inhibit the spread of fire. At the fire inspections, the Fire Marshal or designee shall be asked to review the storage areas to ensure they are safe and adequate.

G. The Program Director is responsible to ensure all hallways, entrances, ramps and corridors are kept clear and unobstructed at all times.

H. Power equipment, fixed or portable, should include operating guards as required by the operator’s manuals or in compliance with Occupational Safety and Health Administration (OSHA) and the Division of Safety and Hygiene, Bureau of Workers’ Compensation standards for safety.

I. The Superintendent or designee has the authority to conduct periodic safety audits of facilities and notify the Program Director to correct any potential safety issues. The Superintendent/designee or safety officer shall keep the Superintendent apprised of any potential safety issues.

J. At any time a County Board staff member or enrollee of a County Board Program suspects there may be a safety issue of any type, they are encouraged to contact the Superintendent or designee or Program Director to notify them of the concern.
II. FACILITY DRILLS

A. At all County Board facilities, fire drills shall be conducted at least once per month. Results of the drills shall be documented by a designated staff member and submitted to the safety committee to review the effectiveness of the exercise. All written reports and analysis shall be submitted to the Superintendent or their designee.

B. At all County Board facilities, tornado drills shall be conducted at least four times per year. A drill shall be conducted in the months of April, May, June and July. Results of the drills shall be documented by a designated County Board staff member and submitted to the safety committee to review the effectiveness of the exercise. All written reports and analysis shall be submitted to the Superintendent or their designee.

C. Evacuation plans for fire and tornado drills and other emergencies shall be posted in each room in the facilities operated by the County Board.

II. SECURED DOOR ACCESS SYSTEM

A. All full time employees will be given a key card or fob to access the main door of the building(s) they are assigned to work. Substitutes and Transportation staff will gain access to the building by using the call box.

B. If staff loses their key card or fob they need to immediately notify the Door Access System Administrator. Staff will pay for any lost key or fob before it is replaced. This includes any agency staff the County Board contracts with for services or rents space to in a County Board building.

C. Staff will notify the Door Access System Administrator if they change jobs within the program, the building they will be working in, and/or new work hours.

D. If staff resigns from their position, the key card or fob must be given to their supervisor/manager on their last day of work.

E. If staff is terminated from their position, the Superintendent will request the key card or fob at the time of termination.

F. When a person/people is with you for business reasons (i.e. intern, Phone Company, business representatives) you may allow this person access to the building.

G. When more than one staff is entering the building they may enter at the same time.

H. When there is a visitor at the entrance and needs to access the building you may allow this person/people access and escort them to the office or area where they sign in as a visitor.

I. Staff are not permitted to loan them key card or fob to anyone.
III. WRITTEN EMERGENCY BUILDING PLANS

A. The County Board utilizes the Emergency Procedures Booklet located by each phone in all County Board facilities that outline critical phone numbers and procedures for addressing fire, explosions, hazardous materials, tornados, bomb threats, rapid evacuation, earthquakes, nuclear attack, utility emergencies or power failures, and poisoning.

B. The Emergency Procedures Booklet contains procedures related to emergency closing. In case of early emergency closure due to weather or building emergency all program participants, families, and residential providers will be notified in advance of early dismissal for program enrollees. No program participant will be dropped off at his or her homes without prior contact of family or caregiver. If unable to reach the family or caregiver at the primary phone number the alternate emergency contact will be notified to ensure a responsible party is available to ensure the health and safety of the individual. If initially unable to contact family or caregiver, the individual will remain at the County Board facility until a family member or caregiver can be contacted.

IV. REPORTING OF ACCIDENTS AND INJURIES

A. All accidents and injuries shall be reported immediately or within 4 hours of the occurrence. A Major Unusual/ Unusual Incident Report Form must be completed following policies and procedures related to Incidents Adversely Affecting Health and Safety (MUI 1.00 and MUI 1.01).

Accident and injury documentation from the Unusual Incident Logs shall be reviewed by the management team for analysis and recommendations for prevention in the future. Information concerning health and special job considerations shall be communicated to appropriate Program Director.

B. Reporting of accidents and injuries shall be in accordance with the County Board Procedures for General Health and Well Being (GHS 1.01) of All Individuals Receiving Services.

V. WEAPONS

A. Individuals enrolled in County Board Programs and all MCBDD are prohibited from bringing firearms, knives, metal knuckles, straight razors, explosives, noxious irritation or poisonous gasses, poisons, illegal drugs, and other such items onto County Board property, into County Board buildings, having in any County Board owned vehicles or any vehicle on County Board property or to any County Board sponsored activity.

B. If a County Board staff or individual brings or displays a dangerous weapon on County Board property, in a County Board vehicle or at any County Board sponsored activity, the following procedures will apply:

1. Call police, as determined by the Program Director or designee;

2. Do not attempt to disarm;
3. Clear the area or evacuate the facility;

4. An immediate decision will be made by the Program Director in charge including suspension of the individual or County Board staff until an investigation of the incident has been completed.

5. For school age the Individual Education Plan (IEP) team, or for an adults the Individual Service Plan team, will convene within two working days and make a recommendation on the length of suspension to the Superintendent with stipulations for addressing program needs upon return (counseling, etc.).

6. MUI Coordinator will be notified and all applicable MUI / UI reports will be submitted.

C. The Superintendent will have final authority related to suspension.

D. The Superintendent shall follow the County Board’s disciplinary and corrective action policy with County Board staff offenders.

E. Administration shall ensure that individuals and County Board staff are instructed as to the proper procedures to be followed whenever a weapon is displayed or seen.

F. Notwithstanding, tools such as pocket knives, scrapers, utility knives, banding cutters or other tools are permitted provided they are required to perform a task assigned and used solely for the intended purposes, and not for intimidation nor as a weapon.

VI. THREATS

A. Any threat shall be reported. If an individual tells a County Board staff member they want to do bodily harm to someone, the County Board staff member shall document the threat on an Unusual Incident Report form and immediately hand deliver it to the Program Director (i.e., if bodily harm, destruction of property)

B. At no time can a threat be ignored.

C. When a threat of serious nature has been documented and submitted, the Program Director shall notify the Superintendent or designee in their absence.

D. Program Director will decide if it should be reported to law enforcement for any necessary follow-up.

E. The contact of law enforcement shall be documented on the Unusual Incident Report form specifying the date it was reported and to whom.

F. The MUI Coordinator shall be notified to determine if a rights code violation has occurred requiring investigation as specified in the County Board’s Policy and Procedures related to Incidents Adversely Affecting Health and Safety (MUI 1.00 and MUI 1.01)

VII. COMMUNICATION OF EMERGENCY BUILDING PLANS AND SAFETY PROCEDURES
A. Building Emergency Plans and Safety Policies and Procedures shall be available to and communicated to all members of the County Board staff including volunteers.

B. Emergency Procedures are located near each phone at all facilities operated by the County Board outlining plans to address all emergencies.

C. County Board Staff is encouraged to become familiar with the content of the Emergency Procedures and the County Board Policies and Procedures specific to safety.

D. Emergency Procedures and Safety Policies and Procedures are reviewed with new employees or volunteers at formal orientation provided by the County Board.

E. Any revision to the Emergency Building Plans or Policies and Procedures are communicated to staff via in-service or memo.

Approved: August 30, 2002
Reviewed: December 27, 2006; January 4, 2007
Revised: February 1, 2007
Reviewed: January 4, 2008; January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012;
Reviewed: January 10, 2013
Revised: October 10, 2013
Reviewed: January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. SECURED DOOR ACCESS SYSTEM

A. Access to the main door in all buildings will require a key card or fob for full-time employees. Substitutes and Transportation staff will gain access to the building by using the call box.

B. If staff loses their key card or fob they need to immediately notify the Door Access System Administrator. Staff will pay for any lost key card or fob before it is replaced. This includes any agency staff the County Board contracts with for services or rents space to in a County Board building.

C. Staff will notify the Door Access System Administrator if they change jobs within the program, the building they will be working in, and/or new work hours.

D. If staff resign from their position, the key card or fob must be given to their supervisor/manager on their last day of work.

E. If staff is terminated from their position, the Superintendent will request the key card or fob at the time of termination.

F. When a person/people is with you for business reasons (i.e. intern, Phone Company, business representatives) you may allow this person access to the building.

G. When more than one staff is entering the building they may enter at the same time.

H. When a person is not with you and needs to access the building, you may allow this person/people access and escort them to the office or area where they sign in as a visitor.

I. Do not loan your key card or fob to anyone.
MEDICATION ADMINISTRATION AND PERFORMANCE OF NURSING TASKS POLICY

Policy Reference:
Medication Administration and Performance Nursing Tasks

Policy Number:
GHS 3.00

Ohio Revised Code Reference:
5126.05 (A) (1)

Ohio Administrative Code Reference:
5123:2-1-02 (L) (3) & (4)

VIII. SUBJECT

Medication Administration and Performance of Nursing Tasks

II. PURPOSE

To establish a health policy that ensures necessary medical treatments and medications are delivered to individuals with developmental disabilities (DD).

III. APPLICATIONS

This policy applies to all prescribed medical treatments and medications to be delivered by licensed nurses to individuals with DD.

IV. POLICY

A. The Muskingum County Board of Developmental Disabilities (County Board) shall permit the employed/contracted registered nurse (hereafter referred to as the program nurse) and any other licensed nurse employed or contracted by the County Board who acts in accordance with the administrative procedures of the County Board to give or apply prescribed medication to enrollees and to perform nursing tasks on enrollees.

B. The program nurse will be an individual who holds a current, valid license which authorizes the practice of nursing as a registered nurse in compliance with Chapter 4723 of the Ohio Revised Code, Law Regulating the Practice of Nursing.

C. Licensed nurses may give or apply medication and perform nursing tasks on individuals enrolled in County Board services or supports at the following settings:

1. All County Board facilities.

2. While transported in a vehicle operated by or under contract with the County Board, on field trips conducted in this state by the County Board, or when involved in some other activity conducted under the County Board’s authority that is at a location different from any of the above settings.
V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: June 6, 2002
Revised: January 1, 2009
Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013; January 9, 2014; Reviewed: January 8, 2015;
Revised: August 13, 2015
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
I. DEFINITIONS

For the purpose of these procedures, the following definitions will apply:

A. **County Board** means the Muskingum County Board of Developmental Disabilities

B. **Designated Site/Setting** mean any County Board facility or program at which an individual attends for a portion of the day where the primary purpose of that facility is other than health care or nursing care. A designated site/setting may also include the transportation vehicle if travel time is involved and provided by the County Board to field trips, training sites, enclaves, and job sites, etc.

C. **Health Care Professional** is a licensed or certified dentist, optometrist, pharmacist, physician, nurse, nurse practitioner, practitioner of a limited branch of medicine, occupational therapist, occupational therapy assistant, physical therapist, physical therapy assistant, respiratory therapist, emergency medical technician, advanced emergency medical technician, or paramedic.

D. **Nurse or Licensed Nurse** is an RN. or L.P.N. who holds a current, valid license to practice nursing in compliance with Chapter 4723 of the Ohio Revised Code, Law Regulating the Practice of Nursing.

E. **Prescribed Medication** is any drug administered pursuant to the instructions of a health care professional who is authorized by law to prescribe medications.

II. SELF ADMINISTRATION OF MEDICATION

A. An individual who can safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication has the right to self-administer medication or receive assistance with the self-administration.

B. Based on a DODD – approved self-administration assessment, prescribed the individual plan of individual service plan, as applicable, shall document when the individual cannot safely self-administer prescribed medication. The self-administration assessment shall be reviewed annually. A new self administration assessment shall be completed at least once every three years or more when there is a change that affects the individual’s medication routine such as a change in medication packaging, service setting, or service provider.

C. Each individual plan or individual service plan shall indicate when the individual is able to safely
   Self – administer prescribed medication or receive assistance with self – administration of
prescribed medication including:

1. When the individual is able to safely self-administer medication independently;

2. When the individual is able to safely self-administer medication with assistance; and

3. When the individual is not able to successfully self-administer medication with or without assistance and include a statement of how medication administration will be completed.

D. When the self–administration assessment indicates an individual cannot safely self–administer prescribed medication or safely self–administer prescribed medication with assistance, the following steps shall be taken:

1. Further assessment shall be conducted to determine exactly what specific steps of self-administration of medication or self administration of medication with assistance the individual is able to safely complete. The individual shall participate in these steps under the supervision of developmental disabilities personnel who have current certification in health-related activities and prescribed medication administration and have received individual-specific training.

2. The details of the individual’s specific abilities and needs for developmental disabilities personnel support shall be noted in the individual plan or individual service plan.

E. Developmental disabilities personnel who are not specifically authorized by other provisions of the Ohio Revised Code to provide assistance in the self–administration of prescribed medication may, under Section 5123.651 of the Ohio Revised Code and this rule, provide that assistance as part of the services they provide to individuals. To provide assistance with self–administration of prescribed medication, developmental disabilities personnel are not required to be trained or certified in accordance with Section 5123.42 of the Ohio Revised Code and 5123:2-6-05 and 5123:2-6-06 of the Ohio Administrative Code.

F. When assisting in the self-administration of prescribed medication, developmental disabilities personnel shall take only the following actions as needed and identified in the individual plan or individual service plan:

1. Remind an individual when to take the medication and observe the individual to ensure that the individual follows the directions on the container.

2. Assist an individual by taking the medication in its container from the area where it is stored, handing the container with the medication in it to the individual, and opening the container, if the individual is physically unable to open the container; or

3. Assist, on request by or with consent of, a physically impaired but mentally alert individual, with removal of oral prescribed medication or topical prescribed medication from the container and with the individual’s taking or applying of the medication. If an individual is physically unable to place a dose of oral prescribed medication to the individual’s mouth without spilling or dropping it, developmental disabilities personnel may place the dose in another container and place that container to the individual’s mouth.
G. When an individual has been assessed as able to safely self-administer prescribed medication or self-administer prescribed medication with assistance, developmental disabilities personnel are not authorized to verify accuracy of medication being taken by the individual on a routine basis unless specified in the individual plan or individual service plan. When there is reason to question the individual’s self–medication skills, a new self-administration assessment shall be completed.

III. AUTHORIZATION

A. General

1. Written authorizations must be signed by a physician (or other health care professional authorized by law to prescribe medications/treatment) and the parent/guardian/enrollee and be in the possession of the nurse prior to the giving or applying of any medications or the performance of any nursing task.

2. Licensed nurses and/or authorized staff are not permitted to assume responsibility for giving/applying any medication or completing any nursing task unless a written authorization is received.

2. Written authorization is valid for 1 year. Current authorizations are kept in the nurses’ offices. Once discontinued, original authorizations are kept in the enrollee’s file.

4. Changes of medication/medical procedure may require new authorization.

B. Written authorization shall contain the following:

1. Name and address of the enrollee

2. Name of the medication, along with time, dosage, route, and/or a description of the medical procedure. The health care professional must certify the medication or procedure is necessary during program hours.

3. Possible severe adverse reactions or side effects which should be reported to the health care professional. Individual allergies must also be noted.

4. Telephone number of the health care professional or other method of contact in an emergency.

5. Special instructions including storage and sterilizing requirements.

6. Date medication or procedure is to begin and cease.

7. Date of request.

C. The authorization completed and signed by the enrollee or their parent/guardian permitting staff to give or apply the medication or perform the nursing task as instructed by the health care professional also states agreement to deliver the medication and/or all the required supplies for procedures and to notify the nurse if the medication, dosage or procedure is changed or discontinued.
D. Orders for changes in medication or nursing tasks by a health care professional can be accepted as written or taken verbally or by phone by a nurse. Only a nurse can document and implement a change in orders. All verbal or via phone orders will be followed by a written order within 7 days.

E. The Fluoride Rinse Program provided by the Ohio Department of Health (ODH) shall be excluded from these procedures.

F. Over-the-counter (OTC) medications will not be given to enrollees without completed authorizations. OTC medications can include, but are not limited to: non-prescription pain relievers and fever reducers, antacids, cough medicines, allergy remedies, topical antibiotics, laxatives, and throat lozenges. OTC medications will be labeled with the enrollee’s name. Directions that differ from those on the container will be added to the label.

IV. DELIVERY AND STORAGE

A. All prescribed medications shall be sent in a container properly labeled by a pharmacist. Labels must include:

1. Name of enrollee

2. Name of medication, dosage, time, and route

3. Doctor’s name

4. Name and phone number of pharmacy

5. Prescription number

B. When delivered to a County Board facility, medications should be given to a nurse. If a nurse is not available, County Board staff may accept the incoming medication and maintain it in a secure location until it is given to a nurse.

C. Medications sent in on County Board transportation shall be handed to the driver in a sealed envelope with the date, signature of parent/guardian/provider, and the number of pills written on the envelope. The driver shall maintain the envelope in a safe place during transport and shall hand it to program staff upon arrival. Emergency medications (Epipen, etc) and VNS magnets for seizure treatment shall be checked and counted in on a daily bus log before transport to and from the program.

D. Medications are checked, verified, and counted in at each facility and maintained in a locked or secured medication box or cabinet. Medications are removed from locked containers only by designated staff.

E. The nurse will be notified if a medication bottle label becomes unreadable.

F. Discontinued or outdated medications will be counted out and sent home with the parent/guardian/provider whenever possible. If medications are transported home on a program vehicle, the driver will be given the medication in a sealed envelope with the date, staff
signature, and number of pills written on the envelope. Medication dropped or wasted during
administration will be disposed of by a nurse and a witness and documented on the medication
administration record by a nurse. Any medication of unknown origin or owner found on a
facility campus will be disposed of by a nurse and a witness and documented on a disposal of
medication sheet. Controlled substances must be destroyed in the presence of a pharmacist.
Pharmacist services will be arranged as often as quarterly, or as needed for disposal of controlled
substances. Required reports will be completed.

G. Enrollees who are able to self medicate or self medicate with assistance will be permitted to
carry their own medications during transport, unless there are indicators that the medication is
not being handled in a safe manner.

V. DOCUMENTATION

Documentation of all prescribed medications and medical treatments given, applied, held, missed,
or refused shall be done on a medication administration record (MAR) or treatment administration
record (TAR) indicating the name and initials of the nurse administering a prescribed medication or
treatment, time and date, and when appropriate, observations or difficulties noted.

VI. REPORTING ERRORS / INCIDENTS

A. Any error in administration of medications or completion of prescribed nursing tasks, including
failure of parent/guardian/service provider to deliver medications or supplies to the County Board
facility shall be reported following County Board procedures for Incidents Adversely Affecting
Health and Safety. A copy of the medication error report will be faxed to the enrollee’s
prescribing physician.

B. Any error in administration of medications or completion of prescribed nursing tasks that result
in physical harm to the individual shall be immediately reported to an appropriate licensed health
care professional.

C. The nurse and/or service coordinator shall notify the parent/guardian/ provider of the error.

D. A Medication Incident Report shall be completed with copies forwarded to the Major Unusual
Incident/Unusual Incident (MUI/UI) Coordinator, parent/ guardian/ provider, and the program
nurse.

Forms used with this procedure:
Physician Authorization/Request for the Administration of Medication
Enrollee Authorization/Request for the Administration of Medication
Physician Authorization/Request for Health Care Services
Enrollee Authorization/Request for Health Care Services
Receipt of Medication Record
Medication Administration Record
Treatment Administration Record Log (Sample)
Self -Administration Assessment
Medication Incident Report
Daily Bus Log
I. SUBJECT

Do Not Resuscitate

II. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) recognizes and values the sanctity of life for all enrollees. The County Board also recognizes and values the right of each individual, their parent, and or legal guardian, to choose and execute a declaration governing the use or continuation, or the withholding or withdrawal, of life sustaining treatment.

III. POLICY

The County Board shall recognize “Do Not Resuscitate” (DNR) orders which conform to applicable Ohio law and the guidelines set forth in the County Board’s procedures. Recognizing and honoring DNR orders will in no way affect the administration of first aid measures and appropriate treatment of medical emergencies other than cardiac and respiratory arrest for the subject of the order during program hours.

IV. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.
I. DEFINITIONS

A. **Do Not Resuscitate (DNR) Order** – a directive issued by a physician that identifies a person and specifies that Cardiopulmonary Resuscitation (CPR) should not be administered to the person so identified. The person identified therein is to be treated under the State of Ohio DNR Protocol. The DNR order does not prohibit any other emergency procedure, such as the Heimlich maneuver for choking, or other appropriate intervention.

B. **DNR Comfort Care orders (DNRCC)** – require that only comfort measures be administered during a medical emergency when there is a cardiac or respiratory arrest – includes the following:

- Administer Oxygen
- Suction the Airway
- Control Bleeding
- Provide Privacy
- Position for Comfort
- Splint or Immobilize
- Provide Pain Medication
- Provide Emotional Support

Contact appropriate family, service providers, and health care professionals.

C. **DNR Comfort Care Arrest orders (DNRCC-Arrest)** – permit the use of life saving measures, such as powerful heart or blood pressure medications, before cardiac or respiratory arrest. Only comfort care may be provided during or after cardiac or respiratory arrest.

D. **Cardiac arrest** – the absence of a palpable pulse.

E. **Respiratory Arrest** – the absence of spontaneous breathing or presence of agonal (less than 6 breaths per minute) breathing.

F. **Cardiopulmonary Resuscitation (CPR)** – includes any or all of the following:

1. Administration of chest compressions
2. Insertion of an artificial airway
3. Administration of resuscitation drugs
4. Defibrillation or cardio version (Use of Automated External Defibrillator)
5. Provision of respiratory assistance
6. Initiation of a resuscitative intravenous line
7. Initiation of cardiac monitoring

II. PROCEDURE
A. As with other responsibilities that are performed in accordance with the procedures of the Muskingum County Board of Developmental Disabilities (County Board) and according to the rules of the Ohio Department of Developmental Disabilities (DODD), it is the intent of the County Board to indemnify and hold harmless those staff who carry out the procedures related to the implementation of the DNR policy and procedure.

B. When an individual enrolled in a program operated by the County Board presents a DNR order, the Superintendent or his designee will meet with the enrollee’s parents and/or legal guardian and the enrollee (where applicable) within 72 hours. The program nurse and other members of the Individual Family Service Plan (IFSP) /Individual Educational Plan (IEP) /Individual Service Plan (ISP) Team may also attend the meeting to review the validity of the order, affirm that informed consent was obtained, and implement an individualized plan of care. The enrollee will not be permitted to attend County Board programs until this meeting is held and all issues are resolved.

C. The DNR order must be submitted to the County Board for placement in the individual’s file. The order must indicate the type of DNR order; Comfort Care or Comfort Care Arrest. The order must be on the official Ohio Department of Health (ODH) DNR form and be signed by a physician (M.D. or D.O.).

D. The enrollee must have proper identification of their DNR status approved by the ODH and The State of Ohio Do Not Resuscitate Protocol on their person while attending County Board programs. Confirmation is assured by one of the following methods with the official logo:

1. DNR Identification Form
2. DNR Identification Card
3. DNR Identification Bracelet

E. A DNR order for a County Board enrollee shall be considered current unless discontinued by the enrollee’s attending physician, or revoked by the enrollee or their parents and/or legal guardian (where applicable).

F. The enrollee’s parent and/or legal guardian is responsible to notify the County Board of any changes in the status of the DNR order.

G. Annually at the enrollees IFSP/IEP/ISP team meeting the DNR order will be reviewed.

H. If the County Board has reason to believe the condition which justified the DNR order no longer exists, the County Board shall request a physician re-evaluation of the order. The County Board shall notify responsible persons that the DNR order will not be followed until a review is completed.

I. If there is no DNR order on file with the Board, and an official ODH Do Not Resuscitate identification is found on an enrollee for whom CPR appears necessary, the DNR will be honored.

J. In the event of a medical emergency involving an enrollee with a DNR order during program attendance, Emergency Medical Service (EMS) will be called for treatment and/or transport to
a medical facility. The enrollee or their parents/guardian will be responsible for transportation costs and fees for emergency services.

K. The existing DNR order form or DNR identification will be shown to EMS staff immediately upon their arrival and will accompany the enrollee during transport.

L. A copy of the entire policy and the text of the Ohio Revised Code 2133.25 will be offered to any person or agency requesting information, along with an offer to meet and discuss the policy and procedures adopted by the Board.

M. County Board staff training on this policy and procedure will be implemented including instruction on:

1. Ohio law and protocol pertaining to DNR orders
2. County Board policy pertaining to DNR orders
3. Providing comfort care to the individual who is the subject of a DNR order
4. Providing a safe, dignified, and private place for the subject of a DNR order during care.
5. Providing emotional support for persons in contact with the subject of a DNR order, including staff and enrollees.

N. Individual or group counseling for staff and/or enrollees will be arranged as deemed necessary by the Superintendent or his designee through Genesis Hospice Grief Counseling Services.

Forms used with this procedure:
Do Not Resuscitate Protocol – Procedures for Comfort Care/Comfort-Care Arrest Orders
Do Not Resuscitated Protocol Acknowledgement Form
DNR Identification Form
DNR Comfort Care Wallet Identification Card
Hospital Type Bracelet Insert

Approved: December 6, 2001
Revised: February 3, 2005
Reviewed: December 5, 2006; January 4, 2007; January 3, 2008; January 1, 2009; January 14, 2010;
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
In the event of a respiratory or cardiac arrest involving the above enrollee, the subject of a Do Not Resuscitate Comfort Care or Do Not Resuscitate Comfort Care - Arrest Order, attending staff will:

- Notify EMS – CALL 911
- Notify a staff nurse
- Position for comfort
- Provide for safety
- Provide emotional support
- Provide for privacy

Attending staff will NOT:

- Administer chest compressions
- Administer rescue breathing
- Use AED (Automatic External Defibrillator)

Any other emergency involving the subject of a DNR order will be handled with appropriate first aid and intervention according to the guidelines of the County Board’s Health Policy.
Muskingum County Board of Developmental Disabilities

Do Not Resuscitate Protocol

ACKNOWLEDGEMENT

I / We the undersigned hereby acknowledge that I / we have read and understand the Muskingum County Board of Developmental Disabilities Do Not Resuscitate Protocol.

__________________________________________  _________________________
Signature                                                                 Date

__________________________________________  _________________________
Signature                                                                 Date

__________________________________________  _________________________
Relationship                                                               Date

__________________________________________  _________________________
Witness                                                                  Date

This statement is to be introduced for signature when a DNR order is filed with the Board and then kept on file with the DNR order.
I. STAFF IN-SERVICE OUTLINE

A. Review of State Laws and Ohio Department of Health DNR Protocols

1. Licensed medical personnel must honor DNR orders

2. Board Policy
   
   a. Must be followed just like any other
   
   b. Staff protected if board policy is followed
   
   c. DNR orders will be reviewed by the program nurse and members of the enrollee’s IP team before enrollee attends

3. Review of written policy and protocols

4. DNR orders are implemented only in the event of respiratory or cardiac arrest

5. Other medical emergencies such as:
   
   a. allergic reaction
   
   b. insulin reaction
   
   c. bleeding
   
   d. choking
   
   e. seizures
   
   f. broken bones
   
   g. heart attack symptoms
   
   h. etc.

Will be treated appropriately even if a DNR order is in place

The only thing different is that rescue breathing and chest compressions will not be done.
MUSKINGUM COUNTY BOARD OF DEVELOPMENT DISABILITIES

Home and Community – Based Services Waiver – Free Choice of Providers

Procedure Number:
HCBW FCP 1.01

X. PURPOSE

The purpose of this procedure is to establish the responsibilities of the Muskingum County Board of Developmental Disabilities (County Board) for assuring people’s right to obtain home and community-based services from any qualified and willing provider in accordance with 42 C.F.R. 431.51 as in effect on effective date of 5123: 2-9-11 of the Ohio Administrative Code and Sections 5123:044 and 5126.046 of the Ohio Revised Code.

II. DEFINITIONS

1. **Adult Day Support** has the same meaning as in 5123: 2-9-17 of the Ohio Administrative Code

2. **Agency Provider** means an entity that employs persons for the purpose of providing services for which the entity must be certified under rules adopted by the Ohio Department of Developmental Disabilities.

3. **County Board** – means the Muskingum County Board of Developmental

4. **DODD** – means the Ohio Department of Developmental Disabilities

5. **Home and community-based services** has the same meaning as in Section 5123.01 of the Ohio Revised Code.

6. **Homemaker/personal care** has the same meaning as in 5123:2-9-30 of the Ohio Administrative Code.

7. **Independent provider** means a self-employed person who provides services for which he or she must be certified under rules adopted by the department and who does not employ, either directly or through contract, anyone else to provide the services.

8. **Individual** means a person with a developmental disability or for purposes of giving, refusing to give, or withdrawing consent for services, his or her guardian in accordance with Section 5126.043 of the Ohio Revised Code or other person authorized to give consent.

9. **Integrated employment** has the same meaning as in 5123:2-9-44 of the Ohio Administrative Code.
10. **Non-medical transportation** has the same meaning as in 5123:2-9-18 of the Ohio Administrative Code.

11. **Service and Support Administrator** means a person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration and who holds the appropriate certification in accordance with 5123:2-5-02 of the Ohio Administrative Code.

12. **Supported Employment – community** has the same meaning as in 5123:2-9-15 of the Ohio Administrative Code.

13. **Supported Employment – enclave** has the same meaning as in 5123:2-9-16 of the Ohio Administrative Code.

14. **Vocational Habilitation** has the same meaning as in 5123:2-9-14 of the Ohio Administrative Code.

### III. NOTIFICATION OF FREE CHOICE OF PROVIDERS, ASSISTANCE WITH THE PROVIDER SELECTION PROCESS AND PROCEDURAL SAFEGUARDS

1. The County Board shall notify each individual at the time of enrollment in a home and community-based services waiver and at least annually thereafter, of the individual’s right to choose any qualified and willing provider of home and community-based services. The notification shall specify that:
   
   a. The individual may choose agency providers, independent providers, or a combination of agency providers and independent providers;

   b. The individual may choose providers from all qualified and willing providers available statewide and is not limited to those currently providing services in Muskingum County;

   c. The individual may choose to receive services from a different provider at any time;

   d. An individual choosing to receive homemaker/personal care in a licensed residential facility is choosing both the place or residence and the homemaker/personal care provider, but maintains free choice of providers for all other home and community-based services and the right to move to another setting at any time if a new homemaker/personal care provider is desired; and

   e. The Service Coordinator will assist the individual with the provider selection process if the individual requests assistance.

2. A Service Coordinator shall assist an individual enrolled in a home and community-based services waiver with one or more of the following, as requested by the individual:

   a. Accessing the DODD’s website to conduct a search for qualified and willing providers;

   b. Providing the individual with the DODD’s guide to interviewing prospective providers;
c. Sharing objective information with the individual about providers that includes reports of provider compliance reviews conducted in accordance with Section 5123.162 or 5123.19 of the Ohio Revised Code, approved plans of correction submitted by providers in response to compliance reviews, number of individuals currently served, and any information about services offered by the provider to meet the unique needs of a specific group of individuals such as aging adults, children with autism, or individuals with intense medical or behavioral needs;

d. Utilizing the statewide, uniform format to create a profile that shall include the type of services and supports the individual requires, hours of service and support required, essential service preferences, the funding source of services, and any other information the individual chooses to share with prospective providers;

e. Making available to all qualified providers in the Muskingum County that have expressed an interest in serving additional individuals, the individual-specific profile created in accordance with Paragraph (C)(2)(d) of 5123:2-9-11of the Ohio Administrative Code to identify willing providers of the service;

f. Contacting providers on the individual’s behalf;

g. Developing provider interview questions that reflect the characteristics of the individual’s preferred provider; and

h. Scheduling and participating as needed in interviews of prospective providers. If the individual chooses to interview the County Board as a prospective provider, the Service Coordinator shall disclose to the individual that the Service Coordinator may participate in this interview as directed by the individual.

3. The County Board shall document the alternative home and community-based services settings that were considered by each individual and ensure that each individual service plan reflects the setting options chosen by the individual.

4. The County Board shall document that each individual has been offered free choice among all qualified and willing providers of home and community-based services.

5. If County Board receives a complaint from an individual regarding the free choice of provider process, the County Board shall respond to the individual within thirty days and provide DODD with a copy of the individual’s complaint and the County Board’s response. DODD shall review the complaint and the County Board’s response and take actions it determines necessary to ensure that each individual has been afforded free choice among all qualified and willing providers of home and community-based services.

IV. ADDITIONAL REQUIREMENTS THAT APPLY WHEN THE COUNTY BOARD PROVIDES COMMUNITY-BASED SERVICES

So long as the County Board is a provider of home and community-based services, the County Board Shall:

1. Ensure administrative separation between the County Board staff doing assessments and service planning and the County Board staff delivering direct services.
2. Establish and implement annual benchmarks for recruitment of sufficient providers of adult day support, integrated employment, non-medical transportation, supported employment-community, supported employment-enclave, and vocational habilitation. Benchmarks are subject to approval by DODD twice per year in accordance with the schedule and format established by the DODD.

3. Establish and implement annual benchmarks for reducing the number of individuals for whom the County Board provides adult day support, integrated employment, non-medical transportation, supported employment-community, supported employment-enclave, and vocational habilitation. Benchmarks are subject to approval by DODD. The County Board shall report progress on achieving benchmarks to DODD twice per year on accordance with the schedule and format established by DODD.

V. COMMENCEMENT OF SERVICES

The County Board shall adopt written procedures to ensure that home and community-based services begin in accordance with the date established in the individual service plan. The procedures shall include a requirement for the County Board to monitor the service commencement process and implement corrective measures if services do not begin as indicated.

VI. DEPARTMENT TRAINING AND OVERSIGHT

1. DODD shall periodically provide training and assistance to familiarize the County Board and individuals with the rights and responsibilities set forth in this rule.

2. DODD shall investigate or cause an investigation when an individual alleges that he or she is being denied free choice of providers for home and community-based services.

3. DODD shall utilize the accreditation process in accordance with 5123:2-1-02 of the Ohio Administrative Code to monitor the compliance of the County Board with requirements of 5123:2-9-11 of the Ohio Administrative Code.

VII. DUE PROCESS AND APPEAL RIGHTS

1. Any recipient of or applicant for home and community-based services may utilize the process set forth in Section 5101.35 of the Ohio Revised Code, in accordance with Division 5101:6 of the Ohio Administrative code, for any purpose authorized by that statute and the rules implementing the statute, including being denied the choice of a provider who is qualified and willing to provide home and community-based services. The process set forth in Section 5101.35 of the Ohio Revised Code is available only to applicants, recipients, and their lawfully authorized representatives.

2. Providers shall not utilize or attempt to utilize the process set forth in Section 5101.35 of the Ohio Revised Code. Providers shall not appeal or pursue any other legal challenge to a decision resulting from the process set forth in Section 5101.35 of the Ohio Revised Code.

3. The County Board shall inform the individual, in writing and in a manner the individual can understand, of the individual’s right to request a hearing in accordance with Division 5101:6 of the Ohio Administrative Code.
4. The County Board shall immediately implement any final state hearing decision or administrative appeal decision relative to free choice of providers for home and community-based services issued by the Ohio Department of Medicaid, unless a court of competent jurisdiction modifies such a decision as the result of an appeal by the Medicaid applicant or recipient.

New Procedure May 29, 2015
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

HIPAA PRIVACY/CONFIDENTIALITY/SECURITY/POLICY

Policy Reference:
HIPAA

Privacy/Confidentiality/Security
Policy Number:
HIPAA 1.00

Federal Reference:
45 CFR Parts 160 & 164; 45 CFR 164.308; 45 CFR 164.310; 45 CFR 164.312;
45 CFR 164.402 – 164.14; 45 CFR 164.502; 45 CFR 164.504; 45 CFR 164.508;
45 CFR 164.512; 45 CFR 164.520; 45 CFR 164.522; 45 CFR 164.524;
45 CFR 164:526; 45 CFR164:528; 45 CFR 164.530;

Ohio Revised Code Reference:
1347; 1347.08; 1347.09; 2151.421;4113.52;4732.19; 5123.19; 5123.60; 5123.61; 5126.04;
5126.31; 5126.34; 5126.044; 5126.055; 5123:046; 5123:64; 5125:34; 5126:04; 2305.5; 2317.02

Administrative Code Reference:
5101:3-40-01; 5123:31; 5123:1-6-06; 5123: 2-1-02; 5123:2-1-12; 5123:2-2-0; 5123:2-3-04;
5123:2-3-08; 5123:2-3-13; 5123:2-4-01; 5123:2-5-01; 5123:2-5-02; 5123:2-5-05; 5123:2-5-07;
5123:2-6; 5123:2-7-12; 5123:2-9-04; 5123:2-9-06; 5123:2-17; 5123:2-17-02; 5123:2-3-19

I. SUBJECT

Health Insurance Portability and Accountability Act (HIPAA)

II. PURPOSE

Establish procedures concerning HIPAA Privacy, confidentiality, and security procedures. These procedures will be made known to all County Board employees, volunteers/interns/practicum students, individuals who receive services and supports and/or the parent of a minor, or guardian of an adult, and, as applicable, contract service and support providers.

III. APPLICATION

Procedures specific to HIPAA Privacy/confidentiality/security shall apply to all employees, volunteers/interns/practicum students and contracted service and support providers of the County Board. All information contained in an individual’s records, including information contained in any automated data bank, shall be considered confidential.

IV. GENERAL POLICY

A. General Principles
The Muskingum County Board of Developmental Disabilities (County Board) shall conform to all requirements for privacy and confidentiality set forth in HIPAA and other applicable law. The County Board shall not use or disclose Personal Health Information (PHI) except in accordance with applicable requirements. This policy shall apply whether the County Board is acting as a covered health care provider or a health plan under HIPAA. If the County Board is acting in more than one capacity, the County Board shall be subject to the requirements applicable to that function and shall use or disclose PHI only for purposes related to the function being performed.

B. Treatment, Payment, and Health Care Operations

The County Board may use PHI for treatment, payment, and health care operations without an individual’s release or authorization to the extent that such activities occur within the County Board Program. The County Board shall obtain a release or authorization from the individual for any disclosure of treatment, payment or healthcare operations when such disclosure is to a person or entity which is not otherwise entitled to receive such information under applicable requirements.

C. Scope of Disclosure: Minimum Necessary Standard

1. Disclosure of requests of records must be limited to the minimum which is reasonably necessary to accomplish the purpose of the use, disclosure or request. The following are exceptions to this general principle:

   a. The minimum necessary standard does not apply to disclosures to the individual.

   b. When an individual has authorized disclosure, the scope of disclosure shall be in accordance with the authorization.

   c. Disclosure required by law or for monitoring purposes shall be made in accordance with the authority seeking the information.

D. Incidental Uses and Disclosures

1. The County Board may use or disclose PHI incident to use or disclose otherwise permitted or required by applicable requirements.

   a. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use of disclosure that is permitted by the rule.

   b. Permissible incidental uses and disclosures are those that occur as a by–product of another permissible or required use or disclosure, as long as the County Board has applied reasonable safeguards and implemented the minimum necessary standard, where applicable, with respect to the primary use or disclosure.

   c. An incidental use or disclosure is not permitted if it is a by-product of an underlying use or disclosure which violates applicable requirements and County Board procedures.

E. Changes in Policies and Procedures
1. The County Board shall change its policies and procedures as necessary and appropriate to comply with changes in applicable requirements.

2. Changes shall apply to existing PHI effective on the date of notice of the change.

3. The County Board shall document material changes in policies and notices which reflect such changes. The County Board shall retain such documentation for six (6) years or as otherwise mandated by applicable requirements.

F. Mitigation

1. The County Board shall mitigate, to the extent practicable, any harmful effect that is known to the County Board of a use or disclosure of PHI in violation of its policies and procedures or the requirements of applicable requirements and the County Board policies and procedures by the County Board or its business associate. The County Board’s duty to mitigate does not alter the County Board’s duty to report breaches.

G. Prohibition Against Retaliation or Intimidation

1. No office, program, facility, or employee of the County Board shall intimidate, threaten, coerce, discriminate against, or take other retaliatory action against the following:

   a. Any individual for the exercise of their rights or participation in any process relating to HIPAA compliance, or

   b. Against any person for filing a complaint with the Secretary of the U.S. Department of Health and Human Services, participating in a HIPAA related investigation, compliance review, proceeding or hearing, engaging in reasonable opposition to any act or practice that the person in good faith believes to be unlawful under HIPAA regulations as long as the action does not involve disclosure of PHI in violation of the regulations.

H. Prohibition Against Waiver of Rights

No office, program, facility, or employee of the County Board shall require individuals to waive any of their rights under HIPAA as a condition of treatment, payment, and enrollment in a health plan or eligibility for benefits.

V. PRIVACY OFFICER AND CONTACT PERSON FOR COMPLAINTS

A. Privacy Officer

The County Board shall designate an individual to be the Privacy Officer, responsible for the development and implementation of County Board policies and procedures relating to the safeguarding of PHI.

B. HIPAA Committee
Each program of the county Board shall have a HIPAA committee that advises and supports the Privacy Officer. The Superintendent shall appoint the HIPAA committee in consultation with the Privacy Officer.

C. Contact Person or Office

Each facility or program operated by the County Board shall designate an individual, position, or office that will be responsible for receiving complaints relating to PHI and for providing information about the office’s, facility’s or program’s privacy practices.

D. Training of County Board Staff

1. The County Board shall carry out and document the following training:

   a. All current County Board employees and other workforce members must be trained on applicable policies and procedures relating to PHI as necessary and appropriate for such persons to carry out their functions within the County Board.

   b. Each new workforce member shall receive training as described above within a reasonable time after joining the workforce.

   c. Each workforce member whose functions are impacted by a material change in the policies and procedures relating to PHI or by a change in position or job description must receive training as described above within a reasonable time after the change becomes effective.

E. Authorization

In compliance with 45 CFR Part 164 and Ohio law, all uses and disclosures of PHI beyond those otherwise permitted or required by law require a signed authorization. An authorization which conforms to County Board procedures may be used for use or disclosure of PHI in any situation where an authorization or release of information is required.

VI. USES AND DISCLOSURES FOR WHICH NO RELEASE OR AUTHORIZATION IS REQUIRED

A. The County Board may use or disclose PHI without written release or authorization of the individual as follows:

   1. When required by law;

   2. For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths, and reporting reactions to drugs and problems with medical devices;

   3. To protect victims of abuse, neglect, or domestic violence;

   4. For health oversight activities such as investigations, audits, and inspections;

   5. For judicial and administrative proceedings;
6. For law enforcement purposes;

7. For fund raising purposes, provided there is an opportunity to opt out;

8. For disclosures of immunizations with some record of consent;

9. To coroners, medical examiners, and funeral directors;

10. For organ, eye or tissue donation;

11. Research;

12. To reduce or prevent a serious threat to public health and safety;

13. Specialized government functions;

14. For workers’ compensation or other similar programs if applicable.

VII. NOTICES

The County Board shall give adequate notice of the uses and disclosures of PHI that may be made by the County Board, and of the individual’s rights and the County Board’s duties with respect to PHI.

VIII. INDIVIDUAL’S ACCESS TO PHI

An individual has a right of access to inspect and obtain a copy of PHI about the individual in a designated record set, for as long as the PHI is maintained in the designated record set, subject to any limitations imposed by applicable law.

IX. INDIVIDUAL’S RIGHT TO REQUEST RESTRICTIONS

The County Board may voluntarily agree to restrict disclosure of information. The County Board is not required to agree to such restrictions, unless the disclosure is to a health plan and involves PHI related to payment or health care operations and pertains to a health care item or service for which the individual has paid out of pocket in full. If there is such an agreement, the County Board shall abide by the terms of the agreement, unless and until the agreement is rescinded in accordance with County Board procedures. An individual may request, subject to conditions set forth in the County Board procedures, that confidential information be conveyed by the County Board to the individual through alternative means or at alternative locations.

X. INDIVIDUAL’S RIGHT TO REQUEST AMENDMENT OF RECORDS OF PHI

An individual has the right to have the County Board amend PHI or a record about the individual in a designated record set for as long as the PHI is maintained in the designated record set.
XI. ACCOUNTING OF DISCLOSURES OF PHI

If the County Board discloses an individual’s identity or releases a record or report regarding an eligible individual without authorization of the individual, the County Board shall maintain a record of when and to whom the disclosure or release was made.

XII. NOTICE OF BREACH

In the event of a breach of unsecured PHI, the County Board shall provide notice of breach in accordance with applicable requirements. Notice shall be provided to the affected individual, the Secretary of HHS and, as required, to the media. The County Board shall take steps reasonably necessary.

XIII. SAFEGUARDS

Each program or facility of the County Board shall adopt and implement appropriate administrative, technique, and physical safeguards to reasonably safeguard PHI form intentional or unintentional unauthorized use or disclosure.

XIV. INDIVIDUAL COMPLAINTS AND GRIEVANCES

The County Board shall permit individuals to make complaints about the County Board’s HIPAA policies and procedures and /or the County Board’s compliance with those policies and procedures. The County Board shall document all such complaints.

XV. SANCTIONS

The County Board shall apply and document application of appropriate sanctions against workforce members who fail to comply with the privacy policies and procedures of the County Board or applicable requirements. Sanctions may not be applied to whistleblowers, certain victims of crime committed by individuals served by the County Board or in a manner which would be reasonably construed as intimidation or retaliation.

XVI. BUSINESS ASSOCIATES

A. General

The County Board shall not disclose PHI to any person or entity under contract with the County Board or subcontractors of a Business Associate (BA), without a BA agreement or Memorandum of Understanding (MOU) which conforms to requirements applicable to BA relationships unless such disclosure is otherwise permitted under federal or Ohio law. Individuals should generally provide proper authorization prior to disclosure to a BA or subcontractor.

B. Review of Existing Contracts

The County Board shall review all existing contracts and extensions of contracts with any person or entity outside the workforce to determine whether there is a BA relationship under HIPAA.

C. Conformity to Applicable Requirements
1. The County Board shall conform to all requirements applicable to BA relationships:
   
   a. If the County Board has a BA relationship with a COG or other governmental entity, the County Board shall enter into an MOU which meets HIPAA requirements applicable to BA relationships as well as applicable Ohio law.
   
   b. If there is an existing contract between the BA and the County Board, the requirements of HIPAA may be met by an addendum to the contract.

D. Annual Review

The County Board shall review all contracts with any person or entity outside the workforce at least annually to determine whether there is a BA relationship and whether the contract meets requirements of HIPAA.

E. Violations

If the County Board knows of a pattern or practice of the BA that amounts to a material violation of the agreement, the County Board shall attempt to cure the breach or end the violation, and if such attempt is unsuccessful, terminate the agreement, if feasible, and, if not, report the problem to the Office of U.S. Secretary of Health and Human Services.

XII. DOCUMENT RETENTION

A. Policies, Procedures and other Documentation required by HIPAA

The County Board shall maintain written or electronic copies of all policies and procedures, communications, actions, or designations as are required to be documented under the County Board policies for a period of six (6) years from the later of the date of creation or the last effective date or such longer period that may be required under the state or other federal law, or as set forth below.

B. Records with PHI and financial records

1. The County Board shall retain all Medicaid–related record information and fiscal data for a period of seven (7) years from the date of receipt of payment or for six (6) years after any initiated audit is completed and adjudicated, whichever is longer, and said records shall be available for any partial or full review.

2. The County Board shall retain all records and forms, including, but not limited to ISPs, necessary to fully disclose the extent of services provided and related business transactions for a period of seven (7) years from the date of payment or for six (6) years after any initiated audit is completed and adjudicated, whichever is longer.

3. The County Board shall retain financial, statistical; and medical records supporting the cost reports or claims for services rendered to residents of ICF/DD for the greater of seven (7) years after the cost report is filed; if Ohio Department of Human Services (ODHS) issues
4. The County Board shall maintain the records necessary and in such form to disclose fully the extent of HCBS waiver services provided, for a period of six (6) years from the date of receipt of payment or until an initiated audit is resolved, whichever is longer.

XVIII. DOCUMENT DESTRUCTION

The County Board shall notify an eligible individual, the individual’s guardian, or if the eligible individual is a minor, the individual’s parent or guardian, prior to destroying any record or report regarding the eligible individual.

XIX. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: May 8, 2014
Reviewed: January 8, 2015; January 7, 2016;
Revised: January 5, 2017
Reviewed: January 16, 2018
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

C. HIPAA PRIVACY/CONFIDENTIALITY/SECURITY/PROCEDURE

Procedure Number:
HIPAA 1.01

I. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) has a moral and ethical obligation to protect the security, privacy, and civil rights of people the County Supports.

VII. DEFINITIONS

A. Applicable Requirements means applicable federal and Ohio law and the contracts between the County Board and other persons or entities which conform to federal and Ohio law.

B. Breach is the acquisition, access, use or disclosure of protected health information in an unauthorized manner which compromises the security or privacy of the protected health information. The following types of breaches are expressly excluded from this definition:

1. Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of covered entity or a Business Associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner prohibited by HIPAA.

2. Any inadvertent disclosure by a person who is authorized to access protected health information to another person authorized to access protected health information at the same Covered Entity or Business Associate and the information is not further disclosed in a manner prohibited by HIPAA; or

3. A disclosure of protected health information where a covered entity or Business Associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

C. Business Associate (BA) is a person or entity which creates, uses, receives or discloses protected health information held by covered entity to perform functions or activities on behalf of the covered entity.

D. Covered Entity means a health plan, a health care clearinghouse or health care provider who transmits any health information in electronic form in connection with a transaction covered by HIPAA rules.
E. Council of Government (COG) is a group of County Boards of Developmental Disability or other governmental entities which have entered into an agreement under Ohio Revised Code Chapter 167 and are operating in accordance with that agreement.

F. County Board means the Muskingum County Board of Developmental Disabilities and its designated administration and staff.

G. Designated Record Set means:

1. A group of records maintained by or for a covered entity that is:
   
   a. The medical and billing records about individuals maintained by or for a covered health care provider;
   
   b. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
   
   c. Used, in whole or in part, by or for the covered entity to make decisions about individuals.

   2. For purposes of this definition, the term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

H. Disclosure means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information

I. HCBS means Medicaid-funded home and community-based services waiver program available to individuals with Developmental Disabilities (DD) granted to Ohio Department of Job and Family Services (ODJFS) by CMS as permitted in §1915 c of the Social Security Act, with day-to-day administration performed by Ohio Department of Developmental Disabilities (DODD).

J. Health Care Clearinghouse is a public or private entity, including a billing service, community health management information system or community health information system that does either of the following functions:

1. Processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction.

2. Receives a standard transaction from another entity and processes or facilitates the processing of health information into non-standard format or non-standard data content for the receiving entity.

K. Health Oversight Agency means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether
public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.

L. **Health Plan** means an individual or group plan that provides, or pays the cost of medical care. Health plan includes the following, singly or in combination:


2. Any other individual or group plan, or combination of individual or group plans, that provides or pays for the cost of medical care.


N. **ICF/IID** is an intermediate care facility for individuals with intellectual disabilities, certified to provide services to individuals with DD or a related condition in accordance with 42 CFR part 483, subpart I, and administered in accordance with Chapter 5101:3-3 of the Ohio Administrative Code

O. **Individually Identifiable Health Information** – is name, address, driver’s license number and dates of birth, death, admission and discharge, telephone and fax numbers, e-mail address, Social Security number, medical record number, Web URL, Finger or voice prints, photographic images and account numbers.

P. **ISP** means the Individual Service Plan which is document developed by the ISP Team, containing written descriptions of the services and activities to be provided to an individual, which shall conform to the applicable requirements, including, but not limited to Section 5123:2-02, & 5123:2-3-17 and 5123:2-12-03 of the Ohio Administrative Code. Reference to the ISP shall include Individual Plans developed in accordance with Section 5123:2-15-18 of the Ohio Administrative Code.

Q. **Minimum Necessary** means a covered entity complies with the minimum necessary requirement if the covered entity releases a limited data set or the minimum information necessary to accomplish the purpose of the disclosure.

R. **MOU** means a Memorandum of Understanding between governmental entities which incorporates elements of a Business Associate contract in accordance with HIPAA rules.

S. **Personal Representative** means a person who has authority under applicable law to make decisions related to health care on behalf of an adult or an emancipated minor, or the parent, guardian, or other person acting in *locos parentis* who is authorized under law to make health care decisions on behalf of an un-emancipated minor, except where the minor is authorized by law to consent, on his or her own or via court approval, to a health care service, or where the parent, guardian or person acting in *locos parentis* has assented to an agreement of confidentiality between the County Board and the minor. A court appointed guardian is a legal representative as well as someone with custody through an order of Juvenile or Domestic Relations Court. General or health care powers of attorney and designation of representative under Ohio Revised Code 5126.043 are legally recognized documents which do not involve a
court. All of these would be sufficient to allow another person to act as a personal representative under HIPAA.

T. PHI means protected health information, that is, individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual. Protected health information does not include individually identifiable health information in any of the following:

1. Education records subject to FERBA;
2. Employment records held by a covered entity in its role as employer;
3. Regarding a person who has been deceased for more than 50 years.

U. Provider means a person or entity which is licensed or certified to provide services, including but not limited to health care services, to persons with DD, in accordance with applicable requirements. A Covered Provider is a Health Care Provider who transmits any health information in electronic form.

V. Public Health Authority means agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsive for public health matters as part of its official mandate.

W. TCM Targeted Case Management means an Ohio State Plan Medicaid service that provides case management, including service coordination, services to eligible individual with DD in accordance with Chapter 5123 of the Ohio Administrative Code.

X. TPO means treatment, payment or health care operations under HIPAA rules.

Y. Unsecured Protected Health Information means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of technology or methodology specified by the Secretary in the guidance issued and made available at http://www.hhs.gov/ocr/privacy/. 45 CFR 164.402; the commentary notes that “unsecured protected health information can include information in any form or medium, including electronic, paper, or oral form.” 74 Fed.Reg.42748. These regulations require this guidance to be updated annually. Protected health information which is secured as specified by the guidance will not be subject to notification in the event there is a breach of the secured protected health information.

Z. USE means, with respect to individual identifiable health information, sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

AA Workforce Member means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the County Board, is under the direct control of the County Board, whether or not they are paid by the County Board.
VIII. Authorizations

A. General

1. In compliance with 45 CFR Part 164 and Ohio Law, all uses and disclosures of protected health information beyond those otherwise permitted or required by law require a signed authorization according to the provisions of this policy. An authorization which conforms to this rule may be used for use provisions of this policy. An authorization which conforms to this rule may be used for use or disclosure of protected health information in any situation where an authorization is required.

2. An authorization is required for each individual or entity that is to receive protected health information except as provided by federal and Ohio law. Exceptions for requirement for an authorization include the following, as further specified in federal and Ohio law:

   a. those required by law;
   b. for public health activities;
   c. about victims of abuse, neglect or domestic violence;
   d. for health oversight activities;
   e. for judicial and administrative proceedings;
   f. for law enforcement purposes;
   g. for cadaveric organ, eye, or tissue donation purposes;
   h. for research purposes;
   i. to avert a serious threat to health or safety;
   j. for specialized government functions;
   k. for worker’s compensation;

3. Records of immunization may be disclosed without formal written authorization, but some form of consent, including oral consent, is required.

4. Protected health information of deceased individuals is protected to the same extent as that of living individual. This protection expires 50 years after death of the individual. In the meantime, protected health information may be disclosed to authorized representatives of the descendent, such as an executor or administrator, or to a family member involved in the individual’s care or payment for health care prior to the individual’s death, if the protected health information is relevant to such person’s involvement, unless doing so is inconsistent with any prior expressed preference of the individual that is known to the Covered Entity.

B. Elements for Authorization
1. Content requirements: Each authorization for the use or disclosure of an individual’s protected health information shall be written in plain language and shall include at least the following information:

   a. A specified and meaningful description of the information to be used or disclosed;

   b. The name or identification of the person or class of person(s) authorized to make the use or disclosure;

   c. The name or identification of the person or class of person(s) to whom the requested use or disclosure may be made;

   d. Purpose of the disclosure or statement that disclosure is at request of the individual;

   e. An expiration date or expiration event that relates to the individual or the purpose of the use or disclosure; the statement “end of the research study,” “none,” or similar language is sufficient if the authorization is for a use of disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.

   f. A statement of the individual’s right to revoke the authorization in writing, and exceptions to the right to revoke, together with a description of how the individual may revoke the authorization or make reference to conditions for revocation in the notice.

   g. A statement regarding permissible conditioning of treatment, payment, enrollment or eligibility for benefits on the authorization, as described in Section III (C) of this procedure.

   h. A statement that the potential for information disclosed pursuant to the authorization may be subject to re-disclosure by the recipient if the recipient is not subject to federal or state confidentiality restrictions. This information may no longer be protected by this subpart;

   i. If the authorization is for marketing purposes and the County Board seeking the authorization will receive either direct or indirect compensation, the authorization must state that the County Board will receive remuneration;

   j. The date signature of the individual, and;

   k. If the authorization is signed by a personal representative of the individual, a description of the representative’s authority to act on behalf of the individual.

C. Conditioning Services on Authorization

1. The County Board may not condition the provision to an individual of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of an authorization, except:

   a. The County Board acting as a covered health care provider may condition the provision of a valid authorization;
b. The County Board may condition enrollment for County Board services or eligibility for County Board services on provision of an authorization requested by the County Board prior to an individual’s enrollment in the County Board, if:

c. The authorization sought is for determining eligibility for County Board services or enrollment determinations relating to the individual; and

d. The authorization is not for a use or disclosure of psychotherapy notes.

2. A County Board may condition the provision of health care that is solely for the purpose of creating protected health information for disclosure to a third party on provision of an authorization for the disclosure of the protected health information to such third party.

3. A County Board cannot condition treatment or payment on an individual’s choice with respect to the receipt of fundraising communications.

D. Combining Authorizations

1. An authorization which has been improperly combined with another authorization or document is invalid.

2. An authorization can permit disclosure more than one purpose except that:

   a. An authorization for use or disclosure of psychotherapy notes may only be combined with another authorization for use or disclosure of psychotherapy notes, and

   b. An authorization for use or disclosure of protected health information for research may only be combined with another authorization for use or disclosure of protected health information for research provided there is opportunity to opt out under certain circumstances.

3. An authorization which is required as a condition for treatment, payment, enrollment, or eligibility for benefits cannot be combined with another authorization.

4. An authorization cannot be combined with another document such as a notice or consent for treatment.

E. Right to Revoke

1. An individual may revoke an authorization at any time, provided that the revocation is in writing, except to the extent that:

   a. The County Board has taken action in reliance thereon; or

   b. If the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

2. An authorization which has been revoked is not longer valid.
3. Upon written notice of revocation, further use or disclosure of protected health information shall cease immediately except to the extent that the office, facility, program or employee has acted in reliance upon the authorization or to the extent that use or disclosure is otherwise permitted or required by law;

F. Invalid Authorizations

1. An authorization is not valid if it has any of the following defects:
   a. The expiration date or event has passed;
   b. The authorization was not filled out completely;
   c. The authorization is revoked;
   d. The authorization lacks a required element; or
   e. The authorization violates requirements regarding compound authorizations.

G. Verification

1. Verification of Recipient. The County Board must take reasonable steps to verify the identity of a person receiving protected health information and the authority of any such person to have access to protected health information. The County Board may rely, if such reliance is reasonable under the circumstances, on documentation, statements, or representation that, on their face, meet the applicable requirements.

2. Verification of Personal Representative. In accepting an authorization from a personal representative of an individual, the County Board must document evidence that the individual has designated the personal representative to act on the individual’s behalf. The County Board may rely, if such reliance is reasonable under the circumstances, on documentation, statements, or representations that, on their face, meet the applicable requirements.

H. Document Management

1. If the entity is seeking the authorization, a copy of the authorization must be provided to the individual.

2. The County Board must retain the written or electronic copy of the authorization for a period of six (6) years from the later of the date of execution or the last effective date.

V. PROCEDURES ON USES AND DISCLOSURES FOR WHICH NO RELEASE OR AUTHORIZATION IS REQUIRED

The County Board shall conform to the following procedures in making disclosures for which no release or authorization is required:

A. When Required by Law
The County Board may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law, including, but not limited to the requirements summarized in section V. (C, E, &F) of this procedure.

B. For Public Health Purposes

1. Protected health information may be used or disclosed to:
   
   a. A public health authority authorized by law to collect or receive information for the purpose of preventing or controlling disease, injury or disability, reporting vital events, conducting public health surveillance, investigations or interventions;
   
   b. A public health or other government authority authorized by law to receive reports of child abuse or neglect;
   
   c. A person subject to the jurisdiction of the Food and Drug Administration (FDA) regarding his/her responsibility for quality, safety or effectiveness of an FDA regulated product or activity, to report adverse events, product defects or problems, track products, enable recalls, repairs or replacements, or conduct post marketing surveillance;
   
   d. A person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

2. To the extent that the County Board receives protected health information to carry out its duties.

C. To Protect Victims of Abuse, Neglect, or Domestic Violence

1. Reports of child abuse
   
   a. Reports of child abuse shall be made in accordance with Ohio Law.
   
   b. The County Board may disclose protected health information related to the report of abuse to the extent required by applicable law. Such reports shall be made to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect.

D. Reports of Abuse and Neglect Other than Reports of Child Abuse or Neglect

1. The County Board may disclose protected health information about an individual believed to be a victim of abuse, neglect, or domestic violence to a governmental authority to receive such reports if:
   
   a. The individual agrees; or
   
   b. The County Board believes, in the exercise of professional judgment, that the disclosure is necessary to prevent serious physical harm.
c. If the individual lacks the capacity to agree, disclosure may be made if not intended for use against the individual and delaying disclosure would materially hinder law enforcement activity.

2. The individual whose protected health information has been released must be promptly informed that the report was or will be made unless:

a. Doing so would place the individual at risk of serious harm; or

b. The County Board would be informing a personal representative, and the County Board reasonably believes the personal representative is responsible for the abuse, neglect, or other injury and that informing such person would not be in the best interests of the individual as determined by the County Board, in the exercise of professional judgment.

E. For Health Oversight Activities such as Investigations, Audits, and Inspections

1. Protected health information may be used or disclosed for activities related to oversight of the health care system, government health benefits programs, and entities subject to government regulations, as authorized by law, including activities such as audits, civil and criminal investigations and proceedings, inspections, and licensure and certification actions.

2. Specifically excluded from this category are investigations of an individual that are not related to receipt of health care, or the qualification for, receipt of, or claim for public benefits.

3. To the extent that the County Board receives protected health information disclosed under this section in its role as MLAA, the County Board may use the protected health information to carry out its duties.

F. For Judicial and Administrative Proceedings

1. The County Board must always comply with a lawful order, but only in accordance with the express terms of the order.

2. Subpoena, discovery request or other lawful process: the County Board may comply with such legal requests only if:

a. The County Board receives satisfactory assurance from the party seeking the information that reasonable efforts have been made by such party to ensure that the individual who is the subject of the protected health information that has been requested has been given notice of the request; or

b. The County Board receives satisfactory assurance from the party seeking the information that reasonable efforts have been made by such party to secure a qualified protective order.

3. The County Board shall not respond to a subpoena without review by an attorney to ensure compliance with applicable requirements.
G. For Law Enforcement Purposes

1. Protected health information may be disclosed for the following law enforcement purposes and under the specified conditions:

   a. Pursuant to court order or as otherwise required by law, i.e., laws requiring the reporting of certain types of wounds or injuries, or commission of a felony, subject to any exceptions set forth in the applicable law.

   b. Decedent’s protected health information may be disclosed to alert law enforcement to the death if entity suspects that death resulted from criminal conduct.

   c. The County Board may disclose to a law enforcement official protected health information that the County Board believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the County Board.

   d. The County Board providing emergency health care in response to a medical emergency, other than such emergency on the premises of the County Board, may disclose protected health information to a law enforcement official if such disclosure appears necessary to alert law enforcement to:

      i. The commission and nature of a crime;

      ii. The location of such crime or the victim(s) of such crime; and

      iii. The identity, description, and location of the perpetrator of such crime.

   e. If the County Board believes that a medical emergency is the result of abuse, neglect, or domestic violence of the individual in need of emergency health care, the limitations in section V (G) does not apply and any disclosure to a law enforcement official for law enforcement purposes is subject to V (G) (1) (a) does not apply and any disclosure to a law enforcement official for law enforcement purposes is subject to V (C).

   f. Compliance/Enforcement of privacy regulations: PHI must be disclosed as requested, to the Secretary of Health and Human Services related to compliance and enforcement efforts.

2. The County Board shall not respond to a court order, subpoena, or request for information from law enforcement without review by an attorney to ensure compliance with applicable requirements.

H. Fundraising

1. The County Board may use, or disclose to a Business Associate or to an institutionally related foundation, the following protected health information for the purpose of raising funds for its own benefit, without an authorization:

   a. Demographic information relating to an individual, including name, address, or other contact information, age, gender, and date of birth;
b. Dates of health care provided to an individual;

c. Department of service information;

d. Treating physician

e. Outcome information; and

f. Health insurance status.

2. With each fundraising communication made to an individual, the County Board shall provide the individual with a clear and conspicuous opportunity to elect not to receive any further fundraising communications.

3. The notice of Privacy Practices shall include statements that the County Board may contact the individual to raise funds for the Covered Entity and the individual has a right to opt out of receiving such communications.

I. Record of Immunization

The County Board may provide proof of immunization without a formal written authorization, but some form of consent, including oral consent, is required.

J. To Coroners, Medical Examiners, and Funeral Directors

Protected health information may be disclosed to coroners, medical examiners and funeral directors, as necessary for carrying out their duties.

K. Organ, Eye or Tissue Donation

Protected health information of potential organ/tissue donors may be disclosed to the designated organ procurement organization and tissue and eye banks.

L. To Reduce or Prevent a Serious Threats to Public Health and Safety

1. The County Board may disclose protected health information as follows, to the extent permitted by applicable law and ethical standards:

   a. Protected health information may be used or disclosed if the entity believes in good faith

      i. That the use or disclosure is necessary to prevent or lessen a serious and imminent threat to a person or the public, and disclosure is to someone reasonably able to prevent or lessen the threat, or
ii. The disclosure is to law enforcement authorities to identify or apprehend an individual who has admitted to violent criminal activity that likely caused serious harm to the victim or who appears to have escaped from lawful custody.

2. Disclosures of admitted participation in a violent crime are limited to the individual’s statement of participation and the following protected health information: name, address, date and place of birth, social security number, blood type, type of injury, date and time of treatment, date and time of death, if applicable, and a description of distinguishing physical characteristics.

3. Disclosure of admitted participation in a violent crime are not permitted when the information is learned in the course of treatment entered into by the individual to affect his/her propensity to commit the subject crime, or through counseling, or therapy or a request to initiate the same.

M. Specialized Government Functions

1. National Security and Intelligence: protected health information may be disclosed to authorize federal officials for the conduct of lawful intelligence, counterintelligence, and other activities authorized by the National Security Act.

2. Protective services: protected health information may be disclosed to authorize federal officials for the provision of protective services to the President, foreign heads of state, and other designated by Law, and for the conduct of criminal investigations of threats against such persons.

3. The County Board may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual, if the correctional institution or such law enforcement official represents that such protected health information is necessary for:
   a. The provision of health care to such individuals;
   b. The health and safety of such individual or other inmates;
   c. The health and safety of the officers or employees of or others at the correctional institution;
   d. The health and safety of such individual and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
   e. Law enforcement on the premises of the correctional institution; and
   f. The administration and maintenance of the safety, security, and good order of the correctional institution. The provisions of V (M) (3) (c) do not apply after the individual is released from custody.

4. Public Benefits: protected health information relevant to administration of a government program providing public benefits may be disclosed to another governmental program
providing public benefits service the same or similar populations as necessary to coordinate
program functions or improve administration and management of program functions.

N. For Worker’s Compensation or other similar programs if applicable

Protected health information may be disclosed as authorized and to the extent necessary to
comply with laws relating to workers’ compensation and other similar programs.

VI. PROCEDURES FOR NOTICES

A. General

An individual has a right to adequate notice of the uses and disclosures of the individual’s
protected health information that may be made by or on behalf of the County Board, and of the
individual’s rights and the County Board’s legal duties with respect to the individual’s
protected health information.

B. When Notice is Required

1. The County Board must provide notice:

   a. To individuals enrolled in County Board services;

   b. Thereafter, at the time of enrollment, to individuals who are new enrollees;

   c. In an emergency treatment situation, as soon as reasonably practicable after the
      emergency treatment situation;

   d. Within 60 days of a material revision to the notice, to individuals enrolled in the County
      Board services.

2. Once every three (3) years, the County Board shall notify individuals enrolled in the
   County Board services of the availability of notice and how to obtain notice.

C. Acknowledgement of Notice

1. Except in an emergency treatment situation, the County Board shall make a good faith
   effort to obtain a written acknowledgement of receipt of the initial notice provided, and if
   not obtained, document its good faith efforts to obtain such acknowledgement and the
   reason why the acknowledgement was not obtained.

2. An acknowledgement is not required for:

   a. Revised notices; or

   b. Periodic notice on availability of notice and how to obtain notice.

D. Making Notice Available
1. The notice shall be available at all sites operated by the County Board for individuals to request to take with them.

2. The County Board shall post the notice in a clear and prominent location where it is reasonable to expect individuals seeking service from the County Board to be able to read the notice.

3. Whenever the notice is revised, the County Board shall make the notice available upon request on or after the effective date of the revision and shall promptly post as required in this paragraph.

E. Required Content of Notice

1. The notice of privacy practices must be written in plain language and must contain the following:

   a. The following statement is a header or otherwise prominently displayed: “This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.”

   b. A description, including at least one example, of the types of uses and disclosures that the County Board is permitted to make for purposes of treatment, with sufficient detail to place an individual on notice of the uses and disclosures permitted or required. The description should clarify that any disclosure outside of the County Board requires prior authorization;

   c. A description, including at least one example, of the types of uses and disclosures that the County Board is permitted to make for purposes of payment and health care operations, with sufficient detail to place an individual on notice of the uses and disclosures permitted or required;

   d. A description of each of the other purposes for which the County Board is permitted or required to use or disclose protected health information without an individual’s consent or authorization, with sufficient detail to place an individual on notice of the uses and disclosures permitted or required;

   e. A statement of each of the other uses and disclosures will be made only with the individual’s written authorization, and that the authorization may be revoked in accordance with policy on authorizations;

   f. Those uses or purposes which are subject to more restrictive state requirements.

   g. If applicable, a separate statement that:

      i. A separate authorization is required for:

         - Most uses and disclosures of psychotherapy notes;
         - All uses and disclosures for marketing purposes;
         - Disclosures that constitute a sale of protected health information.
ii. The covered entity may contact the individual to raise funds for the covered entity with clear language allowing the individual to opt out; or

iii. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.

h. A statement of the individual’s rights with respect to protected health information and a brief description of how the individual may exercise these rights, as follows:

i. To receive notifications of breaches of unsecured protected health information and those notifications will be sent if any occur;

ii. To request restrictions on certain uses and disclosures of protected health information as provided in the rules including a statement that the covered entity is not required to agree to a requested restriction;

iii. To require restrictions on certain disclosures of protected health information to a health plan when the individual has paid out of pocket in full for the health care item or service;

iv. To receive confidential communications of protected health information as applicable;

v. To request that the County Board uses a specific telephone number or address to communicate with the individual;

vi. To inspect and copy protected health information;

vii. To amend protected health information;

viii. To receive an accounting of disclosures of protected health information; and

ix. To exercise the right of an individual, including an individual who has agreed to receive the notice electronically to obtain a paper copy of the notice from the covered entity upon request.

i. If the County Board intends to contact the individual for appointment reminders, treatment alternatives or other health related benefits, a separate statement describing such contacts;

j. A statement of the County Board’s duties with respect to protected health information, including statements: that the County Board is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy policies; that the County Board is required to abide by the terms of the currently effective privacy notice;

k. A statement that the County Board reserves the right to change the terms of the notice and make the new notice provisions effective for all protected health information.
maintained, along with a description of how the County Board will provide individuals with the revised notice;

l. A statement that individual may complain to the County Board and to the Secretary of the U.S. Department of Health and Human Services about privacy rights violations, including a brief statement about how a complaint may be filed and an assurance that the individual will not be retaliated against for filing a complaint;

m. The name, or title, and telephone number of the person or office to contact for further information;

n. The effective date of the notice, which may not be earlier than the date printed or published.

F. Optional Content of Notice

If the County Board chooses to impose additional restrictions which are consistent with HIPAA requirements, the policy/procedure manual must require that these be included in the notice.

G. Notice of Revisions

1. When there is material change to the uses or disclosures, the individual’s rights, the County Board’s legal duties, or other privacy practices described in the notice, the County Board shall provide notice of such change.

2. Notice of material changes shall be made no later than 60 days after the change is effective.

3. The notice shall incorporate all material changes and shall be distributed in accordance with this policy within the time period required in this policy.

4. Except when required by law, a material change to any term may not be implemented prior to the effective date of the notice reflecting the change.

5. The County Board is not required to obtain acknowledgment of a revised notice.

H. Requirements for Electronic Notice

1. If the County Board maintains a website, the notice must be posted on the website and be made available electronically through the website.

2. The County Board may provide the notice required by this section to an individual by e-mail, if the individual agrees to electronic notice and such agreement has not been withdrawn. If the County Board knows that the e-mail transmission has failed, a paper copy of the notice must be provided to the individual. Notice which is provided in accordance with this section and in a timely manner is sufficient to meet HIPAA requirements.

3. The individual who is the recipient of electronic notice retains the right to obtain a paper copy of the notice from the County Board upon request.
I. Documentation

The County Board shall retain copies of the notices issued by the County Board and any written acknowledgements of receipt of the notice or documentation of good faith efforts to obtain such written acknowledgment. Copies of such notices shall be retained for a period of at least six years from the later of the date of creation of the notice or the last effective date of the notice. Acknowledgements or documentation of good faith efforts to obtain acknowledgment shall be retained for a period of at least six years from the date of receipt.

VII. PROCEDURES ON INDIVIDUAL’S ACCESS TO PROTECTED HEALTH INFORMATION

A. General

At the request of an eligible person or the person’s guardian or, if the eligible individual is a minor, the individual’s parent or guardian, a County Board or entity under contract with a County Board shall provide the person who made the request access to records and reports regarding the eligible individual. On written request, the County Board or entity shall provide copies of the records and reports to the eligible person, guardian, or parent.

B. Form of Access

The County Board shall provide the individual with access to the protected health information in the form or format requested by the individual, if it is readily producible in such form or format; or, if not, in a readable hard copy form or such other form or format as agreed to by the County Board and the individual.

If an individual requests an electronic copy of the protected health information that is maintained electronically in one or more designated record sets, the County Board shall provide the individual with access to the electronic information in the electronic form and format requested by the individual, if it is readily producible, or, if not, in a readable electronic form and format as agreed to by the covered entity and the individual, with the expectation that there would be at least a machine readable form of the record. The Department of Health and Human Services considers machine readable data to mean digital information stored in a standard format enabling the information to be processed and analyzed by computer. For example, this would include providing the individual with an electronic copy of the protected health information in the format of MS Word or Excel, text, HTML, or text-based PDF, among other formats, 78 Fed. Reg. 5631.

A hard copy may be provided if the individual decides not to accept any of the electronic formats offered by the County Board.

An individual may instruct the County Board to convey electronic versions of protected health information to third parties. The request must be made in writing, signed by the individual, and clearly identify the designated person and where to send the copy of the protected health information.

The County Board may allow the individual to inspect the protected health information without copies, if the individual agrees to an inspection only.
C. Summary

The County Board may provide the individual with a summary of the protected health information requested, in lieu of providing access to the protected health information or may provide an explanation of the protected health information to which access has been provided, if both of the following apply:

a. The individual agrees in advance to such a summary or explanation; and

b. The individual agrees in advance to the fees imposed, if any, by the County Board for such summary of explanation.

D. Time for Response to Request for Access

The County Board shall respond to an individual’s request for access not later than 30 days from the date of request.

E. Fees for Copying

The County Board or entity may charge a reasonable fee to cover the costs of copying. The County Board or entity may waive the fee in cases of hardship.

F. Other Responsibilities

If the County Board does not maintain the protected health information that is the subject of the individual’s request for access, and the County Board knows where the requested information is maintained, the County Board must inform the individual where to direct the request for access.

VIII. PROCEDURES ON INDIVIDUAL’S RIGHT TO REQUEST RESTRICTIONS

A. Form of Request

Any request for restriction shall be in writing. Such request shall be construed as an objection to disclosure when applicable law gives the individual the opportunity to object to disclosure.

B. Consideration of Request

The County Board is not obligated to agree to any requests for restriction except that the County Board must agree to a request to restrict disclosure of protected health information to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which the individual has paid out of pocket in full.

C. Procedure upon Agreement

If such an agreement is made, the County Board shall document the agreement and give notice of such restriction to all employees with access to the individual’s protected health information and to all Business Associates or other persons or entities under contract with the County Board who have access to the individual’s protected health information.
D. Limitations on Restrictions

No restriction on use of information shall apply in any of the following circumstances:

1. Emergencies where disclosure is necessary to prevent serious injury to the individual or others.

2. When required for investigations by entities with authority to investigate compliance with applicable requirements.

3. When applicable requirements do not require an authorization or an opportunity to object.

E. Confidential Communication Requests

1. The County Board shall permit individuals to request in writing and must accommodate reasonable requests by individuals to receive communications of protected health information from County Board by alternative means or at alternative locations.

2. The County Board may condition the provision of a reasonable accommodation on:
   a. When appropriate, information as to how payment, if any, will be handled, and
   b. Specification of an alternative address or other method of contact.

F. Terminating a Restriction

The County Board may terminate its agreement to a restriction, if:

a. The individual agrees to or requests the termination in writing;

b. The individual orally agrees to termination and the oral agreement is documented; or

c. The County Board informs the individual that it is terminating its agreement to a restriction, except that such termination is only effective with respect to protected health information created or received after it has so informed the individual.

IX. PROCEDURES ON INDIVIDUAL’S RIGHT TO REQUEST AMENDMENT OF RECORDS OF PHI

A. Request for Amendment

An individual may request amendment of protected health information about the individual held by the County Board or a person or entity with which the County Board has a Business Association relationship.

Such request shall be in writing and shall be subject to the requirements set forth in these procedures.
B. **Time for Action on Request for Amendment**

The County Board must act on a request for amendment no later than 60 days after the date of the request. The County Board may extend the time by not more than 30 days if the County Board gives the individual written notice of the extension and the reason for the extension.

C. **Acceptance of Amendment**

If the County Board accepts the requested amendment, in whole or in part, the County Board must make the appropriate amendment, and inform the individual and other persons or entities who have had access to the information.

D. **Refusal of Amendment**

1. **Notice**

   If the amendment is denied, the County Board must give written notice in plain language which includes the following:

   a. The basis for denial;

   b. The individual’s right to submit a written statement disagreeing with the denial and how the individual may file such a statement;

   c. A statement that, if the individual does not submit a statement of disagreement, the individual may request that the County Board provide the individual’s request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment; and

   d. A description of how the individual may complain to the County Board, or the Secretary of Health and Human Services. The description must include the name, or title, and telephone number of the contact person or office.

2. **Statement of Disagreement or Correction**

   The County Board must permit the individual to submit to the County Board a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. The County Board may reasonably limit the length of a statement of disagreement.

   a. Rebuttal statement

   The County Board may prepare a written rebuttal to the individual’s statement of disagreement. Whenever such a rebuttal is prepared, the County Board must provide a copy to the individual who submitted the statement of disagreement.

3. **Future Disclosures**

   a. Records must allow review of the statements of disagreement and rebuttals.
b. Future disclosures of covered records must include relevant amendments and rebuttals.

c. If an individual has not submitted a statement of disagreement, the County Board must include the following with all subsequent disclosures:

   i. The individual’s request for an amendment; and

   ii. The County Board’s notice of denial.

d. If the disclosure which was the subject of amendment was transmitted using a standard EDI format and the format does not permit including the amendment or notice of denial, the County Board may separately transmit the information to the recipient of the transaction in a standard EDI format.

4. Actions on Notices of Amendment from another County Board

   The County Board that is informed by another County Board of an amendment to an individual’s protected health information must amend the protected health information in designated record sets.

5. Designation and Documentation

   The Privacy Officer of the County Board shall be the person responsible for receiving and processing requests for amendments by individuals and retain the documentation as required by applicable requirements and County Board procedures.

X. PROCEDURES ON ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. General

   If the County Board discloses an individual’s identity or releases a record or report regarding an eligible individual, and there is no authorization for such disclosure, the County Board shall maintain a record of when and to whom the disclosure or release was made.

B. Request for Accounting Fees

   An individual requesting an accounting shall do so in writing. The individual’s request must state the period of time desired for the accounting, which must be within the six years prior to the individual’s request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.
C. Content of Accounting

The accounting must be in writing and include the following for disclosure.

1. The date of the disclosure;
2. The name of the entity or person who received the protected health information and, if known, the address of such entity or person;
3. A brief description of the protected health information disclosed; and
4. A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure; or, in lieu of such statement:
   a. A copy of the individual’s written authorization under the rules; or
   b. A copy of a written request for disclosure, if any.

D. Accounting for Multiple Disclosures to Same Recipient

If, during the period covered by the accounting, the County Board has made multiple disclosures of PHI to the same person or entity for monitoring purposes or for disclosures required by law, the accounting may be limited, with respect to such multiple disclosures, and include:

1. The information required by section 7.10.3 for the first disclosure during the accounting period;
2. The frequency, periodicity, or number of the disclosures made during the accounting period; and
3. The date of the last such disclosure during the accounting period.

E. Time for Action on Request for Accounting

The County Board must act on an individual’s request for accounting no later than 60 days after the date of the individual’s request. The County Board may extend the time by not more than 30 days if the County Board gives the individual written notice of the extension and the reason for the extension.

F. Designation and Documentation

The Privacy Officer of the County Board shall be the person responsible for receiving and processing requests for accountings by individuals and ensure that the County Board retains documentation relating to disclosures for at least six years or as otherwise required by applicable requirements and County Board procedures.

G. Exceptions for Accounting Requirement

The County Board will not provide accounting for the following disclosures:
1. To carry out treatment, payment and health care operations, except that protected health information maintained electronically is subject to accounting for three years, prior to the request;

2. To individuals of protected health information about them;

3. Incident to a use or disclosure otherwise permitted or required by the HIPAA Privacy Rules;

4. Pursuant to an authorization;

5. For the facility’s directory or to persons involved in the individual’s care or other notification purposes;

6. For national security or intelligence purposes;

7. To correctional institutions or law enforcement officials;

8. As part of a limited data set; or

9. That occurred prior to the compliance date for the County Board.

XI. PROCEDURES

A. Presumption

Any impermissible use or disclosure of protected health information is presumed to be a breach unless the County Board or Business Associate, as applicable, demonstrates by a risk assessment that there is a low probability that the protected health information has been compromised.

B. Definition of a Breach

A breach is the acquisition, access, use, or disclosure of protected health information in an unauthorized manner which compromises the security or privacy of the protected health information. Compromise of security or privacy means that there is a significant risk of financial, reputational, or other harm to the individual. The following types of breaches are expressly excluded from this definition.

1. Protected health information which is secured as specified by the guidance.

2. Any unintentional acquisition, access, use, or disclosure of protected health information by a workforce member or person acting under the authority of a covered entity or a Business Associate, if such acquisition, access, or use was made in good faith and within scope of authority and does not result in further use or disclosure in a manner prohibited by HIPAA;

3. Any inadvertent disclosure by a person who is authorized to access protected health information to another person authorized to access protected health information at the same
Covered Entity or Business Associate and the information is not further disclosed in a manner prohibited by HIPAA; or

4. A disclosure of protected health information where a covered entity or Business Associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

C. Definition of Unsecured Protected Health Information

Unsecured protected health information means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of technology or methodology specified by the Secretary of Health and Human Services in the guidance issued and made available at http://www.hhs.gov/ocr/privacy/.

D. Risk Assessment

The County Board or Business Associate shall conduct a risk assessment to determine whether there is a low probability that data has been compromised. A risk assessment shall document that the following areas have been considered.

1. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;

2. The unauthorized person who used the protected health information or to whom the disclosure was made;

3. Whether the protected health information was actually acquired or viewed; and

4. The extent to which the risk to the protected health information has been mitigated.

E. Notice of Breach to Individuals

The County Board shall, following the discovery of a breach of unsecured protected health information, notify each individual whose unsecured protected health information has been, or is reasonably believed by the County Board to have been, accessed, acquired, used or disclosed as a result of such breach. The notice must be written in plain language and to the extent possible, must include all of the following:

1. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;

2. A description of the types of unsecured protected health information involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);

3. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
4. A brief description of what the County Board involved is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and

5. Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, website, or postal address.

F. Method of Notice

The County Board shall provide the notice in one of the following three formats, depending on circumstances:

1. Written notice.

   a. Written notification by first-class mail to the individual at the last known address of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail.

   b. If the County Board knows the individual is deceased and has the address of the next of kin or personal representative of the individual, written notification by first class mail to either the next of kin or personal representative of the individual.

2. Substitute notice.

   In the case that contact information is not available, a substitute form of notice reasonably calculated to reach the individual shall be provided. Substitute notice need to be provided in the case where the individual is deceased.

   a. In the case in which contact information is not available for fewer than 10 individuals, then such substitute notice may be provided by an alternative form of written notice, telephone, or other means.

   b. In the case in which contact information is not available for 10 or more individuals, then such substitute notice shall:

      i. Be in the form of either a conspicuous posting for a period of 90 days on the home page of the website of the County Board involved, or conspicuous notice in major print or broadcast media in geographic areas where the individuals affected by the breach likely reside; and

      ii. Include a toll-free phone number that remains active for at least 90 days that an individual can call to learn whether the individual’s unsecured protected health information may be included in the breach.

3. Additional notice in urgent situations

   In any case deemed by the County Board to require urgency because of possible imminent misuse of unsecured protected health information, the County Board may, in addition to providing written notice, contact individuals by telephone or other means, as appropriate.

4. Notice to Secretary of Health and Human Services.
For breach of unsecured protected health information involving more than 500 residents, the County Board shall notify the Secretary of Health and Human Services in the manner specified on the Health and Human Services website. For breaches of unsecured protected health information involving less than 500 individuals, the County Board shall maintain a log or other documentation of such breaches and, not later than 60 days after the end of each calendar year, provide notice to the Secretary of Health and Human Services of breaches occurring during the preceding calendar year, in the manner specified on the Health and Human Services website.

5. Notice to Media

For a breach of unsecured protected health information involving more than 500 residents, the County Board shall notify prominent media outlets serving the county. The content of the notice shall be the same as the notice provided to the individual.

6. Timeliness of Notice

The County Board shall provide required notices without unreasonable delay and in no case later than 60 calendar days after discovery of a breach.

The County Board shall delay providing notice if a law enforcement official states to the County Board or its Business Associate that providing notice would impede a criminal investigation or cause damage to national security. If such statement is in writing and specifies the time for which a delay is required, the County Board or its Business Associate shall delay such notice for the time period specified by the official. If the statement is made orally, the County Board or its Business Associate shall document the statement, including the identity of the official making the statement, and delay the notice temporarily and no longer than 30 days from the date of the oral statement, unless the law enforcement official submits a written statement during that time.

7. Determination of Time of Discovery of Breach

A breach shall be treated as discovered by the County Board or Business Associate as of the first day on which such breach is known to the County Board or, by exercising reasonable diligence would have been known to the County Board. The County Board shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is a workforce member or agent of the County Board.

When a Business Associate who is not acting as an agent, discovers the breach, the date of discovery for County Board is the date when the Business Associate notified the County Board of the breach.

XII. PROCEDURES ON SAFEGUARDS

A. Administrative Procedures
The County Board established policies and procedures for granting different levels of access to health care information. Refer to *Confidentiality of Individual’s Records* procedures Sections VIII, IX., and X.

B. Physical Safeguards

The County Board established policies and procedures for verifying access authorizations for County Board Staff and other entity’s. Refer to *Confidentiality of Individual’s Records* Section VIII, IX, and X.

C. Personnel Security

The County Board established policy and procedures for all personnel that have the required authorities as well as all appropriate clearances to access any sensitive information. Refer to *Confidentiality of Individual’s Records* Section VIII, IX, and X.

D. Technical Security Services

The County Board must maintain a mechanism for access control that limits access to health information to those employees who have a business need to access it. Types of access control include, among others, mandatory access control, discretionary access control, time-of-day, classification, and subject object separation. In addition, a mechanism to enable emergency access is required.

The County Board must develop the following:

1. A procedure for emergency access, which includes documented instructions for obtaining necessary information during a crisis; and

2. At least one of the following three implementation features:
   a. Context-based access;
   b. Role-based access process; or
   c. User-based access.

The use of the encryption implementation feature, as a means of assuring the confidentiality of data, would be optional.

E. Technical Security Mechanisms

If the County Board uses communications networks, its security standards must include access controls which provide protection of sensitive communications transmissions over open or private networks so that they cannot be easily intercepted and interpreted by parties other than the intended recipient. If the provider chooses to use the Internet (an open network) to transmit or receive health information, some form of encryption must be used to limit access.
XIII. PROCEDURES ON INDIVIDUAL COMPLAINTS AND GRIEVANCES

A. The County Board shall follow Resolution of Complaints and Appeal of Adverse Action Policy and Procedures ROC/AAA 1.00 and 1.01 to assist individuals to make complaints about the County Board’s policies and procedures or use of disclosure of protected health information and/or the County Board’s compliance with those policies and procedures.

B. The Privacy Officer and other persons designated to receive such complaints shall be notified of each such complaint and shall participate in the review of such complaints.

C. The County Board shall inform individuals who have made a complaint under this section of their right to file a complaint with the Secretary of Health and Human Services and/or the Ohio Attorney General. Upon request, the Privacy Officer shall assist the individual in filing a complaint with the Secretary of Health and Human Services and/or the Ohio Attorney General.

D. The County Board shall document all complaints received and the disposition of each complaint, if any.

XIV. PROCEDURES ON DISCIPLINARY ACTION

A. Sanctions

The County Board will follow Discipline Personnel Policy 13.01 against workforce members who fail to comply with the privacy policies and procedures of the County Board or applicable requirements.

The type of discipline shall vary depending on factors such as the severity of the violation, whether the violation was intentional or unintentional, and whether the violation indicated a pattern of improper use or disclosure of protected health information. Discipline could range from Level I – Informal warning to Level 6 - termination.

Training will be provided and expectations made clear so individuals are not disciplined for doing things that they did not know were inappropriate or wrong.

B. Exception for Whistleblowers

The County Board shall not impose sanctions against workforce member or Business Associate who believes in good faith that the County Board has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by the County Board potentially endangers one or more patients, workers, or the public; and the disclosure is to:

1. A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of the County Board or to an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the County Board; or
2. An attorney retained by or on behalf of the workforce member or Business Associate for the purpose of determining legal options of the workforce member or Business Associate.

C. Exception for Victims of Crime

The County Board may not impose sanctions for disclosure of protected health information against a member of its workforce, who is the victim of a criminal act if the victim discloses protected health information to a law enforcement official, provided that:

1. The protected health information disclosed is about the suspected perpetrator of the criminal act; and

2. The protected health information disclosed is limited to the following information:
   a. Name and address;
   b. Date and place of birth;
   c. Social security number;
   d. ABO blood type and Rh factor;
   e. Type of injury;
   f. Date and time of treatment;
   g. Date and time of death, if applicable; and
   h. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or mustache), scars, and tattoos.

D. Other Exception

Discipline Process may not be applied in a manner which would be reasonably construed as intimidation or retaliation.

E. Documentation

The County Board shall document the Disciplinary actions which have been applied, if any.

XV. PROCEDURE ON BUSINESS ASSOCIATES

A. Review of Existing Contracts

1. The County Board shall review all current contracts with any person or entity outside the workforce at least annually to determine whether there is a Business Associate relationship.
2. If the relationship meets the requirements for Business Associate, the County Board shall determine whether the existing contract with the person or entity meets the requirements for a Business Associate Agreement set forth in these procedures.

3. The County Board shall require Business Associate’s to demonstrate that any contracts between the Business Associate and subcontractor meet requirements of HIPAA rules if the contract involves protected health information and Business Associate functions.

B. Establishing Business Associate Agreements

1. The County Board shall ensure that all contracts with Business Associate’s and contracts between Business Associate’s and subcontractors involving protected health information, meet requirements set forth in these procedures.

2. All new contracts with Business Associate’s or subcontractors shall incorporate the elements set forth in these procedures.

3. If there is an existing contract, the Business Associate Agreement requirements may be met through either:

   a. An addendum which incorporates Business Associate Agreement elements; or

   b. An Memorandum of Understanding which incorporates Business Associate Agreement elements, in the event that the other party to the contract is a COG or another governmental entity.

4. Only one Business Associate Agreement is required for each Business Associate, regardless of the number of functions which the Business Associate performs on behalf of the County Board.

C. Annual Reviews

1. Each contract between the County Board and any person or entity shall be reviewed annually to determine whether Business Associate requirements apply. If there has been a change and a Business Associate Agreement is required, the County Board shall not disclose protected health information to such person or entity until the Business Associate Agreement requirements are met through revision to the contract or an addendum.

2. When a contract extends into multiple years or automatically renews, the contract must be reviewed each year to evaluate compliance with requirements for Business Associate Agreements. If the contract is with a Business Associate and does not meet Business Associate requirements the contract shall be amended to conform to Business Associate requirements or a Business Associate addendum shall be added.

D. Required Elements for Business Associate Agreements

Each Business Associate Agreement, including Business Associate agreements between a Business Associate and a subcontractor which involves protected health information, shall
include at least the following elements as applicable. The Business Associate agreement or Memorandum of Understanding should specify the degree to which the County Board has control over the implementation of the Business Associate functions:

1. Establish permitted and required uses or disclosures of protected health information that are consistent with those authorized for the entity, except that the agreement:

   a. May permit the Business Associate to use or disclose protected health information for its own management and administration if such use or disclosure is required by applicable requirements or the Business Associate obtains reasonable assurance that the confidentiality of the protected health information will be maintained; and

   b. May permit the Business Associate to use protected health information to provide data aggregation services to the County Board relating the County Board’s health care operations in accordance with applicable requirements.

2. Provide that the Business Associate shall:

   a. Conform to all HIPAA requirements which apply to the County Board.

   b. Not use or disclose the protected health information except as authorized under the agreement or required by applicable requirements.

   c. Use appropriate safeguards to prevent unauthorized use or disclosure.

   d. Report unauthorized uses, disclosures or other breaches of which the Business Associate is aware to the County Board without unreasonable delay but not later than 30 days after discovery of the breach.

   e. Pass on the same obligations relating to protection of protected health information created, used or disclosed on behalf of the County Board to any subcontractors or agents of the Business Associate.

   f. Make protected health information available for access by the individual or his/her personal representative, in accordance with applicable requirements.

   g. Make protected health information available for amendment, and incorporate any approved amendments to protected health information, in accordance with applicable requirements.

   h. Make information available for the provision of an accounting of uses and disclosures in accordance with applicable requirements.

   i. Make its internal practices, books and records relating to protected health information created, used or disclosed on behalf of the County Board available to the Office of the U.S. Secretary of Health and Human Services for purposes of determining the County Board’s compliance with HIPAA regulations.

   j. If feasible, return or destroy all protected health information created, used or disclosed on behalf of the County Board upon termination of contract; if any such protected
health information is retained, continue to extend full protections specified herein as long as the protected health information is maintained.

k. Authorize termination of the agreement by the entity upon a material breach by the Business Associate.

E. Permissive Elements of Business Associate Agreement

1. The Business Associate Agreement may permit the Business Associate to use the information received by the Business Associate in its capacity as a Business Associate to the County Board, if necessary:

   a. For the proper management and administration of the Business Associate; or

   b. To carry out the legal responsibilities of the Business Associate.

2. The Business Associate Agreement may permit the Business Associate to disclose the information received by the Business Associate as its capacity as a Business Associate for the purposes described in section 12.5.5a, if the disclosure is required by law; or

   a. The Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person; and

   b. The person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

F. Elements for MOUs

1. Any agreement between the County Board and another governmental entity which meets the requirements of a Business Associate relationship shall be subject to a Memorandum of Understanding.

2. The Memorandum of Understanding shall include all the contract elements set forth in the 12.5.4 and may include elements in section 12.5.5, except that termination requirements may be omitted if the Business Associate is another governmental entity and the termination would be inconsistent with the statutory obligations of the entity or the Business Associate under applicable state law.

G. Violations

If the County Board knows of a pattern or practice of the Business Associate that amounts to a material violation of the agreement, the County Board shall attempt to cure the breach or end the violation, and if such attempt is unsuccessful, terminate the agreement, if feasible, and, if not, report the problem to the Office of U.S. Secretary of Health and Human Services.

H. Penalties
1. Civil penalties may be imposed in cases of noncompliance where the covered entity does not satisfactorily resolve the matter. The penalty for HIPAA violations are determined based on a tiered civil penalty structure by the Office for Civil Rights.

<table>
<thead>
<tr>
<th>Violation category</th>
<th>Each violation</th>
<th>Identical violations</th>
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</thead>
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<td>$1,500,000</td>
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<tr>
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<tr>
<td>Willful Neglect - Corrected</td>
<td>$10,000 - $50,000</td>
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<tr>
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<td>Less than $50,000</td>
<td>$1,500,000</td>
</tr>
</tbody>
</table>

2. Criminal violations of HIPAA are handled by the Department Of Justice. As with the HIPAA civil penalties, there are different levels of severity for criminal violations. Criminal penalties may be imposed if any person knowingly, and in violation of HIPAA requirements:

   a. Uses or causes to be used a unique health identifier;
   
   b. Obtains individually identifiable health information relating to an individual; or
   
   c. Discloses individually identifiable health information to another person.

Covered entities and specified individuals who obtain or disclose individually identifiable health information, in violation of the Administrative Simplification Regulations, face a fine of up to $50,000, as well as imprisonment up to 1 year.

Offenses committed under false pretenses allow penalties to be increased to a $100,000 fine, with up to 5 years in prison.

Finally, offenses committed with the intent to sell, transfer or use individually identifiable health information for commercial advantage, personal gain or malicious harm permit fines of $250,000 and imprisonment up to 10 years.

Appendix used with this procedure:

   Appendix A – Sample Business Associate Agreement
   Appendix B – Sample of Memorandum of Understanding for Governmental Entities
   Appendix C – Sample Authorization Day
   Appendix D – Notice of Privacy Practices

Approved: August 11, 2014
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

IN-SERVICE TRAINING FOR MEMBERS OF COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Policy Reference:
In-service Training for Board Members

Policy Number:
IST 1.00

Ohio Revised Code Reference:
5126.021; 5126.022; 5126.029; 5126.0210; 5126.0219

Ohio Administrative Code Reference:
5123:2-1-02

I. PURPOSE

The purpose of this policy is to delineate requirements for annual in-service training for the Board Members of the Muskingum County Board of Developmental Disabilities.

II. DEFINITIONS

A. “Annual Organizational Meeting” means the meeting held by the Muskingum County Board of Developmental Disabilities, no later than January thirty-first of each year to elect its officers and conduct other business pursuant to Section 5126.029 of the Ohio Revised Code.

B. “Appointing Authority” means the entity with statutory authority to appoint members to the Muskingum County Board of Developmental Disabilities pursuant to Sections 5126.021 and 5126.022 of the Ohio Revised Code.

C. “Board Member or Board” means member(s) of the Muskingum County Board of Developmental Disabilities.

D. “County Board” means the Muskingum County Board of Developmental Disabilities.

E. “Director” means the Director of the Ohio Department of Developmental Disabilities.

F. “Department” means the Director of the Ohio Department of Developmental Disabilities or his or her designee.
G. “In-Service Training” means training of Board Members pursuant to Section 5126.0210 of the Ohio Revised Code that may include, but is not limited to, training arranged by the Superintendent, statewide conferences sponsored by the Ohio Association of County Boards serving people with Developmental Disabilities or other organizations, webinars offered by the Department, training completed on-line and presentations by outside speakers.

H. “Superintendent” means the Superintendent of the Muskingum County Board of Developmental Disabilities appointed pursuant to Section 5126.0219 of the Ohio Revised Code.

III. IN-SERVICE TRAINING REQUIREMENTS

A. Within three months after a Board Member’s initial appointment to the Board, the Board Member shall complete an orientation that addresses duties of the Board, role and requirements of Board Members, confidentiality, and the ethics laws of the state of Ohio. The orientation completed in accordance with this paragraph may count toward the hours of in-service training specified in paragraphs III (B) and (C) of this policy.

B. During each calendar year of the Board Member’s term, the Board Member shall complete a minimum of four hours of in-service training, except as provided in paragraph III (C) (1-4) of this policy.

C. Board Members appointed after the County Board’s annual organizational meeting and Board Members appointed for the remainder of a former Board Member’s term shall complete in-service training during the first calendar year of the Board Member’s appointment in accordance with the following schedule.

1. Board Members appointed on or after March thirty-first shall complete a minimum of four hours of in-service training.

2. Board Members appointed after March thirty-first but prior to July first shall complete a minimum of three hours of in-service training.

3. Board Members appointed after June thirtieth but prior to October first shall complete a minimum of two hours of in-service training.

4. Board Members appointed after September thirtieth but prior to the succeeding January first shall complete a minimum of one hour of in-service training.

D. No later than January thirty-first of each year, the Director shall identify topics related to the developmental disabilities service delivery system to be addressed during in-service training for the calendar year.

1. Topics identified by the Director may include, but are not limited to:

   a. Authority and responsibility of the Board;

   b. Medicaid program and the Board’s role in Medicaid local administrative authority;

   c. Fiscal obligations of the Board;
d. Self-evaluation of the Board;

e. Evaluation of the Superintendent;

f. Current federal initiatives;

g. Current state initiatives; and

h. Self-advocacy by individuals with developmental disabilities.

2. The Director may specify the content of training for identified topics.

3. The Director may require Board Members to complete specific webinars offered by the Department.

E. The Board and the Superintendent shall jointly develop the Board’s plan for in-service training for the calendar year which;

1. Reflects the topics identified by the Director in accordance with paragraph III (C) of this policy with consideration of priorities with the Board;

2. Includes perspectives from outside Muskingum County; and

3. Recognizes that training for specific Board Members may vary based on each Board Member’s background and experience.

F. The Superintendent shall make the Board aware of opportunities to complete in-service training.

G. The Superintendent shall maintain documentation of Board Members’ completion of in-service training which shall include:

1. An outline or description that details the content of the training;

2. The date, time, location, and duration of the training; and

3. A sign-in sheet or email in which the Board Member attests to completing the training.

H. In-service training sessions shall not be considered regularly scheduled meetings of the Board.

I. The Department shall monitor compliance with this policy through accreditation reviews of the County Board it conducts in accordance with Section 5123:2-1-02 of the Ohio Administrative Code.
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

INTEGRATED PEST MANAGEMENT POLICY

Policy Reference:
Integrated Pest Management
Policy Number
I.P.M. 1.00
Ohio Administrative Code:
3701-54-07-(A) (4)

I. SUBJECT

Integrated Pest Management

II. PURPOSE

The purpose of this policy is to reduce exposure of students, enrollees and staff to structural and landscape pests and to minimize exposure to pesticides.

III. APPLICATION

This application applies to all Muskingum County Board of Developmental Disabilities (County Board) program buildings and grounds.

IV. POLICY

The County Board will implement integrated pest management procedures to manage structural and landscape pests and minimize exposure of students, enrollees and staff to pesticides as set forth in accordance with Section 3701-54-07-(A) (4) of the Ohio Administrative Code.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: June 5, 2008
I. PURPOSES

The purposes of this procedure is to set forth the requirements the Muskingum County Board of Developmental Disabilities (County Board) must meet in reducing student, enrollees and drivers exposure to structural and landscape pests and minimize exposure to pesticides.

II. PEST

The County Board strives to manage pests in the building and grounds. Pests such as cockroaches, fleas, ants, stinging wasps, termites and rodents are annoying and can disrupt the learning environment. Pests are know to bite, sting, or transmit diseases, and may also cause allergic responses.

III. INTEGRATED PEST MANAGEMENT

To balance the risk of pests and pesticides use, the County Board shall employ principles of integrated pest management. Some of the major principles include:

1. Communication with the school and workshop students, enrollees and staff about pest problems, pest conducive conditions, and pest management strategies.
2. Monitoring and identification pests to verify a pest problem.
3. Prevention of pest populations using such methods as sanitation, exclusion and cultural practices.
4. Targeted application of “least hazardous” pesticides only as needed and in areas to correct verified problems.

IV. SUCCESS

The success of integrated pest management plan is dependent upon:

1. Full cooperation of administrators, staff, maintenance/custodial staff, parents, enrollees, and students.
2. The Safety Committee shall include pest management and pest control as part of their agenda when appropriate.
3. The Director of Support Services shall coordinate the integrated pest management records.

Adopted: May 5, 2008
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

MANAGING WAIVER COST WITHIN AVAILABLE RESOURCES POLICY

Policy Reference:
Managing Waiver Cost
Policy Number:
MWC 1.00
Ohio Revised Code Reference:
5111.85; 5126.04; 5126.042; 5126.054; 5126.0510; 5126.0512

I. SUBJECT

Managing Waiver Cost within Available Resources

II. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) is committed to maximizing available resources to sustain all current programs and services.

III. APPLICATION

A. This policy applies to all eligible individuals with identified needs on the Individual Options and Level I Waiver Waiting List;

B. Establishes method of redistributing current capacity and maintaining the minimum County Enrollment in Waiver Services per Ohio Revised Code Section 5126.012 June 30, 2007 number enrolled in the Medicaid Waiver component to best utilize available funds;

C. Establishes Waiting List protocol for emergency and priority category services.

IV. SERVICE PLANNING PROCESS

The County Board will ensure that services are delivered in the most effective manner through the service planning process. This includes but is not limited to utilization of roommates, natural supports, on-site on-call staff, collaboration, and evolving technologies a whenever possible. The County Board will ensure Service Coordinators are trained to utilize these planning techniques in an effort to utilize tax dollars more effectively and efficiently.

V. FUNDING CURRENT WAITING LIST

A. All programs generating revenues should be evaluated to ensure there are no avenues to follow that can reasonably be expected to generate additional revenues;

B. Before considering any reductions to any programs providing direct services to enrollees.

VI. POLICY
The County Board will develop and implement a 3-year Medicaid Waiver Plan per Section 5126:.054 of the Ohio Revised Code. The Medicaid Waiver Plan will specify how many individuals the County Board will enroll on any waiver including the Individual Options or Level I Waivers, how services will be delivered and the source of available funds that will cover the non-federal share of waiver expenditures.

VII. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: May 7, 2009
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. PLANNING AND SETTING PRIORITIES

The Muskingum County Board of Development Disabilities (County Board) will plan and set priorities based on available resources for the provision of facilities, programs and other services to meet assessed needs of all eligible residents of Muskingum County per 5126:04 of the Ohio Revised Code.

II. DEVELOPMENT OF A 3-YEAR MEDICAID WAIVER PLAN

A. The County Board will develop a 3-year Medicaid Waiver Plan and will include the following components:

1. The number of eligible individuals with an Intermediate Care Facility for the Mentally Retarded Level of Care who are on the Individual Options and Level I Waiver Waiting List and meet the criteria for priority category, their assessed service needs, and the annualized cost for services;

2. The identified source of funds the County Board will use to pay the non-federal share of Medicaid expenditures as required in Sections 5126:059 and 5126.0510 of the Ohio Revised Code;

3. Any other information or conditions that the Department of Developmental Disabilities (DODD) requires as a condition of approving the Waiting List component per Section 5123.046 of the Ohio Revised Code.

B. A preliminary implementation component that specifies the number of individuals and the type of waiver services to be provided during the first year that the plan is in effect according to the priority given to them per Section 5126.046.

C. A component that provides implementation of Medicaid case management and waiver services on or after the date the plan is approved under Section 5123:046 of the Ohio Revised Code and will include the following:

1. If ODMRDD or the Ohio Department of Job and Family Services (ODJFS) requires an agreement to pay the nonfederal share of Medicaid expenditures that the County Board is required to pay per Sections 5126:059 and 5126.0510 per the Ohio Revised Code;

2. How services will be phased in over the period the plan covers, including how the County Board will service individuals on a waiting list established under (C) of Section 5126.042 who are given priority status;
3. Any agreement or commitment regarding the County Board’s funding of Home and Community Based Services (HCBS) that the County Board has with DODD at the time the component is developed;

4. Assurances acceptable to DODD that the County Board will comply with all of the following requirements:
   a. To provide the types of HCBS specified in the preliminary implementation component required by (A) (2) of this section to at least the number of individuals specified in that component;
   b. To employ a business manager who has earned at least a bachelor’s degree in business administration;
   c. To employ a Medicaid services manager who has earned at least a bachelor’s degree.

5. Programmatic and financial accountability measures and projected outcomes expected from the implementation of the plan;

6. Any other applicable information of conditions that DODD requires as a condition of approving the component under Section 5123.046 of the Ohio Revised Code;

7. The County Board’s plan that has been approved by DODD shall update and renew the plan in accordance with a schedule the DODD shall develop.

III. MANAGING WAIVER COSTS

A. The County Board will manage waiver cost by targeting waiver enrollment based on priority groups, maintaining total waiver enrollment, the individual’s assessed need, and with consideration of available funding.

1. Individual’s requesting HCBS must meet the following criteria:
   a. Be a resident of Muskingum County;
   b. Individual’s name requesting services must be on the County Board Waiting List and they must have an identified need for services within 12 months from date of request for services per Section 5126:042 of the Ohio Administrative Code;
   c. Individual’s requesting HCBS must also meet the following eligibility requirements:
      i. Determined eligible for County Board services per COEDI/OEDI.
      ii. Be Medicaid eligible.
      iii. Must be assessed to have a ICR-MR Level of Care (require the care given in an Intermediate Care Facility for the Mentally Retarded (ICF/MR);
      iv. A completed functional assessment;
      v. Completed Ohio Developmental Disability Profile for funding range; (for Individual Options Waiver)
vi. Completed Level One Prescreen Tool (for Level I Waiver).

B. Enrollment Categories prioritized as established in Section 5126:042 of the Ohio Revised Code will be recognized.

1. Emergency situations will be addressed first. An ‘Emergency’ need will be reviewed and alternative options will be utilized prior to enrolling the individual on a waiver. Alternative options will be utilized:

   a. Research all possibilities with natural supports.

   b. Determine other supports that have been utilized by the individual/family.

   c. Research/exhaust eligibility for all other sources of funding, housing, etc.

   d. Statewide search for appropriate placement and the ability to maximize utilization of Federal/State funding will be first priority.

   e. If a statewide search does not produce an appropriate residential placement, the County Board will collaborate with region resources to develop the most cost effective option to serve the individual based on their assessed needs.

   f. Request an emergency IO waiver after detail review to assess liability.

2. Priority situations per Section 5126:042 of the Ohio Revised Code will be addressed after all emergency situations have been resolved.

C. Services will be delivered as follows:

   1. The County Board will follow Free Choice of Provider rules.

   2. Services will be delivered based on assessed needs; focus on health and safety will be tantamount but with the balance to know the County Board will focus on individuals moving towards independence versus dependence upon a system.

   3. Payer of last resort will be a principal foundation; keeping in mind the County Board is authorizing the utilization of tax payer dollars.

   4. Technology will be utilized in all situations where this is more cost effective for a period of time.

D. Available Funding Sources

   1. Ohio Developmental Disabilities funding range will determine cost and need for services.

   2. Federal Medical Assistance Percentage


   4. County Board may choose to use local levy dollars.
IV. BEHAVIOR SUPPORT AND MEDICAL ASSISTANCE RATE MODIFICATIONS FOR HOMEMAKER / PERSONAL CARE (HPC) SERVICES

A. Payment rates for routine HPC may be modified to reflect the needs of individuals requiring behavior support and individuals requiring medical assistance. Only individuals meeting criteria established by the DODD as specified in paragraphs (IV) (B) (2) and (C) (1) (2) of this procedure shall be eligible for these rate modifications. Upon determination by the county board that the individual meets the criteria, the county board shall recommend and implement rate modifications for behavior support and/or medical assistance. Rate modifications are subject to review by the DODD. The duration of approval for behavior support and/or medical assistance rate modifications shall be limited to the individual’s twelve-month waiver eligibility span prior to re-determination and may be determined needed or no longer needed within that twelve-month waiver eligibility span. Rate modifications shall be renewed annually at the individual’s eligibility re-determination date if the individual continues to meet the criteria. A modification to the HPC rate shall be applied for each individual in a congregate setting meeting the criteria and shall be included in the payment rates of only those individuals meeting the criteria.

B. The behavior support rate modifications is applicable to routine HPC services only and shall be paid during all times when routing HPC services are provided to an individual who qualifies for modification. The amount of the behavior support rate modification for each fifteen-minute billing unit of service is contained in 5123:2-9-06 appendix A of the Ohio Administrative Code.

1. The purpose of the behavior support rate modification is to provide funding for the implementation of behavior support plans by staff who have the level of training necessary to implement the plans and who are working under the direction of licensed or certified personnel or other professionals who have specialized training or experienced implementing behavior support plans.

2. In order for an individual to receive the behavior support rate modification, the following conditions shall be met:

   a. The individual presents a danger to self or others or has been assessed to have the potential to present a danger; and

   b. A behavior support plan that is a component of the individual’s ISP has been developed in accordance with the requirements in rules established by the DODD; and

   c. The individual routinely receives clinical services from a licensed, certified, or other professional who has specialized training or experience related to the design, development, and implementation of the behavior support plan; and

   d. The individual either:

      i. Responds “yes” to at least four items in question number thirty-two of the behavior domain of the ODDP; or
ii. Requires a structured environment that, if removed, will result in the individual’s engagement in behavior destructive to self or others.

iii. When determined through the ISP development process that the criteria contained in paragraph (IV) (B) (2) (a)-(d) of this procedure have been met, the county board shall apply the behavior support rate modification for routine HPC. DODD retains the right to review and validate the qualifications of any provider of clinical services identified in accordance with paragraph (IV) (B) (d) (iii) of this procedure.

C. The medical assistance rate modification is applicable to routine HPC services only and shall be paid during all times when routine HPC services are provided to an individual who qualifies for the modification. The amount of medical assistance rate modification for each fifteen-minute billing unit of service is contained in 5123:2-9-06 appendix A of the Ohio Administrative Code. The county board shall apply the medical assistance rate modification when the following criteria have been met:

1. An individual requires routine feeding and/or the administration of prescribed medications through gastrostomy and/or jejunostomy tubes, and/or requires the administration of routine doses of insulin through subcutaneous injections and insulin pumps; or

2. An individual requires a nursing procedure or nursing task that a licensed nurse agrees to delegate in accordance with rules in Chapter 4723-13 of the Ohio Administrative Code, which is provided in accordance with section 5123.42 of the Ohio Revised Code, and when such procedure or nursing task is not the administration of oral or topical medication or a health-related activity as defined in rule 5123:2-6-01 of the Ohio Administrative Code.

V. MINIMUM WAIVER ENROLLMENT

A. As used in this section, “Medicaid Waiver Component” means a Medicaid Waiver component as defined in Section 5111.85 of the Ohio Revised Code under which HCBS are provided.

B. The County Board shall ensure, for each Medicaid Waiver Component, that the number of individuals eligible under Section 5126.041 of the Ohio Revised Code for services from the County Board who are enrolled in a Medicaid Waiver Component is no less than the sum of the following:

1. The number of individuals eligible for services from the County Board that were enrolled in the Medicaid Waiver Component on June 30, 2007;

2. The number of Medicaid Waiver Component capacity the County Board requested before July 1, 2007, that were assigned to the County Board before that date but in which no individuals were enrolled before that date;

3. The County Board is not required to pay the nonfederal share for any waiver enrollment that exceeds what the County Board is requested to maintain per Section 5126.0512 of the Ohio Revised Code.
C. An individual enrolled in a Medicaid Waiver Component after March 1, 2007, due to an emergency reserve capacity waiver assignment shall not be counted in determining the number of individuals a County Board must ensure under (B) of Section 5126:0512 of the Ohio Revised Code are enrolled in a Medicaid Waiver Component.

D. An individual who is enrolled in a Medicaid Waiver Component to comply with the terms of the consent order filed March 5, 2007, in Martin vs. Strickland shall be excluded in determining whether the County Board has complied with (B) of Section 5126.0512 of the Ohio Revised Code. The County Board is not responsible for the nonfederal share of the waiver expenditures for individuals enrolled on the Martin Waiver.

E. The County Board shall make as many requests for individuals enrolled in Medicaid Waiver Component as necessary for the County Board to comply.

**Forms used with the above procedure:**
- Appendix A (Waiver Funding Assessment Procedures ODDP - Ohio Developmental Disabilities Profile)
- Appendix B (Acuity Assessment Procedures)
- Initial Enrollment Checklist
- Initial Level of Care Determination
- NCBS Waiver Transmittal
- Protective Level of Care Summary & Rule Cite
- Protective Level of Care Review Worksheet
- Prescreening Tool for Level I Waiver

Approved: May 7, 2009
Reviewed: January 14, 2010
Revised June 22, 2010
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
I. SUBJECT

Overtime for Independent Providers

II. PURPOSE

This policy in accordance with Ohio Administrative Code 5123:2-9-03 sets forth procedures related to overtime worked by independent providers, places a limit on the number of hours in a work week an independent provider may provide service under a home and community-based services Medicaid waiver component administered by the Ohio Department of Developmental Disabilities and establishes a process and the circumstances under which the limit may be exceeded.

The Muskingum County Board of Developmental Disabilities (MCBDD) shall work collaboratively with independent providers and the individuals they serve to efficiently use available resources and to the extent possible, reduce the need for overtime for independent providers.

The MCBDD will notify independent providers through Emails, website, and provider meetings, at least thirty days in advance of any revision to this policy or corresponding procedure.
I. PHILOSOPHY:

The Muskingum County Board of Developmental Disabilities

II. PURPOSE:

The primary purpose of these procedures is to work collaboratively with independent providers and the individuals they serve to efficiently use available resources and to the extent possible, reduce the need for overtime for independent providers.

III. PROCEDURE

The Ohio Department of Developmental Disabilities (DODD), Muskingum County Board of Developmental Disabilities (MCBDD), individuals who receive services, and independent providers shall work collaboratively to efficiently use available resources and to the extent possible, reduce the need for overtime. They shall take all measures necessary to achieve compliance with this rule by February 1, 2018.

As part of the assessment and person-centered planning process an individual and his or her team shall identify known or anticipated events or circumstances that will necessitate an individual’s independent provider to exceed the limit of hours established in paragraph (D)(1) of the rule OAC 5123:2-9-03 by February 1, 2018. When a known or anticipated event or circumstance will necessitate an independent provider to exceed the limit of hours, the events and circumstances, including authorization for the independent provider to exceed the limit shall be addressed in the individual service plan. The overages cannot exceed the individual’s funding range/limit.

When an individual requests that an independent provider be authorized to routinely exceed the limit due to a shortage of other available providers, the team shall work together to identify additional providers. When other resources are not available and the service and support administrator authorizes an independent provider to exceed the limit, the service and support administrator shall work with the individual and the team to develop and implement a plan to eliminate the circumstances that necessitate the independent provider to exceed the limit.

Pursuant to Ohio Administrative Code (OAC) 5123:2-9-03[C] independent providers shall inform an individual’s service and support administrator of the number of persons for whom the independent provider provides Medicaid-funded services as an independent provider anywhere in the state and the number of hours of services the independent provider provides in a work week (Sunday 12:00 am – Saturday 11:59 pm) for each such person. An independent provider will be required to provide this information (1) when the provider is selected by the
When an emergency necessitates an independent provider exceeding 60 hours/week, the limit established in OAC 5123:2-9-03 (D) (1), the independent provider must notify the individual’s assigned service and support administrator to discuss how any additional hours, not previously authorized, meet emergency criteria. For this purpose, and emergency is singularly defined as “an unanticipated and sudden absence of an individual’s provider or natural supports due to illness, incapacity or other cause” (OAC 5123:2-9-03 (B) (4)). The MCBDD asks for this notification to the assigned service and support administrator (or the on-call SSA if after business hours) to be done prior to the administration of the additional hours to discuss if the request meets emergency criteria (notification must at least be completed within 72 hours OAC 5123:2-9-03 (D)(4)).

Any utilizations above the 60 hour/week established in OAC 5123:2-9-03 that are not previously authorized under the conditions of the rule and do not meet the definition of an emergency cited above may not be authorized to be billed upon review of the service and support administrator. If there is a dispute related to authorizations of the service and support administrator due process/resolution of complaint will be provided according to MCBDD policy.

An individual’s right to obtain home and community-based services from any qualified and willing provider in accordance with 42 C.F.R. 431.51 as in effect on the effective date of this rule and sections 5123.044 and 5126.046 of the Revised Code shall not be interpreted to permit an independent provider to violate this rule. Any independent provider who violates the requirements of this rule may be subject to denial, suspension, or revocation of certification pursuant to rule 5123:2-2-01 of the Administrative Code.

If the MCBDD receives a complaint from an individual regarding implementation of this rule, they shall respond to the individual within fifteen calendar days and provide the DODD with a copy of the individual’s complaint and the response from the MCBDD. DODD shall review the complaint and the response and take actions it determines necessary. Initiation of a complaint shall not limit an individual’s ability to exercise his or her due process rights.

Applicants for and recipients of services under a home and community-based services Medicaid waiver component administered by DODD may use the process set forth in section 5160.31 of the Revised Code and rules implementing that statute for any purpose authorized by that statute, including being denied the choice of a provider who is qualified and willing to provide home and community-based services. The process set forth in section 5160.31 of the Revised Code is available only to applicants, recipients, and their lawfully appointed authorized representatives. Providers shall have no standing in an appeal under that section.

Applicants for and recipients of services under a home and community-based services Medicaid waiver component administered by the department shall use the process set forth in section 5160.31 of the Revised Code and rules implementing that statute, for any challenges related to the type, amount, level, scope, or duration of services included in or excluded from an individual service plan. MCBDD’s denial of authorization for an independent provider to
exceed the limit established in paragraph (D)(1) of this rule does not necessarily result in a change in the level of services received by an individual.

Approved: January 25, 2018
PROCEDURE FOR PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)

Procedure Number:  
PASRR 1.01

I. PURPOSE

The purpose of this procedure is to set forth a process for the Ohio Department of Developmental Disabilities (DODD) and the Muskingum County Boards of Developmental Disabilities (County Board) to determine whether an individual is eligible for admission to a nursing facility or eligible to continue to receive services in a nursing facility.

II. APPLICABILITY

This procedure applies to individuals who are seeking admission to a nursing facility who have indications of developmental disabilities, individuals who are residents of a nursing facility who have indications of developmental disabilities, and persons acting on behalf of these applicants or residents. This procedure does not apply to individuals seeking readmission to a nursing facility after having been transferred from a nursing facility to a hospital for care nor to individuals transferring from one nursing facility to another nursing facility, with or without an intervening hospital stay.

III. DEFINITIONS

A. “Adverse Determination” means a determination made in accordance with this procedure and Sections 5160-3-15.1, 5160-3-15.2, and 5122-21-03 of the Ohio Administrative Code, that an individual does not require the level of services provided by a nursing facility. A determination that an individual does not require nursing facility services shall meet both of the following conditions:

1. A face-to-face assessment of the individual and a review of the medical records accurately reflecting the individual’s current condition, is performed by one of the following professionals within the scope of his/her practice:

   a. Physician;
   b. Registered nurse;
   c. Master of science of nursing;
   d. Clinical nurse specialist;
   e. Certified nurse practitioner;
   f. Licensed social worker, under supervision of a licensed independent social worker;
g. Licensed Independent social worker;

h. Professional counselor, under supervision of a professional clinical counselor;

i. Professional clinical counselor;

j. Psychologist;

k. Qualified intellectual disability professional; or

l. Service Coordinator.

2. Authorized personnel from DODD and/or the Ohio Department of Mental Health and Addiction Services, other than the personnel identified in paragraph III (A) (1) (a-1) of this procedure who conducted the face-to-face assessment, reviewed the assessment and made the final determination regarding the need for nursing facilities services and specialized services for developmental disabilities and/or specialized services for serious mental illness.

B. “Categorical Determination” means a preadmission screening for developmental disabilities or preadmission screening for serious mental illness determination which may be made for an individual with developmental disabilities and/or serious mental illness without first completing a full preadmission screening developmental disabilities and/or preadmission screening for serious mental illness evaluation when the individual’s circumstances fall within one of the following two categories:

1. The individual requires an emergency nursing facility stay, as defined in Section 5160-3-15 of the Ohio Administrative Code; or

2. The individual is seeking admission to a nursing facility for a respite nursing facility stay, as defined in Section 5160-3-15 of the Ohio Administrative Code.

C. “County Board” means the Muskingum County Board of Developmental Disabilities.

D. “DODD” means the Ohio Department of Developmental Disabilities.

E. “Developmental Disabilities” means:

1. A condition described in the American Association on Intellectual and Developmental Disabilities Publication, "Intellectual Disability: Definition, Classification, and Systems of Supports” (eleventh edition, 2009); or

2. A related condition which means a developmental disability as defined in Section 5123.01 of the Ohio Revised Code or a severe, chronic disability that meets all of the following conditions:

   a. It is attributable to cerebral palsy, epilepsy, or any other condition other than mental illness, found to be closely related to an intellectual disability because it results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disability, and requires treatment or services; and

   b. It is manifested before the person reaches the age of twenty-two; and
c. It is likely to continue indefinitely; and

d. It results in substantial functional limitations in three or more of the following areas of major life activity:

   i. Self-care;
   
   ii. Understanding and use of language;

   iii. Learning;

   iv. Mobility;

   v. Self-direction;

   vi. Capacity for independent living; or

   vii. Economic self-sufficiency (for persons sixteen years and older)

F. “Guardian” has the same meaning as in Section 2111.01 of the Ohio Revised Code.

G. “Hospital Exemption” means an exemption from preadmission screening for a new admission, as defined in Section 5160-3-15 of the Ohio Administrative Code, to a nursing facility. Prior to April 1, 2015, the discharging hospital shall request a hospital exemption via Ohio Department of Medicaid Form 07000, “Hospital Exemption From Preadmission Screening Notification” (July 2014), or via the electronic system approved by the Ohio Department of Medicaid (ODM). Effective April 1, 2015, the discharging hospital shall request a hospital exemption via the electronic system approved by the ODM; exceptions to electronic submission must be approved by the ODM or its designee.

H. “Individual” means a person, regardless of the payment source, who is seeking admission, readmission, or transfer to a nursing facility, or who resides in a nursing facility.

I. “Nursing Facility” has the same meaning as in Section 5111.20 of the Ohio Revised Code. A long-term care facility that has submitted an application packet for Medicaid Certification to the ODM is considered to be in the process of obtaining its initial Medicaid Certification by the Ohio Department of Health and shall be treated as a nursing facility for the purposes of this procedure.

J. “Physician” means a doctor of medicine or osteopathy.

K. “Preadmission Screening” means the preadmission portion of the preadmission screening and resident review requirements mandated by Section 1919(e)(7) of the Social Security Act, as in effect on the effective date of Section 5123:2-14-01 of the Ohio Administrative Code, which shall be implemented in accordance with Sections 5123:2-14-01, 5160-3-15.1 and 5122-21-03 of the Ohio Administrative Code.

L. “Preadmission Screening for Developmental Disabilities”, also known as a level two screen, means the process by which DODD determines:
1. Whether, due to the individual’s physical and mental condition, an individual who has
developmental disabilities requires the level of services provided by a nursing facility or
another type of setting; and

2. When the level of services provided by a nursing facility is needed, whether the individual
requires specialized services for developmental disabilities.

M. “Preadmission Screening for Serious Mental Illness” also known as a level two screen, means
the process by which the Ohio Department of Mental Health and Addiction Services determines:

1. Whether, due to the individual’s physical and mental condition, an individual who has serious
mental illness requires the level of services provided by a nursing facility or another type of
setting; and

2. Whether the individual requires specialized services for serious mental illness.

N. “Preadmission Screening Identification” also known as a level one screen, means the process
by which the ODM or its designee screens individuals who are seeking new admission to identify
those who have indications of developmental disabilities or serious mental illness and who,
therefore, shall be further evaluated by DODD and/or the Ohio Department of Mental Health and
Addiction Services.

O. “Psychiatric Hospital” means any of the following:

1. A hospital that the Ohio Department of Mental Health and Addiction Services maintains,
operates, manages, and governs under Section 5119.14 of the Ohio Revised Code for the care
and treatment of mentally ill persons;

2. A free-standing hospital, or unit of a hospital, licensed by the Ohio Department of Mental
Health and Addiction Services under Section 5119.33 of the Ohio Revised Code; or

3. An out-of-state psychiatric hospital or psychiatric unit within an out-of-state hospital.

P. “Resident Review” means the resident review portion of the preadmission screening and
resident review requirements mandated by section 1919(e)(7) of the Social Security Act, as in
effect on the effective date of 5123:2-14-01 of the Ohio Administrative Code, which shall be
implemented in accordance with 5123:2-14-01, 5160-3-15.2 and 5122-21-03 of the Ohio
Administrative Code.

Q. “Resident Review for Developmental Disabilities” means the process set forth in this
procedure by which DODD determines whether, due to the individual’s physical and mental
condition, an individual who is subject to resident review, and who has developmental
disabilities, requires the level of services provided by a nursing facility or another type of setting
and whether the individual requires specialized services for developmental disabilities.

R. “Resident Review Identification” means the process set forth in 5123:2-14-01, 5160-3-15.2
and 5122-21-03 of the Ohio Administrative Code by which individuals who are subject to
resident review shall be identified.
S. “Ruled Out” means that an individual has been determined not to be subject to further review by DODD or the Ohio Department of Mental Health and Addiction Services. An individual may be ruled out at any point in the preadmission screening and resident review process if DODD or the Ohio Department of Mental Health and Addiction Services finds that the individual being evaluated:

1. Does not have developmental disabilities or serious mental illness; or

2. Has a primary diagnosis of dementia (including Alzheimer’s disease or a related disorder); or

3. Has a non-primary diagnosis of dementia without a primary diagnosis of serious mental illness and does not have a diagnosis of developmental disabilities or a related condition.

T. “Serious Mental Illness” has the same meaning as in Section 5160-3-15 of the Ohio Administrative Code.

U. “Specialized Services for Developmental Disabilities” means the services specified by the preadmission screening for developmental disabilities or resident review for developmental disabilities determination and provided or arranged for by the County Board resulting in continuous active treatment to address needs in each of the life areas for which functional limitations are identified by the County Board. Specialized services for developmental disabilities shall be made available at the intensity and frequency necessary to meet the needs of the individual. Individuals determined through the process set forth in this procedure to require specialized services for developmental disabilities shall not be placed on a waiting list for such services.

IV. REFERRAL FOR PREADMISSION SCREENING FOR DEVELOPMENTAL DISABILITIES

A. After the preadmission screening identification has been completed, the ODM or its designee shall forward a request for a preadmission screening for developmental disabilities for individuals who have indications of developmental disabilities as follows:

1. Requests for individuals relocating from outside of Ohio who are not Ohio residents shall be forwarded to DODD for review and determination in accordance with Section 5160-3-15.1 of the Ohio Administrative Code.

2. Requests for categorical determinations shall be forwarded to DODD.

3. Requests for individuals being directly admitted to a nursing facility from a psychiatric hospital shall be forwarded to DODD or its designee.

4. All other requests shall be forwarded to the County Board of the county in which the request is initiated.

B. No one who has indications of developmental disabilities shall move into a nursing facility in Ohio until the preadmission screening for developmental disabilities determinations have been made by DODD.
V. PREADMISSION SCREENING FOR DEVELOPMENTAL DISABILITIES CONDUCTED BY COUNTY BOARDS

A. Within ten working days of receipt of the referral by the ODM or its designee of an individual for preadmission screening for developmental disabilities, the County Board shall gather data, complete an evaluation, and submit its recommendation in the form of a written evaluative report to DODD regarding whether the individual has developmental disabilities and whether nursing facility services and specialized services for developmental disabilities are required.

B. The County Board shall be responsible for requesting any information necessary to make the preadmission screening for developmental disabilities evaluation and recommendations. The evaluation shall be based on relevant data that are valid, accurate, and reflect the current functional status of the individual being evaluated.

C. Persons completing the preadmission screening for developmental disabilities evaluations shall not have a direct or indirect affiliation with a nursing facility.

D. Preadmission screening for developmental disabilities evaluations shall involve the individual being evaluated, the individual’s guardian, and the individual’s family if available and if the individual or guardian agrees to family participation.

E. Preadmission screening for developmental disabilities evaluations shall be adapted to the cultural background, language, ethnic origin, and means of communication used by the individual being evaluated.

F. Preadmission screening for developmental disabilities evaluation has three components:

1. Developmental Disabilities Assessment. The assessment shall be based on the following documentation:

   a. Intellectual functioning as measured by a psychologist or other related condition(s) as identified by a physician; and

   b. A determination of whether the individual meets developmental disabilities eligibility criteria pursuant to Section 5123.01 of the Ohio Revised Code.

2. Nursing Facility Needs Assessment. The assessment shall be based on an evaluation of written documentation which shall include the following information:

   a. The history and physical examination performed by a registered nurse, a clinical nurse specialist, a certified nurse practitioner, a person registered by the state medical board as a physician assistant under Chapter 4730 of the Ohio Revised Code, or a physician. If the history and physical examination are performed by someone other than a physician, a physician shall review and concur with the conclusions. If the history and physical examination are performed by a clinical nurse specialist or a certified nurse practitioner who has entered into a standard care arrangement with a collaborative physician in accordance with Section 4723.431 of the Ohio Revised Code, physician review is only required as indicated in the standard care arrangement.

   b. Current nursing care needs.
c. Current medications.

d. Current functional status including any therapy assessments and reports (e.g. physical therapy, speech therapy, occupational therapy, or respiratory therapy).

e. Current social history, including current living arrangement prior to admission and any medical problems, including their impact on the individual’s independent functioning.

3. Specialized Services for Developmental Disabilities Needs Assessment. The County Board shall evaluate and recommend whether the individual currently has a need for specialized services for developmental disabilities and shall document the type of specialized services for developmental disabilities to be provided or arranged for by the County Board. The recommendation for specialized services for developmental disabilities shall be made for individuals whose needs are such that continuous supervision, treatment, and training by qualified personnel are necessary to address needs in each of the life areas for which functional limitations have been identified.

G. If the individual does not meet developmental disabilities eligibility criteria, no further review by the County Board is required; the County Board shall submit documentation and a recommendation to DODD that the individual be ruled out.

H. The County Board shall submit its recommendations in the form of a written evaluative report to DODD regarding whether the individual has developmental disabilities and whether nursing facility services and specialized services for developmental disabilities are required. The report shall:

1. Identify the name and professional title of the persons who performed the evaluations and the dates upon which the evaluations were performed;

2. Provide a summary of the evaluated individual’s medical and social history;

3. If nursing facility services are recommended, identify the services which are required to meet the evaluated individual’s needs.

4. Identify whether specialized services for developmental disabilities are needed;

5. Include the basis for the report’s conclusions; and

6. Include copies of the documentation gathered and reviewed in accordance with paragraph V (F) of this procedure.

I. DODD may request additional information when necessary to make a determination.

J. Within ten working days of receipt of the County Board’s recommendations and documentation, DODD shall determine:

1. Whether the individual has developmental disabilities.
2. Whether the individual requires the level of services provided by a nursing facility based on a comprehensive analysis of all data and consideration of the most appropriate placement such that the individual’s needs for treatment do not exceed the level of services which can be delivered in the nursing facility.

3. Whether the individual requires specialized services for developmental disabilities.

K. DODD shall issue a determination in the form of a written report in accordance with Section X of this procedure.

L. One of two outcomes of the preadmission screening for developmental disabilities review is possible:

1. The individual requires the level of services provided by a nursing facility and therefore may be admitted to a nursing facility.

2. The individual does not require the level of services provided by a nursing facility and therefore shall not be admitted to a nursing facility. The County Board shall assist the individual and/or his/her guardian with alternative placement options, services, and resources as may be necessary to ensure the health and welfare of the individual.

VI. PREADMISSION SCREENING FOR DEVELOPMENTAL DISABILITIES FOR CATEGORICAL DETERMINATION

A. When the ODM or its designee finds indications of a categorical determination, it shall forward the request for preadmission screening for developmental disabilities directly to DODD.

B. DODD shall make a categorical determination that an individual requires the level of services provided by a nursing facility when:

1. Within 10 working days, the individual is seeking admission to a nursing facility that is not to exceed a seven-day stay, because a situation involving the individual’s health and safety necessitates immediate placement in a nursing facility to avoid serious harm to the individual, and the individual is seeking such placement:
   a. Within twenty-four hours from the date of the categorical determination; or
   b. Immediately following discharge from a hospital setting.

2. The individual is seeking admission to a nursing facility for up to fourteen days of respite for the caregiver and plans to return to the caregiver at the end of the nursing facility stay.

C. DODD shall issue a determination in the form of a written report in accordance with Section X of this procedure which:

1. Identifies the name and professional title of the persons making the categorical determination and the date on which the determination was made;

2. Documents the type of categorical determination made and describes the nature of any further screening that is required;
3. Identifies, to the extent possible based on the available data, nursing facility services, including any mental health or specialized psychiatric rehabilitative services, that may be needed; and

4. Includes the basis for the report’s conclusions.

D. An individual who, on the basis of the categorical determination, requires the services provided by a nursing facility shall not receive specialized services for developmental disabilities.

VII. PREADMISSION SCREENING FOR DEVELOPMENTAL DISABILITIES FOR INDIVIDUALS BEING DIRECTLY ADMITTED TO A NURSING FACILITY FROM A PSYCHIATRIC HOSPITAL

A. DODD or its designee shall complete a written evaluative report regarding:

1. Whether the individual has developmental disabilities;

2. Whether the individual requires the level of services provided by a nursing facility based on comprehensive analysis of all data and consideration of the most appropriate placement such that the individual’s needs for treatment do not exceed the level of services that can be delivered in a nursing facility; and

3. Whether the individual requires specialized services for developmental disabilities.

B. DODD shall issue a determination in the form of a written report in accordance with Section X of this procedure.

VIII. RESIDENT REVIEW FOR DEVELOPMENTAL DISABILITIES

A. The nursing facility shall submit the resident review identification to DODD in accordance with Section 5160-3-15.2 of the Ohio Administrative Code.

B. Upon receipt of the resident review identification, DODD shall notify the County Board.

C. Within ten working days of notification by DODD, the County Board shall gather data, complete an evaluation, and submit its recommendation and documentation to DODD in accordance with the process set forth in Section V (B-L) of this procedure.

D. Within ten working days of receipt of the County Board’s recommendations and documentation, DODD shall determine whether the individual has developmental disabilities, whether the individual requires the level of services provided by a nursing facility, and whether the individual requires specialized services for developmental disabilities in accordance with V (I-K) of this procedure.

E. Possible outcomes of the resident review for developmental disabilities include:

1. A nursing facility resident with developmental disabilities who is determined to require the level of services provided by a nursing facility may continue to reside in the nursing facility.
2. A nursing facility resident with developmental disabilities who has resided in a nursing facility for thirty months or longer who is determined not to require the level of services provided by a nursing facility, but does require specialized services for developmental disabilities, may choose to continue to reside in the nursing facility or receive covered services in an alternative setting. DODD shall inform the resident of the institutional and non-institutional alternatives covered in the state plan for medical assistance. If the resident chooses to leave the nursing facility, DODD shall clarify the effect on eligibility for services under the state plan for medical assistance, including its effect on readmission to the nursing facility. Wherever the resident chooses to reside, the County Board shall meet the resident’s specialized services for developmental disabilities needs as identified in the individual’s service plan.

3. A nursing facility resident with developmental disabilities who has resided in a nursing facility for less than thirty months who is determined not to require the level of services provided by a nursing facility, but does require specialized services for developmental disabilities shall be discharged to an appropriate setting where the County Board shall meet the resident’s specialized services for developmental disabilities needs as identified in the individual’s service plan. The County Board, in conjunction with the nursing facility, shall arrange for a safe and orderly discharge to an appropriate setting.

4. A nursing facility resident with developmental disabilities who has resided in a nursing facility for less than thirty months who is determined not to require a level of services provided by a nursing facility shall be discharged. The County Board, in conjunction with the nursing facility, shall arrange for a safe and orderly discharge to an appropriate setting.

IX. COORDINATION WITH THE OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

DODD shall coordinate with the Ohio Department of Mental Health and Addiction Services on determinations for individuals who are subject to both preadmission screening or resident review for developmental disabilities and preadmission screening or resident review for serious mental illness.

X. NOTIFICATION OF DETERMINATION OF PREADMISSION SCREENING FOR DEVELOPMENTAL DISABILITIES OR RESIDENT REVIEW FOR DEVELOPMENTAL DISABILITIES

A. DODD shall prepare a written report which includes:

1. The determination as to whether the individual has developmental disabilities;

2. The determination as to whether the individual requires the level of services provided by a nursing facility;

3. The determination as to whether the individual requires specialized services for developmental disabilities that shall be provided or arranged for by the County Board resulting in continuous active treatment to address needs in each of the life areas for which functional limitations are identified by the County Board;

4. The placement and/or service options that is available to the individual consistent with these determinations;
5. Discharge arrangements, if applicable; and

6. The right to appeal, as outlined in Section XII of this procedure.

B. DODD shall provide a copy of its written report to:

1. The evaluated individual and when applicable, his/her guardian;

2. The individual’s attending physician;

3. The admitting or retaining nursing facility for inclusion in the individual’s medical record;

4. The discharging hospital if the individual is seeking nursing facility admission from a hospital;

5. The County Board where the individual resides and when applicable, the County Board where the nursing facility is located; and

6. In the case of an adverse resident review determination, the ODM

C. DODD shall document all determinations in the individual’s file which shall be maintained at DODD.

XI. HOSPITAL EXEMPTION

A. Upon notification from ODM or its designee of a nursing facility admission based on a hospital exemption, DODD shall begin to monitor the admission in accordance with Section 5160-3-14 of the Ohio Administrative Code.

B. DODD shall notify the County Board in the individual’s home county and when applicable, the County Board where the nursing facility is located.

C. DODD may contact the nursing facility prior to the thirtieth day of the individual’s stay to assess the need for a resident review.

D. If the nursing facility indicates that the individual may need more than a thirty-day stay, DODD shall request that the nursing facility initiate the resident review process.

XII. APPEALS

A. The individual or the individual’s guardian may appeal adverse determinations made by DODD within ninety calendar days of the date of determination by filing an appeal with the ODM in accordance with Section 5101:6 of the Ohio Administrative Code.

B. DODD shall conduct an informal reconsideration of the case when notified of appeal or at the request of the individual or guardian.
C. If the individual is subject to both a preadmission screening and resident review for developmental disabilities and preadmission screening or resident review for serious mental illness, the informal reconsideration and appeal shall be conducted jointly by DODD and the Ohio Department of Mental Health and Addiction Services.
I. SUBJECT

Privacy and Confidentiality

IX. PURPOSE

To establish the Muskingum County Board of Developmental Disabilities (County Board) policy for safeguarding privacy and confidentiality of information and individual records.

X. APPLICATION OF PRIVACY AND CONFIDENTIALITY POLICY

A. Privacy and confidentiality is the basis for all personal relationships. It involves trust and confidence and is the key to developing successful service and support delivery relationships with individuals.

B. All information concerning an individual shall be considered confidential.

XI. POLICY

G. The County Board hereby establishes a policy to safeguard each individual’s right to privacy and confidentiality in the receipt of services and supports from the County Board and to ensure a system exists for maintaining and protecting the confidentiality of individual’s information.

H. The County Board shall conform to all requirements for privacy and confidentiality set forth in Health Insurance Portability and Accountability Act (HIPAA) and other applicable law. The County Board shall not use or disclose Protected Health Information (PHI) except in accordance with applicable requirements.

I. This policy shall apply whether the County Board is acting as a covered health care provider or a health plan under HIPAA. If the County Board is acting in more than one capacity, the County Board shall be subject to the requirements applicable to that function and shall use or disclose PHI only for purposes related to the function being performed.
III. PROCEDURES TO IMPLEMENT THIS POLICY

A. Policies concerning privacy and confidentiality will be made known to all individuals receiving County Board services and supports and/or the parent of a minor or guardian of an adult, volunteers/interns, contracted service providers and all County Board staff as applicable.

B. The policies specific to privacy and confidentiality shall be reviewed annually and revised as necessary to ensure systems of ensuring privacy and confidentiality are adequate for protecting individual’s rights.

Board Adopted: June 6, 2002
Revised and Approved: April 3, 2003
Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006;
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
I. PURPOSE

The purpose of this procedure is to comply with requirements set forth in Section 3701-54-09 of the Ohio Administrative Code for radon testing to eliminate exposure to this serious environmental health problem.

II. NEW CONSTRUCTION

The Muskingum County Board of Developmental Disabilities (County Board) will follow the radon-resistant construction techniques as defined by the United States EPA’s publication in the Radon Prevention in the Design and Construction of Schools & Other Large Buildings if a new building is built.

III. ROUTINE TESTING

A. If the School is built with radon resistant (and initial test are within acceptable limits) or after an initial test of an existing program building that indicates radon levels are within acceptable limits, each program building will be retested at least every 5 years.

B. If a test is performed on an existing program building and radon levels are at or above 4.0 pCi/L, the County Board will develop a mitigation plan to reduce radon levels to acceptable levels. If installation of a mitigation system is necessary, the County Board will employ an Ohio Department of Health (ODH) licensed radon-mitigation contractor to design and install a mitigation system and the building will be tested every 2 years.

C. If any program buildings undergo major renovation of the HVAC system or of the building structure, the building will be tested prior to the renovation and immediately upon completion of the renovation and thereafter every 5 years with no elevated levels or every 2 years after mitigation for elevated levels.

IV. TESTING AND MITIGATION

A. The County Board will contract with a company or individual licensed by ODH to conduct testing in program buildings.

B. The County Board will contract with an ODH-licensed radon-mitigation contractor to design and install a mitigation system.

V. COUNTY BOARD RESPONSIBILITIES
The Support Services Director will be responsible for coordinating testing and mitigation, as necessary.

VI. REPORTING AND RECORDS RETENTION

A. The County Board will report radon levels after testing and specifics of mitigation if necessary to ODH, Bureau of Radiation Protection at 246 N. High Street, Columbus, Ohio 43215.

B. Records pertaining to testing and mitigation will be kept on file at the Annex Administrative Building for a minimum of 5 years and then archived for another 5 years. After this time period, the County Board record retention procedures will be followed.

Adopted May 5, 2008
Revised January 1, 2009
I. PURPOSE

The purpose of this policy is to establish the process for resolution of complaints involving the programs, services, policies, or administrative practices of the Muskingum County Board of Developmental Disabilities (County Board) or any entity under contract with the County Board; set forth the process for individuals to appeal adverse actions proposed or initiated by the County Board; and set forth the requirement for the County Board to give notice of the process to be followed for resolution of complaints and appeals of adverse actions.

II. SCOPE

A. Any individual or person, other than an employee of the County Board, may file a complaint using the resolution of complaints and/or an appeal of adverse action process established under 5123:2-1-12 of the Ohio Administrative Code. The individual or person filing the complaint or appeal of an adverse action shall use this process prior to commencing a civil action regarding the complaint.

B. This rule shall not be applicable to the following:

1. When the County Board is a vendor or subcontractor for service delivery;

2. Education services arranged by the local education agency. Complaints or appeals concerning such services shall follow rules adopted by the Ohio Department of Education.

3. Services provided under Part C of the Individual with Disabilities Education Act, 34.C.F.R. 303. Complaints or appeals concerning such services shall follow rules adopted by the lead agency responsible for administration of Part C of the individuals with Disabilities Education Act.

4. Medicaid services including home and community-based services waiver and Targeted Case Management services. Complaints or appeals concerning such services shall follow rules adopted by the Ohio Department of Medicaid.
5. Administration of prescribed medication, performance of health-related activities, and performance of tube feedings by developmental disabilities personnel pursuant to Section 5123.42 of the Ohio Revised Code or compliance with Chapter 5123:2-6 of the Ohio Revised Code. Complaints or appeals concerning such matters shall be made to the Ohio Department of Developmental Disability using the process established in 5123:2-17-01 of the Ohio Administrative Code; and

6. Services provided to a resident of an intermediate care facility (ICF) by the ICF, or provided on behalf of or through a contract with an ICF. Complaints or appeals concerning such services shall follow regulations governing ICF.

C. If the County Board determines that a complaint or appeal of adverse action filed with the County Board is not subject to this policy the County Board shall provide information to the individual or person filing the complaint or appeal including the name and telephone number if available, of the appropriate entity with which to file the complaint or appeal of adverse action.

D. An individual receiving non-Medicaid supported living services shall follow the terms of the contract of the service provider, as required by Section 5126.45 of the Ohio Revised Code, prior to beginning the process for resolution of complaints or appeals of adverse action established in this policy.

III. INFORMAL GRIEVANCE PROCEDURE

In lieu of the formal administrative resolution procedures an informal process for the resolution of disputes with complainants or individuals is encouraged. This policy shall authorize the Superintendent to appoint one or more persons to conduct an informal hearing of such disputes seeking to resolve the issue within a timeframe of no more than thirty (30) days. Filing of such a grievance under this policy shall not affect the rights of individuals to file an appeal through the administrative resolution procedures under II (A) of this policy.

IV. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with the Board policy and applicable rules, regulations and statutes.

Board Adopted: April 3, 2014
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. PURPOSE

The purpose of this procedure is to establish a process for resolution of complaints involving the programs, services, policies, or administrative practices of the Muskingum County Board of Developmental Disabilities (County Board) or any entity under contract with the County Board; to establish procedures for individuals to appeal adverse actions proposed or initiated by the County Board; and establish procedures to give notice to individuals of the process to be followed for resolution of complaints and appeals of adverse action.

II. DEFINITIONS

A. Adverse action means any of the following:

1. Denial of a request for a non-medicaid service,
2. Reduction in frequency and/or duration of a non-medicaid service,
3. Suspension of a non-medicaid service,
4. Termination of a non-medicaid service (except when the recipient of that service is deceased),
5. The outcome of an eligibility determination.

B. Advocate means any person selected by an individual to act and/or communicate as authorized by the individual.

C. Contracting Entity means an entity under contract with a County Board for the provision of services to individuals with developmental disabilities.

D. County Board means The Muskingum County Board of Developmental Disabilities including MEORC, council of governments.

E. DODD means the Ohio Department of Developmental Disabilities.

F. Director means the director of DODD or his or her designee.

G. Hearing means the opportunity to present one’s case regarding a complaint or appeal of adverse action.
H. **Individual** means a person with a developmental disability (DD) who is eligible for services or purports to be eligible pursuant to Chapters 5123. and 5126. of the Ohio Revised Code and includes a parent of a minor child, and individual’s guardian, or an adult authorized in writing by the individual pursuant to Section 5126.043 of the Ohio Revised Code to make a decision regarding receipt of a service or participation in a program.

I. **Intermediate Care Facility** (ICF) means an intermediate care facility for individuals with intellectual disabilities as defined in Section 5123:2-7-01 of the Ohio Administrative Code.

j. **MEORC** – Mid East Ohio Regional Council, a council of governments.

k. **Notice** means and is deemed to have occurred upon:

   1. For an individual who has selected email as his or her preferred method of communication, electronic confirmation that the individual has read the email;
   2. Personal delivery to an individual; or
   3. The date of certified mailing to an individual unless:

      a. The original certified mailing is refused, in which case notice is deemed to have occurred on the date the notice is resent by ordinary mail to the individual; or

      b. The original certified mailing is unclaimed; in which case the notice is deemed to have occurred on the date the notice is resent by ordinary mail to the individual unless within thirty (30) days after the date the notice is resent, the resent notice is returned for failure of delivery.

l. **Person** has the same meaning as in Section 1.59 of the Ohio Revised Code.

**III. GENERAL PROVISIONS**

A. Complaints and appeals of adverse action shall be filed in writing. When an individual or person expresses dissatisfaction with an outcome subject to complaint or appeal in accordance with this procedure, the Service Coordinator shall, to the extent necessary, assist the individual or person in filing a complaint or appeal.

B. At all times throughout the resolution of complaints and appeals of adverse action process, the County Board shall maintain the confidentiality of the identities of individuals unless an individual gives written permission to share information.

C. An advocate may assist an individual at any time during the resolution of complaints and appeals of adverse action process.

D. The County Board shall make all reasonable efforts to ensure that information regarding resolution of complaints and appeals of adverse action, including all notices and responses made per this procedure, is presented using language and in a format understandable to individuals and persons. All notices and responses made shall include an explanation of the
individual’s or person’s opportunity to file a complaint with or appeal to a higher authority, as applicable.

E. The time lines set forth in this procedure may be extended if mutually agreed upon in writing by all parties involved.

F. Initiation of the formal process does not preclude the resolution of a complaint or an appeal of adverse action at any point, as long as the outcome is mutually agreed upon in writing by all parties involved.

IV. REQUIREMENTS FOR COUNTY BOARDS TO PROVIDE INFORMATION ABOUT THE PROCESS FOR RESOLUTION OF COMPLAINTS AND APPEALS OF ADVERSE ACTION AND TO GIVE NOTICE OF ADVERSE ACTION

A. General information about the process for resolution of complaints and appeals of adverse action.

1. The Service Coordinator shall give and review the “Complaint or Appeal of Adverse Action Explanation Form” contained in Appendix A of this procedure to an individual at the time of the initial request for services, at least annually to each individual receiving non-Medicaid services, or on a waiting list for non-Medicaid services, and at the time a complaint is received.

2. The Program Manager shall give and review with the individual the “Complaint or Appeal of Adverse Action Explanation Form” contained in Appendix A at the time a complaint is received, within the scope of this procedure, or if the County Board Program proposes an adverse action.

3. Upon request, County Board staff or contracting entity shall provide a copy of this procedure.

4. The County Board shall publicly post the “Complaint or Appeal of Adverse Action Explanation Form” obtained in Appendix A to this procedure.

B. Specific notice of adverse action,

1. Except when it is necessary to suspend an individual’s services without delay to ensure the health and safety of the individual or other individuals in accordance with paragraph (IV) (C) of this procedure, the Program Manager shall provide written notice to the individual of the County Board’s decision to deny, reduce, suspend, or terminate services at least fifteen (15) calendar days prior to the effective date of such action. The notice form Appendix B – 1 shall include the following:

   a. An explanation of the County Board’s policy and/or authority for taking the adverse action;

   b. A description of the specific adverse action being proposed or initiated by the County Board;

   c. The effective date for the adverse action;
d. A clear statement of the reasons for the adverse action including a description of the specific assessments and/or documents that are the basis for the adverse action;

e. An explanation of the individual’s right to appeal the adverse action;

f. An explanation of the steps the individual must take to appeal the adverse action;

g. A statement that the individual has ninety (90) calendar days to appeal the adverse action;

h. A statement that the individual must file his or her appeal prior to the effective date for the adverse action to keep his or her services in place during the appeal process;

i. The name and contact information for the Service Coordinator who can assist the individual with his or her appeal; and

j. The “Complaint or Appeal of Adverse Action Explanation Form” contained in Appendix A to this procedure.

2. The Program Manager shall retain written evidence of the date the notice is personally delivered or sent by certified mail to the individual or for an individual who has selected email as his or her preferred method of communication, the date of electronic confirmation that the individual has read the email. The written evidence will be documented on “Evidence Written Notice Occurred” the Appendix B-2.

3. The Program Manager or designee will copy the “Written Notice of Adverse Action For Non-Medicaid Services” Appendix B-1 and “Evidence Written Notice Occurred” Appendix B-2 of this procedure and send to the Service Coordinator to put in the individual’s official file located at the Administrative Office.

C. Specific notice of adverse action when it is necessary to suspend an individual’s services without delay to ensure the health and safety of the individual or other individuals.

1. When it is necessary to suspend an individual’s services without delay to ensure the health and safety of the individual or other individuals, the Program Manager shall;

   a. Determine what immediate steps are necessary to ensure the health and safety of the individual and other individuals; and

   b. Provide written notice immediately (Appendix C - 1) to the individual. The notice shall include:

      i. An explanation of the County Board’s policy and/or authority for suspending the individual’s services;

      ii. A description of the specific services being suspended;

      iii. The effective date for the suspension of services;
iv. A clear statement of the reasons for the suspension of services including a description of the specific circumstances that jeopardize the health and safety of the individual or other individuals;

v. An explanation that the County Board shall arrange for appropriate alternative services and a description of the specific alternative services available to the individual;

vi. An explanation of the steps the County Board shall take in accordance with paragraphs (IV) (C) (3) and (IV) (C)(4)(a-d) of this procedure;

vii. The name and contact information for the Program Manager who can answer questions about the suspension of services; and

viii. The “Complaint or Appeal of Adverse Action Explanation Form” contained in Appendix A of this procedure.

2. The Program Manager shall retain written evidence of the date the notice is personally delivered or sent by certified mail to the individual or for an individual who has selected email as his or her preferred method of communication, the date of electronic confirmation that the individual has read the email. The written evidence will be documented “Evidence Written Notice Occurred” Form Appendix C-2 of this procedure.

3. The Service Coordinator within five (5) calendar days of the notice of suspension of services shall facilitate a team meeting to identify measures that may be implemented to eliminate circumstances that jeopardize the health and safety of the individual or other individuals.

4. The Program Manager and/or Service Coordinator within five (5) calendar days of the team meeting shall:

   a. The Program Manager or designee, with the consent of the individual shall implement measures to eliminate the circumstances that jeopardize the health and safety of the individual or other individuals as necessary and restore the suspended services; or

   b. With the consent of the individual, the Service Coordinator will continue to arrange for appropriate alternative services; or

   c. The Program Manager shall provide written notice in accordance with (IV) (C) (1) (b) of this procedure to the individual of the County Board’s decision to terminate the individual’s services at least fifteen (15) calendar days prior to the effective date of such action. If the individual files an appeal prior to the effective date of the termination of services, the County Board shall keep the individual's alternative services in place until the appeal process is completed.

   d. The Program Manager or designee will copy the “Written Notice of Adverse Action – Suspension of Non-Medicaid Services” Appendix C-1 and “Evidence Written Notice Occurred” Appendix C-2 of this procedure and send to Service Coordinator to put in the individual’s official file located at the Administrative Office.
V. INFORMAL PROCESS FOR RESOLUTION OF COMPLAINTS AND APPEALS OF ADVERSE ACTION

In lieu of the formal resolution of complaints procedures an informal process for the resolution of disputes with complainants or individuals is encouraged. The Superintendent will appoint one or more persons to conduct an informal hearing of such disputes seeking to resolve the issue within a timeframe of no more than thirty (30) days. Filing of such a grievance under this procedure shall not affect the rights of an individual to file an appeal through the resolution of complaints procedures under Section VI.

VI. FORMAL PROCESS FOR RESOLUTION OF COMPLAINTS AND APPEALS OF ADVERSE ACTION

A. **Step one**: filing a complaint or appeal of adverse action with the supervisor or manager responsible for the program, service, policy or administrative practice of the County Board.

1. An individual or person must file a complaint with the supervisor or manager of the County Board within ninety (90) calendar days of becoming aware of the program, service, policy, or administrative practice that is the subject of the complaint.

2. An individual must file an appeal of adverse action with the supervisor or manager of the County Board within ninety (90) calendar days of notice of the adverse action or within ninety (90) calendar days of conclusion of the informal process set forth in paragraph (V) of this procedure. If the individual appeals an adverse action within the prior notice period (i.e. the period of time between notice of the intended adverse action and the effective date of the adverse action), the individual’s services shall not be reduced, suspended, or terminated until the appeal process is completed or the appeal is withdrawn by the individual. An individual who appeals during the prior notice period may voluntarily consent in writing to the reduction, suspension, or termination of services during the appeal process.

3. The supervisor or manager of the County Board shall conduct an investigation of the complaint or appeal which shall include meeting with the individual or person who filed the complaint or appeal.

4. Within fifteen (15) calendar days of receipt of complaint or appeal, the supervisor or manager of the County Board shall provide and thereafter be available to discuss a written report and decision with the individual or person who filed the complaint or appeal. The written report and decision shall include the rationale for the decision and a description of the next step in the process of the individual or person is not satisfied with the decision of the supervisor or manager.

B. **Step two**: filing a complaint or appeal of adverse action with the Superintendent of the County Board.

1. If the individual or person filing the complaint or appeal of adverse action is not satisfied with the outcome of the process set forth in paragraph (VI) (A) (1-4) of this procedure, the individual or person may file a complaint or appeal with the Superintendent of the County Board.
2. The complaint or appeal of adverse action must be filed with the Superintendent of the County Board within ten (10) calendar days of notice of the decision of the supervisor or manager of the County Board. If no decision is provided by the supervisor or manager of the County Board within fifteen (15) calendar days in accordance with paragraph (VI)(A)of this procedure, the complaint or appeal of adverse action must be filed with the Superintendent within twenty-five (25) calendar days of filing the complaint or appeal with the supervisor or manager.

3. The Superintendent or his or her designee shall, within ten (10) calendar days of receipt of the complaint or appeal, meet with the individual or person and conduct an administrative review.

4. As part of the administrative review, the Superintendent or his or her designee may ask questions to clarify and review the circumstances and facts related to the supervisor’s or manager’s decision and shall provide the individual or person the opportunity to present reasons why the supervisor’s or manager’s decision should be reconsidered.

5. Within fifteen (15) calendar days of receipt of the complaint or appeal, the Superintendent or his or her designee shall send by certified mail, a copy of his or her decision to the individual or person who submitted the complaint or appeal. Such decision shall include the rationale for the decision and a description of the next step in the process if the individual or person is not satisfied with the decision of the Superintendent or his or her designee.

C. **Step three** filing a complaint or appeal of adverse action with the President of the Board.

   1. If the individual or person filing the complaint or appeal of adverse action is not satisfied with the outcome of the process set forth in paragraph (VI) (B) of this procedure, the individual or person may file a complaint or appeal with the President of the Board.

   2. The complaint or appeal of adverse action must be filed with the President of the Board within ten (10) calendar days of notice of the decision of the Superintendent or his or her designee. If no decision is provided by the Superintendent or his or her designee within fifteen (15) calendar days in accordance with paragraph (VI)(B)(5) of this procedure, the complaint or appeal of adverse action must be filed with the President of the Board within twenty-five (25) calendar days of filing the complaint or appeal with the Superintendent.

   3. The President of the Board shall ensure that a hearing is conducted within twenty (20) calendar days of receipt of the complaint or appeal at a time and place convenient to all parties. At such hearing:

      a. The Board may hear the complaint or appeal;

      b. A committee of two (2) or more Board members appointed by the President of the Board with agreement of the Board may hear the complaint or appeal. The committee shall issue a report and recommendation to the Board within ten (10) calendar days of the conclusion of the hearing; or

      c. A hearing officer appointed by the Board may hear the complaint or appeal. The hearing officer shall have the same powers and authority in conducting the hearing as granted to the Board. The hearing officer shall not be an employee or contractor of the Board.
county providing any service other than that of hearing officer. The hearing officer need not be an attorney, but shall possess qualifications to be able to make neutral and informed decisions about the complaint or appeal. The Board may ask DODD to decide if a person is qualified to be a hearing officer. The hearing officer shall issue a report and recommendation to the Board within ten (10) calendar days of the conclusion of the hearing.

4. Upon request, the individual or person filing the complaint or appeal shall be provided access to all records and materials related to the complaint or appeal no less than ten (10) calendar days before the hearing.

5. To the extent permitted by law, the hearing shall be private unless the individual or person requesting the hearing wants it open to the public.

6. During the hearing, both parties may present evidence to support their positions.

7. The individual or person requesting the hearing and the Board has the right to be represented by an attorney.

8. The individual or person requesting the hearing shall have the right to have an attendance at the hearing and question any official, employee or agent of the County Board who may have evidence upon which the complaint or appeal is based.

9. Evidence presented at the hearing shall be recorded by stenographic means or by use of an audio recorder at the option of the County Board. The record shall be made at the expense of the County Board and, upon request, one copy of a written transcript shall be provided, at no cost, to the individual or person requesting the hearing.

10. In making its decision, the County Board may request or consider additional information with notice to all affected parties, may request a presentation in writing and/or in person from each party, or take other action necessary to make a determination.

11. Within fifteen (15) calendar days of conclusion of a Board hearing or the Board’s receipt of the report and recommendation from a Board-appointed committee or a hearing officer, the President of the Board shall send by certified mail, a copy of the Board’s decision to the individual or person who requested the hearing. Such decision shall include the rationale for the decision and a description of the next step in the process if the individual or person is not satisfied with the decision of the Board.

D. **Step four**: filing a complaint or appeal of adverse action with the Director.

1. If the individual filing the complaint or appeal of adverse action is not satisfied with the outcome of the process set forth in paragraph (VI) (C) of this procedure, the individual may file a complaint or appeal with the Director.

2. The complaint or appeal of adverse action must be filed with the Director within fifteen (15) calendar days of notice of the decision of the Board. If no decision is provided by the President of the Board within fifteen (15) calendar days in accordance with paragraph (VI)(C)(11) of this procedure, the complaint or appeal of adverse action must be filed with
the Director within fifty-five (55) days of filing the complaint with the President of the Board.

3. The Director shall send a copy of the complaint or appeal of adverse action to the Superintendent and President of the Board.

4. The President of the Board shall send the Director the written transcript of the Board hearing copies of any exhibits, and a copy of the Board’s decision within twenty (20) calendar days of receiving the copy of the complaint or appeal of adverse action from the Director.

5. Upon request by an affected party or at the Director’s initiation, the Director may request or consider additional information with notice to all affected parties, may request a presentation in writing and/or in person from each party, or take other action necessary to make a determination.

6. Within forty-five (45) calendar days of receipt of the written transcript of the Board hearing, copies of any exhibits and a copy of the Board’s decision from the President of the Boards, the Director shall send by certified mail, a copy of his or her decision to all affected parties. The Director shall uphold the decision of the Board if the Director determines that the decision is in accordance with applicable statute and administrative rule. The Director’s decision shall include the rationale for the decision.

VII. OTHER REMEDIES

After exhausting the administrative remedies required by this rule, an individual or person may commence a civil action if the complaint or appeal of adverse action is not resolved to his or her satisfaction. This procedure is not intended to provide any right or cause of action that does not exist absent this rule.

Appendix used for the implementation of this procedure:

Appendix A – Complaint or Appeal of Adverse Action Explanation Form
Appendix B – Written Notification Form

Approved: April 3, 2014
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

APPENDIX A

COMPLAINT OR APPEAL OF ADVERSE ACTION EXPLANATION FORM FOR NON – MEDICAID SERVICES

Why would I file a complaint or appeal?

- You may file a complaint if you are dissatisfied with a program, service, policy, or practice of Starlight Programs.

- You may file an appeal of adverse action ("appeal") if your request for services is denied, reduced in frequency or duration, suspended or terminated.

Do I have to file a formal complaint or appeal?

- No; if you choose, you may start by trying to resolve your complaint or appeal informally with a supervisor or manager at the School, MSI, ADP, Transportation, or Service Coordination. You and the supervisor or manager can agree to work together to try and resolve your complaint or appeal. The informal process shall take no longer than 30 days.

Should I try to resolve my complaint or appeal informally before filing a formal complaint or appeal?

- This is entirely up to you. Trying to resolve your complaint or appeal informally does not prevent you from filing a formal complaint or appeal.

When should I file a complaint or appeal?

- A complaint must be filed within 90 days of becoming aware of the program, service, policy, or practice that is the subject of your complaint.

- An appeal must be filed within 90 days of receiving notice that your services are being denied, reduced in frequency or duration, suspended, or terminated.

Important!

- In most cases, the School, MSI, ADP, Transportation, or Service Coordination must notify you at least 15 days prior to the date it plans to take away your services. If you file an appeal before the date, your services are scheduled to be taken away; your services will stay in place during the appeal process.

How do I file a complaint or appeal?
• The complaint or appeal must be filed in writing with the supervisor or manager responsible for the program, service, policy, or practice of Starlight Programs. A Service Coordinator will assist you if you need help.

**How will I be notified about my complaint or appeal?**

• The Supervisor/Manager will respond to you in writing. Each response will explain the next step and the timeline for completing it.

**What will happen after I file a formal complaint or appeal?**

• The Supervisor/Manager will meet with you to discuss your complaint or appeal and will investigate your complaint or appeal. Within 15 days, the Supervisor/Manager will provide you with a written response to your complaint or appeal. If you make a request, the Supervisor/Manager will discuss the written response with you.

**What if I am not satisfied with the supervisor’s or manager’s decision?**

• You may file your complaint or appeal with John Hill, Superintendent. Your complaint or appeal must be filed in writing within 10 days of receiving the supervisor’s or manager’s written response. A Service Coordinator will assist you if you need help. The Superintendent or his or her designee will meet you within 10 days of receipt of your complaint or appeal and provide you with written response within 15 days of receipt of your complaint or appeal.

**What if I am not satisfied with the Superintendent’s decision?**

• You may file your complaint or appeal with the President of the Board. Your complaint or appeal must be filed in writing within 10 days of receiving the Superintendent’s written response. A Service Coordinator will assist you if you need help. A hearing will be conducted within 20 days of receipt of your complaint or appeal.

**What will happen at the hearing?**

• The hearing may be conducted by the full Board, by a committee of two or more members of the Board appointed by the President of the Board, or by a hearing officer appointed by the President of the Board. You will have an opportunity to explain your complaint or appeal. You may be represented by an attorney. You have the right to question officials or employees of the School, MSI, ADP, SSA, or Transportation who have information related to your complaint or appeal. You may be asked questions about your complaint or appeal.

**What will happen after the hearing?**

• You are entitled to receive, at no cost, a written transcript of the hearing. Within 15 days of a hearing conducted by the Board or the Board’s receipt of the report and recommendation from a hearing officer, the President of the Board will send you by certified mail, the Board’s
decision regarding your complaint or appeal. The decision must include a rationale and a
description of what you should do if you are still dissatisfied.

**What if I am not satisfied with the county board’s decision?**

- You may file your complaint or appeal with the Director of the Ohio Department of
  Developmental Disabilities. Your complaint or appeal must be filed in writing within 15 days
  of receiving the Board’s decision. A Service Coordinator will assist you if you need help. The
  Director or his or her designee may request additional information from you. Within 45 days of
  receipt of necessary documents related to your complaint or appeal, the Director or his or her
  designee will send you by certified mail, his or her decision regarding your complaint or
  appeal.

**What if I am not satisfied with the Director’s decision?**

- You may file a claim through the court system.

**Who else can help me with my complaint or appeal?**

- Arc of Ohio at 1-800-875-2723
- Disability Rights of Ohio at 1-800-282-9181
- Ohio Department of Developmental Disabilities at 1-877-464-6733
I. SUBJECT

Self Determination

X. PURPOSE

A. A collaborative effort between the Ohio Department of Developmental Disabilities (DODD), the Ohio Association of County Boards (OACB) and Muskingum County Boards of Developmental Disabilities (County Board) to develop an understanding and commitment to self-determination, person-centered planning, and “individual budgets” within the current Medicaid environment.

B. As part of the state agency’s initiative to restructure its system of services and supports, the County Board shall participate with the DODD and OACB to expand the principles of self-determination in Ohio.

XI. POLICY

i. Self-determination refers to the right of all people, including those with disabilities, to determine their own future, and decide how they want to live, work, and socialize within their community. The expansion will form new partnerships between individuals with disabilities, families, advocates, service providers, and other stakeholders in the community.

B. Self-Determination is an ideal based upon the principles of freedom, authority, support and responsibility.

1. **Freedom**: the ability to plan a life with supports rather than purchase a program.

2. **Authority**: the ability to control a certain sum of dollars to purchase supports.

3. **Support**: through the use of resources, arranging formal and informal supports to live within the community.

4. **Responsibility**: accepting a role within the community through competitive employment, organizational affiliations, and general caring for others within the community and accountability for spending public dollars in life enhancing ways.

C. The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: April 3, 2003; Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006; January 4, 2007
I. SUBJECT

Special Olympics

XII. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) believes that Special Olympic participation contributes to the physical, social, and psychological development of the individual. Through successful experiences in sports, they gain confidence and build a positive self-image which carries over into the classroom, home, job, and community.

XIII. POLICY

A Special Olympics program will be available to all eligible individuals enrolled in the County Board’s School or Adult Services programs.

IV. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.
I. SUBJECT

Service and Support Administration

II. PURPOSE

The Purpose of this rule is to define the responsibilities of the Muskingum County Board of and Developmental Disabilities (County Board) for Service and Support Administration (SSA) and to establish a process for individuals who receive SSA to have an identified SSA who is the primary point of coordination.

III. POLICY

The County Board recognizes that individuals, including individuals who have been adjudicated incompetent pursuant to Chapter 2111. of the Ohio Revised Code, have the right to participate in decisions that affect their lives and to have their needs, desires, and preferences considered through the “person-centered planning process.” Eligible individuals will work with an identified SSA who is the “primary point of coordination and responsible for the effective development, implementation, and coordination of the Individual Service Plan (ISP).

IV. ANNUAL REVIEW AND ADOPTION OF POLICIES

This policy shall be maintained on file in the administrative offices of the County Board and shall be reviewed and updated annually.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: October 6, 2005
Reviewed with approval: January 5, 2006; January 4, 2007; January 3, 2008
Revised: January 1, 2009
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. PURPOSE

The purpose of this procedure is to define the responsibilities of the Muskingum County Board of Development Disabilities (County Board) for Service and Support Administration (SSA) and to establish a process for individuals who receive SSA Administration to have an identified SSA who is the primary point of coordination.

II. DEFINITIONS

A. Alternative Services has the same meaning as in rule 5123:2-1-08 of the Ohio Administrative Code.

B. Assessment means the individualized process of gathering comprehensive information concerning the individual’s preferences, desired outcomes, needs, interests, abilities, health status and other available supports.

C. Budgets for Services means the projected cost required of implementing the Individual Service Plan (ISP) regardless of funding source.

D. County Board means the Muskingum County Board of Developmental Disabilities.

E. ODODD means the Ohio Department of Developmental Disabilities.

F. HCBS Waiver means a Home and Community Based Services Waiver means a Medicaid waiver administered by the DODD in accordance with Section 5166.21 of the Ohio Revised Code.

G. Individual means a person with Developmental Disabilities.

H. ISP means the Individual Service Plan, a written description of the services, supports, and activities to be provided to an individual.

I. ICF means an intermediate care facility for individuals with intellectual disabilities as defined in rule 5123:2-7-01 of the Ohio Administrative Code.

J. Natural Supports means the personal associations and relationships typically developed in the community that enhance the quality of life for individuals. Natural supports may include family members, friends, neighbors, and others in the community or organizations that serve the general public who provide voluntary support to help an individual achieve agreed upon outcomes through the ISP development.
K. **Person – centered planning** - means an ongoing process directed by an individual and others chosen by the individual to identify the individual’s unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to the individual’s support needs.

L. **Primary point of coordination** means the identified service and support administrator who is responsible to an individual for the effective development, implementation, and coordination of the ISP.

M. **Service and Support Administration** means the duties performed by a service and support administrator (SSA) pursuant to Section 5126:15 of the Ohio Revised Code.

N. **Team** means the group of persons chosen by the individual with the core responsibility to support the individual in directing development of his or her ISP. The team includes the individual’s guardian or adult whom the individual has identified, as applicable, the service and support administrator, direct support staff, providers, licensed or certified professionals, and any other persons chosen by the individual to help the individual consider possibilities and make decisions.

### III. DECISION-MAKING RESPONSIBILITY

A. Individuals, including individuals who have been adjudicated incompetent pursuant to Chapter 2111 of the Ohio Revised Code, have the right to participate in decisions that affect their lives and to have their needs, desires and preferences considered.

B. An Individual for whom a guardian has not been appointed shall make decisions regarding receipt of a service or support or participation in a program provided for or funded under Chapter 5123 or 5126 of the Ohio Revised Code. The individual may obtain support and guidance from another person; doing so does not affect the right of the individual to make decisions.

C. An individual for whom a guardian has not been appointed may, in accordance with section 5126.043 of the Ohio Revised Code, authorize an adult (who may be referred to as a “chosen representative”) to make a decision described in III (B) of this procedure on behalf of the individual as long as the adult does not have a financial interest in the decision. The authorization shall be made in writing.

D. When a guardian has been appointed for an individual, the guardian shall make a decision described in paragraph III (B) of this procedure on behalf of the individual within the scope of the guardian’s authority. The paragraph shall not be construed to require appointment of a guardian.

E. An adult or guardian who makes a decision pursuant to III (C) or (D) of this procedure shall make a decision that is in the best interest of the individual on whose behalf the decision is made and that is consistent with the individual’s needs, desires, and preferences.

### IV. PROVISION FOR SERVICE AND SUPPORT ADMINISTRATION

A. The County Board shall provide SSA TO:

1. An individual, regardless of age or eligibility for County Board services, who is applying for or enrolled in a HCBS Waiver;
2. An individual three years of age or older who is eligible for County Board services, and requests, or a person on the individual’s behalf requests, SSA services and;

3. An individual residing in an Intermediate care facility (ICF) who requests or a person on the individual’s behalf requests assistance to move from the ICF to a community setting.

B. The County Board shall provide SSA in accordance with the requirements of Section 5126.15 of the Ohio Revised Code.

C. An individual who is eligible for SSA services in accordance with paragraph IV (A) (1-3) of this procedure and requests, or a person on the individual’s behalf requests SSA services (pursuant to section III of this procedure), shall receive SSA services and shall not be placed on a waiting list for SSA services.

V. DETERMINATION OF ELIGIBILITY FOR CB SERVICES

SSA shall, in accordance with rules adopted by DODD determine individual’s eligibility for County Board services. The County Board may assign responsibility for eligibility determination to a SSA who does not perform other SSA functions; in such a case, results of the eligibility determination shall be shared with the SSA who is the primary point of coordination for the individual in order to ensure coordination of services and supports. Results of the eligibility determination shall be shared in a timely manner with the individual and the individual’s guardian, and /or the adult whom the individual has identified, as applicable.

VI. PRIMARY POINT OF COORDINATION

A. A County Board shall identify a SSA for each individual receiving SSA services who shall be the primary point of coordination for the individual. An individual shall be given the opportunity to request a different SSA from the County Board.

B. With the active participation of the individual and members of the team, the SSA shall perform the following duties:

1. Initially, and at least every twelve months thereafter, coordinate assessment of the individual.

   a. The assessment shall take in to consideration;

      i. What is important to the individual to promote satisfaction and achievement of desired outcomes;

      ii. What is important for the individual to maintain health and welfare;

      iii. Known and likely risk;

      iv. The individual’s place on the path to community employment; and

      v. What is working and not working in the individual’s life’

2. The assessment shall identify supports that promote the individual’s;

   a. Rights (e.g. equality, citizenship, access, due process and responsibility);
b. Self-determination (e.g., choices, opportunities, personal control, and self advocacy)

c. Physical well-being (e.g., routine and preventative health care and daily living skills appropriate to age);

d. Emotional well-being (e.g., self-worth, self esteem, satisfaction with life, and spirituality)

e. Material well-being (e.g., employment, money, education, and housing);

f. Personal development (e.g., achievement, success, and personal competence);

g. Interpersonal relationships (e.g., social contacts, relationships, and emotional supports); and

h. Social inclusion (e.g., community, participation and social supports).

C. Using person-centered planning – develop, review and revise the Individual Service Plan (ISP) and ensure

1. Reflects results of the assessment.

2. Includes services and supports that:

   a. Ensure health and safety;

   b. Assist the individual to engage in meaningful and productive activities;

   c. Support community connections and networking with persons or groups including persons with disabilities and others;

   d. Assist the individual to improve self-advocacy skills and increase the individual’s opportunities to participate in advocacy activities, to the extent desired by the individual;

   e. Ensure achievement of outcomes that are important to the individual and outcomes that are important for the individual and address the balance of and any conflicts between what is important to the individual and what is important for the individual;

   f. Address identified risks and includes supports to prevent or minimize risks;

3. Integrates all sources of services and supports, including natural supports and alternatives services, available to meet the individual’s needs and desired outcomes;

4. Reflects services and supports that are consistent with efficiency, economy, and quality of care; and

5. Is updated throughout the year.

D. Establish a recommendation for and obtain approval of the budget for services based on the individual’s assessed needs and preferred ways of meeting those needs.
E. Through objective facilitation, assist the individual in choosing providers by:

1. Ensuring that the individual is given the opportunity to select providers from all willing and qualified providers in accordance with applicable federal and state laws and regulations including 5123: 2-9-11 of the Ohio Administrative Code; and
2. Assisting the individual as necessary to work with providers to resolve concerns involving a provider or direct support staff who are assigned to work with the individual.

F. Secure commitments from providers to support the individual in achievement of his or her desired outcomes.

G. Verify by signature and date that prior to implementation each ISP:

   a. Indicates the provider, frequency, and funding source for each service and support; and

   b. Specifies which provider will deliver each service or support across all settings.

H. Establish and maintain contact with providers as frequently as necessary to ensure that each provider is trained on the ISP and has a clear understanding of the expectations and desired outcomes of the supports being provided.

I. Establish and maintain contact with natural supports as frequently as necessary to ensure that natural supports are available and meeting desired outcomes as indicated in the ISP.

J. Facilitate effective communication and coordination among the individual and members of the team by ensuring that the individual and each member of the team has a copy of the current ISP unless otherwise directed by the individual, the individual’s guardian, or the adult whom the individual has identified, as applicable. The individual and his or her providers shall receive a copy of the ISP at least fifteen calendar days in advance of implementation unless extenuating circumstance make fifteen – day advance copy impractical and with agreement by the individual and his or her providers.

   1. A member of the team who becomes aware that revisions to the ISP are indicated shall notify the SSA.

   2. A member of the team may disagree with any provision in the ISP at any time. All dissenting opinions shall be specifically noted in writing and attached to the ISP.

K. Provide ongoing ISP coordination to ensure services and supports are provided in accordance with the ISP and to the benefit and satisfaction of the individual. Ongoing ISP coordination shall;

   1. Occur with the active participation of the individual and members of the team;

   2. Focus on achievement of the desired outcomes of the individual;

   3. Balance what is important to the individual and what is important for the individual;

   4. Examine service satisfaction (i.e. what is working for the individual and what is not working); and
5. Use the ISP as the fundamental tool to ensure the health and welfare of the individual.

L. Review and revise the ISP at least every twelve months and more frequently under the following circumstance;

1. At the request of the individual or a member of the team, in which case revisions to the ISP shall occur within thirty calendar days of the request;

2. Whenever the individual’s assessed needs, situation, circumstances or status changes;

3. If the individual chooses a new provider or type of service or support;

4. As a result of reviews conducted in accordance with paragraph of this procedure;

5. Identified trends and patterns of unusual incidents (UI) or major unusual incidents (MUI); and

6. When services are reduced, denied, or terminated by DODD or the Ohio Department of Medicaid.

M. Take the following actions with regard to Medicaid services;

1. Explain to the individual, in conjunction with the process of recommending eligibility and /or assisting the individual in making application for enrollment in a home and community – based services waiver or any other medical services and in accordance with rules adopted by DODD;

   a. Alternative services available to the individual;

   b. The individual’s due process and appeal rights; and

   c. The individual’s right to choose any qualified and willing provider.

2. Explain to the individual, at the time the individual is being recommended for enrollment in a home community-based services waiver;

   a. Choice of enrollment in a home and community – based services waiver as an alternative to ICF placement; and

   b. Services and supports funded by a home and community-based services waiver.

3. Provide an individual with written notification and explanation of the individual’s right to a Medicaid state hearing if the ISP plan process results in a recommendation for the approval, reduction, denial, or termination of services funded by a home and community-based services waiver. Notice shall be provided in accordance with Section 5101.35 of the Ohio Revised code.

4. Make a recommendation to the Ohio Department of Medicaid or its designee, in accordance with 5101:3-3-15.3 of the Ohio Administrative Code, as to whether the individual meets the
criteria for an ICF Level of Care (LOC) in accordance with 5101:3-3-07 of the Ohio Administrative Code.

5. Explain to an individual whose ISP includes services funded by a home and community-based services waiver or other Medicaid services that the services are subject to approval by DODD and the Ohio Department of Medicaid. If DODD or the Ohio Department of Medicaid approves, reduces, denies, or terminates services funded by a home and community – based services waiver or other Medicaid services included in an ISP, the SSA shall communicate with the individual about this action.

6. Provide an individual written notification and explanation of the individual’s right to use the administrative resolution of complaint process per 5123: 2-1-12 of the Ohio Administrative Code if the ISP process results in the reduction, denial or termination of service other than a service funded by a home and community-based services waiver or targeted case management (TCM) services. Such written notice and explanation shall also be provided to an individual if the ISP process results in an approved service that the individual does not want to receive, but is necessary to ensure the individuals health, safety, and welfare. Notice shall be provided in accordance with 5123:2-1-12 of the Ohio Administrative Code.

7. Advise members of the team of their right to file a complaint per 5123:2-1-12 of the Ohio Administrative Code.

8. Retain responsibility for all decision-making regarding SSA functions and the communication of any such decisions to the individual.

9. Take actions necessary to remediate any immediate concerns regarding the individual’s health and welfare.

10. Implement a continuous review process to ensure that individual service plans are developed and implemented per this procedure.

   a. The continuous review process shall be tailored to the individual and based on information provided by the individual and the team.

   b. The scope, type, and frequency of reviews shall be specified in the ISP and shall include, but not be limited to:

      i. Face to face visits, occurring at a time and place convenient for the individual, at least annually or more frequently as needed by the individual; and

      ii. Contact via phone, e-mail, or other appropriate means as needed.

   c. The frequency of reviews may be increased when:

      i. The individual has intensive behavioral or medical needs;

      ii. The individual has an interruption of services of more than thirty calendar days;

      iii. The individual encounters a crisis or multiple less serious but destabilizing events within a three month period;
iv. The individual has transitioned from an intermediate care facility to a community setting within the past twelve months;

v. The individual has transitioned to a new provider of homemaker/personal care within the past twelve months;

vi. The individual receives services from a provider that has been notified of the DODD’s intent to suspend or revoke the provider’s certification or license; or

vii. Requested by the individual, the individual’s guardian, or the adult whom the individual has identified, as applicable.

d. The SSA shall share results of reviews in a timely manner with the individual, the individual’s guardian, and/or the adult whom the individual has identified, as applicable and the individual’s providers, as appropriate.

e. If the continuous review process individual areas of non-compliance with standards for providers of services funded by a home and community-based services waiver, the County Board shall conduct a provider compliance review in accordance with 5123:2-2-04 of the Ohio Administrative Code.

VII. EMERGENCY RESPONSE SYSTEM

A. The County Board shall, in coordination with provision of SSA, make an on-call emergency response system available twenty–four-hours per day, seven days a week to provide immediate response to an unanticipated event that requires an immediate change in an individual’s exiting situation and/or ISP to ensure health and safety. Persons available for on-call emergency response system shall:

1. Provide emergency response directly or through immediate linkage with the SSA who is the primary point of coordination for the individual or with the primary provider;

2. Be trained and have the skills to identify the problem, determine what immediate response is needed to alleviate the emergency and ensure health and welfare, and identify and contact persons to take the needed action;

3. Notify the providers and the SSA who is the primary point of coordination for the individual to ensure adequate follow-up;

4. Notify the County Board investigative agent as determined necessary by the nature of the emergency; and

5. Document the emergency in accordance with County Board procedures.

VIII. RECORDS

A. Paper or electronic records shall be maintained for individuals receiving SSA and shall include, at a minimum:
1. Identifying data;

2. Information identifying guardianship, other adult whom the individual has identified, trusteeship, or protectorship;

3. Date of request for services from the County Board;

4. Evidence of eligibility for County Board services;

5. Assessment information relevant for services and the ISP process for supports and services;

6. Current ISP;

7. Current budget for services;

8. Documentation that the individual exercised freedom of choice in the provider selection process;

9. Documentation of unusual incidents;

10. MUI investigation summary reports;

11. The name of the SSA;

12. Emergency information;

13. Personal financial information, when appropriate;

14. Release of information and consent forms;

15. Case notes which include coordination of services and supports and continuous review process activities; and

16. Documentation that the individual was afforded due process in accordance with section XI (A-C) of this procedure, including but not limited to, appropriate prior notice of any action to deny, reduce, or terminate services and an opportunity for a hearing.

B. When the County Board uses electronic record keeping and electronic signatures, the County Board shall establish policies and procedures for verifying and maintaining such records.

IX. DUE PROCESS

Due process shall be afforded to each individual receiving SSA pursuant to Section 5101.35 of the Ohio Revised Code for services funded by a home and community –based services waiver and TCM services or pursuant to 5123:2-1-12 of the Ohio Administrative Code for services funded by a home and community –based services waiver and TCM services.

X. DEPARTMENT MONITORING AND TECHNICAL ASSISTANCE

DODD shall monitor compliance with 5123:2-1-11 of the Ohio Administrative Code by County Board. Technical assistance, as determine necessary by DODD shall be provided upon request and through regional and statewide trainings.
XI. OHIO DEPARTMENT OF MEDICAID MONITORING OF TCM SERVICES

The Ohio Department of Medicaid retains final authority to monitor the provision of TCM services in accordance with 5101:3-48-01 of the Ohio Administrative Code.

XII. SERVICE AND SUPPORT ADMINISTRATION WORK HOURS AND RESCHEDULED TIME

A. SSA’s typically are assigned to work from 8:30 a.m. – 4:00 p.m. Monday – Friday (a total of 37.50 hours per week).

B. It is necessary for SSA to meet with people when they are available and occasionally it is necessary to work outside of the assigned work hours;

1. When these work times fall outside of the typical work hours, it is expected the SSA will adjust their work time schedule to reflect a total time worked throughout the week to be 37.50 hours;

2. This adjustment should be reflected as actual time worked on their weekly time sheet;

3. Any adjustment to their typical work schedule should be relayed to their Team Leader via an email.

C. SSA’s provide emergency response services 24 hours a day, 7 days a week. This is referred to as on-call time. During this time, when the county board is closed, any calls coming to a specified 800 number are answered by a contracting company. This company then forwards this information to the designated SSA. The SSA then determines the specified protocol for action. Should the protocol require physical response, this response must be made within one hour;

1. The County Board assigns each SSA to on-call responsibilities throughout the year on a rotating basis;

2. On-call starts 4:00 p.m. on Friday and this responsibility will extend until 8:30 a.m. the following Friday. Other arrangements can be made as long as these arrangements are made far enough in advance to notify the on-call contracting company.

3. Compensation occurs only when responding to an on-call situation from Friday after 4:00 p.m. until Saturday night midnight. This compensation will be paid at straight time until 40 hours is reached. Time after 40 hours in the pay week will be subject to overtime (policy 11.03). It will be the responsibility of the SSA to report time worked to the Business Manager immediately upon the start of business the following work day if their time sheet was turned in on the previous Friday;

4. The next work week begins Sunday 12:00 a.m. This begins the assigned work week equaling 37.50 hours. Any time worked from Sunday 12:00 a.m. should be re-scheduled during the upcoming work week and should be reflected accordingly on the time sheet;
5. In addition to the Time Sheet, a form to delineate details of on-call will be completed and attached to the Time Sheet.

Approved: July 1, 2005
Reviewed: December 18, 2006; January 22, 2007; January 3, 2008; January 1, 2009
Reviewed: January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013
Revised March 25, 2013;
Reviewed: January 9, 2014
Revised: February 25, 2014
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. SUBJECT

Smoke and Tobacco Free Workplace

XIII. PURPOSE

This policy establishes the Muskingum County Board Developmental Disabilities (County Board) policy for a smoke and tobacco free workplace.

XIV. APPLICATION OF SMOKE AND TOBACCO FREE WORKPLACE POLICY

County Board Staff, volunteers, vendors, contractors, visitors, and the general public are not permitted to smoke cigarettes, cigars, pipes or any tobacco burning devices or use smokeless tobacco products such as snuff, dip, rub or smoke e-cigarettes.

XV. POLICY

J. The County Board hereby establishes a policy to provide a safe and healthy work environment for employees and the public: therefore effective January 1, 2011 the Program is adopting a campus – wide tobacco-free environment. The Program prohibits use of all tobacco products on Program property at any time, both indoors and out, including inside all Program – owned vehicles, structures, and facilities and outside on the walkways, parking lots, and grassy areas.

K. Any Tobacco controversy that cannot be resolved by the staff, individuals, or the supervisor involved should be referred to the Superintendent or his designee.

Board Adopted:  October 7, 2010
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
I. SUBJECT

Transportation Services

II. PURPOSE

A. The purpose of this policy is to direct the planning, administration and implementation of transportation services and options which ensure availability, safety and identification of individual transportation needs. Implementation of this policy promotes the development of transportation services and options based on the individual planning process.

B. The Muskingum County Board of Developmental Disabilities (County Board) shall provide transportation services to individuals enrolled in the programs of the County Board in the safest and most efficient manner possible for each individual. To ensure a safe and efficient transportation system, bus drivers shall be responsible for compliance with all policies, procedures and regulations of the County Board, the Ohio Pupil Transportation and Safety Rules, and the Rules of the Ohio Department of Education and these are hereby incorporated in these procedures.

III. POLICY

A. The County Board shall provide transportation services pursuant to all relevant laws and regulations. Transportation services may be available through collaborative arrangements with other entities. Any transportation options provided through contracted entities shall comply with all relevant laws and regulations.

B. The nature and extent of transportation services provided to each individual served shall be determined through the individual’s and/or families planning process and shall be made available for all individuals receiving services from the County Board. Transportation supervisor shall be consulted in the preparation of the individual’s plan when transportation is a related service and when the individual’s needs are such that information to ensure safe transportation and well being of an individual is necessary to provide such transportation. Individuals shall not travel in a vehicle on a regularly scheduled route for more than ninety (90) minutes one way on any day. Policies and procedures pertaining to the nature and extent of transportation shall be available to individuals enrolled in County Board programs and their families.
C. The County Board will provide for individual needs for special physical adaptations/ supports to provide for good body alignment & positioning. The utilization of physical adaptations/supports must be approved via assessment & Individual Educational Plan (IEP) and Individual Services Plan (ISP) Team. Safety belts and harnesses that have been deemed necessary for the safe transportation of children and adults will be approved by the management team. Transportation staff will be trained in proper use of safety belts and harnesses. Documentation will be maintained for safety purposes and will be reviewed by the management team quarterly.

Note: All State & Federal laws that apply to travel restraint for children (i.e. age & weight) supersede this rule.

D. Passenger safety is a primary concern. Transportation staff shall use procedures to ensure that wheelchairs are secured, seating capacity limitations are followed, and as appropriate, car seats, restraints, seat belts and quick release mechanisms are utilized. If an individual’s needs for transportation assistance cannot be met safely by the County Board’s traditional transportation services, alternate means of transportation may be utilized. The Superintendent must approve all requests for alternate forms of transportation and may provide reimbursement for transportation by parents/guardians/providers or other transportation systems.

E. When it is determined through the planning process that transportation other than that provided by the County Board is an integral part of the education or habilitation of the individual, the County Board shall provide reimbursement for transportation to that individual, the parent or guardian. Under these circumstances, a written agreement between the County Board and the individual or parent/guardians/providers shall be obtained prior to the provision of such transportation services.

F. Upon prior written notification to the County Board an individual may elect to walk, ride public transportation, or use other means to reach the program site or home. Under these circumstances the County Board does not provide reimbursement for transportation services or assume any responsibility or liability for the health and safety of the individual while they are providing their own transportation.

G. The County Board shall have insurance including but not limited to bodily injury, bodily liability and property damage liability for all transportation services operated by the County Board. All County Board vehicles shall successfully complete all annual vehicle inspections. The transportation department shall ensure maintenance of all required records and reports.

IV. AUTHORIZED USE OF BOARD VEHICLES

A. Vehicles owned or operated by the County Board will be used to provide transportation to and from County Board programs. These activities may include regular transportation routes, field trips; County Board approved special events requiring transportation of individuals. Employees are prohibited from using the County Board vehicles for personal business. Authorization to ride County Board vehicles is limited to individuals enrolled or being considered for enrollment in County Board programs, individuals enrolled in programs operated by other agencies who utilize space in County Board operated facilities, students enrolled in educational programs operated by school districts, staff and volunteers. Family members involved in County Board programs, caregivers, chaperones, or others involved in educational/ therapeutic/ habilitation needs of program participants may also be authorized to ride on County Board vehicles with approval of the appropriate Superintendent/ designee.
B. Collaborative arrangements with other agencies and/or individuals to utilize County Board vehicles may be made with proof of insurability, valid driver’s license, appropriate training for the vehicle being used, and approval from the Superintendent or designee.

V. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: July 16, 2002
Reviewed with approval: January 8, 2004; February 3, 2005; January 5, 2006; January 4, 2007
Reviewed: January 3, 2008
Revised: January 1, 2009
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
A. INDIVIDUAL PLANNING PROCESS ADDRESSING TRANSPORTATION.

The nature and extent of transportation services provided to each individual served shall be determined through the individual’s and/or families planning process and shall be made available for all individuals receiving services from the Muskingum County Board of Developmental Disabilities (County Board). The determination shall be reviewed at least annually.

II. DEFINITIONS

A. County Board means the Muskingum County Board of Developmental Disabilities.

B. DODD means the Ohio Department of Developmental Disabilities

C. Individual – means a person with a developmental disability.

D. Individual service plan – means the written description of services, supports, and activities to be provided to an individual.

E. Individualized Education Program – has the same meaning as in the rule 3301-51-01 of the Ohio Administrative Code.

F. Medicaid – means the program that is authorized by Chapter 5111. Of the Ohio Revised Code and provided by the Ohio Department of job and family services under Chapter 5111. of the Ohio Revised Code, Title XIX of the Social Security Act, 79 Stat. 286 (1965), 42 U.S.C.A. 1936, as amended, and the waivers of Title XIX requirements granted to the DoDD by the Centers for Medicare and Medicaid services.

G. Non-specialized transportation means a transportation service available to the general public including, but not limited to, transportation provided by a public transit agency organized under Chapter 306, of the Ohio Revised Code and transportation provided by a participating agency under the Ohio Department of Transportation coordination program.

H. Specialized transportation – means a transportation service designed and operated to serve primarily individuals, including transportation service provided by an entity licensed or certified by DoDD.
III. TRANSPORTATION PERSONNEL QUALIFICATIONS.

A. Bus Driver Qualifications:

The bus driver should have an understanding of the role of individual transportation in the program and meet all the physical, mental and moral requirements established by state laws and regulations and County Board policies and procedures. The Transportation Supervisor shall ensure drivers meet the following qualifications:

1. Completion of semi-annual driver record checks as required as required by Section 3301-83-06 of the Ohio Administrative Code. Bus drivers with any of the following shall be disqualified from operating a bus.

   a. More than the 6 points during the last two years;

   b. A conviction of driving under the influence of alcohol and/or a controlled substance during the past 6 years;

   c. Two or more serious traffic violations, as defined in divisions (D)(D)(1) to (D)(D)(7) of Section 4506.01 of the Ohio Revised Code during the past 2 years or;

   d. Any railroad crossing violation during the past year.

2. Physical capability of appropriately lifting and managing individuals with Developmental Disabilities (DD) when necessary;

3. A minimum of 5 years consecutive licensed driving experience for new applicants;

4. Passing annual physical examination meeting the requirements of Ohio Administrative Code 3301-83-07 as designated by the employer, documented by licensed physician upon entry and annually thereafter;

5. Able to cope with stressful situations;

6. Valid Ohio’s Commercial Driver’s License (CDL) with proper endorsements;

7. Current and valid American Heart Association First Aid and CPR certificates; and maintain valid certificates throughout the term of employment;

8. A satisfactory report from State Bureau of Criminal Identification (BCI) and Investigations that includes information from the Federal Bureau of Investigations (FBI) shall be required prior to hiring. A new report shall be required every 6 years with driver re-certification.

9. Check of the Ohio Department of Developmental Disabilities (DODD) Abuser Registry;

10. Must maintain a status of insurability; and

11. Pre-employment drug and alcohol testing. Random drug and alcohol testing will be conducted thereafter.
B. B. Non CDL/ODE County Board Owned Vehicle Operator Qualifications:

Employees who are required to transport individuals in County Board owned vehicles must meet the following qualifications:

1. Employee must be at least 18 years of age;

2. Valid Ohio Driver’s license;

3. A minimum of 2 years consecutive licensed driving experience for new applicants;

4. Check of the DODD Abuser Registry;

5. Pre-employment drug and alcohol testing;

6. A satisfactory report from Ohio BCI that includes information from the FBI shall be required prior to hiring.

7. Annual motor vehicle report indicating a good driving record which shall be defined as maintaining a status of insurability; and

8. Required attendance a minimum of 2 hours annual in-service training.

Evidence of meeting minimum qualifications shall be maintained in personnel records of all drivers located in the Administration Offices.

C. Bus Assistant Qualifications

1. Physical capability of appropriately lifting and managing individual with DD when necessary.

2. Experience with DD preferred.

3. Behavior support course may be required.

4. A satisfactory report from Ohio BCI that includes information from the FBI shall be required prior to hiring. A new report shall be required every 6 years.

5. Check of the DODD Abuser Registry.

6. Must obtain valid American Heart Association C.P.R. and First Aide certificates within 6 months of employment and maintain valid American Heart Association C.P.R. and First Aide certificates throughout the term of employment.

D. No one will be permitted to transport individuals to any activity sponsored by the County Board in a vehicle owned and/or operated by the program without the appropriate driver’s license, whether a CDL with school bus endorsement, or a regular driver’s license, or whatever license is appropriate for a particular vehicle and passengers.
1. No employee will be permitted to operate any vehicle if his/her CDL or other appropriate license is suspended. Employees who drive County Board vehicles or possess a CDL or other license for transporting individuals are required to notify the Superintendent, in writing, whenever the employee is convicted of a moving traffic violation or involved in an at-fault accident. This includes all moving violations, whether or not the violation occurs while driving a County Board vehicle. Conviction includes paying a traffic ticket, with or without court appearance; entering a plea of guilty or no contest; and/or being convicted by a judge or jury. Employees must make such written notification on the next day the employee is actually at work following the conviction. Failure to make the required written notification will result in disciplinary action up to termination.

2. Any employee whose CDL is suspended will be immediately suspended from the position of vehicle operator. This may lead to disciplinary action up to and including termination.

3. Non-CDL Employees who drive County Board vehicles who are convicted of driving under the influence or of reckless operation will not be permitted to operate County Board vehicles for the next twenty-four (24) months and are subject to immediate termination.

4. Non-CDL Employees who drive County Board vehicles who have 4 moving violations and/or 3 at-fault accidents within any twenty-four month period shall not be permitted to operate County Board vehicles while the violations are within the twenty-four (24) month period, and are subject to immediate termination.

5. Non-CDL Employees who drive County Board vehicles with 2 moving violation or 2 at-fault accidents within any twelve month period shall be required to complete a remedial or defensive driving course at their own expense. Proof of the completion of such a course must be submitted in writing to the Superintendent no later than thirty calendar days following the employees’ conviction of a second moving violation or at-fault accident in the twelve-month period. Employees who fail to provide proof of completion of such a course within thirty days shall be automatically suspended without pay until such time as the employee submits proof of the completion of said course. Failure to complete the course may result in disciplinary action up to termination.

III. TRANSPORTATION MANUAL.

The Transportation Supervisor shall develop and maintain a Transportation Manual that outlines the County Board policies and procedures. The manual shall be updated annually to reflect current practices. The Transportation Manual shall be a reference for drivers to review safety practices. All vehicle drivers, assistants and substitutes shall be afforded a copy of the Manual.

C. IV. SCHEDULING OF REGULAR TRANSPORTATION ROUTES.

A. Designation of School Bus Stops
It shall be the responsibility of the Superintendent or designee to determine the location of all school bus stops which shall be approved annually by the Board as an integral part of the school bus routing plan with 10 days following the opening of school. Authority to designate or relocate subsequent school bus stops may be delegated by the Board to the Transportation Director or designee.

B. Scheduling Regular Routes:
1. Scheduling of regular routes shall occur at a reasonable time before September 1st of each year and as needed throughout the year. Scheduling information shall be provided to individuals enrolled, or the parent of a minor or guardian and to appropriate personnel.

2. The schedule shall include the actual place of pick up and approximate time. This schedule may be amended as the County Board begins operation.

3. Individuals shall be picked up and returned to their residences unless the County Board and the individual or responsible parent or guardian has agreed upon other arrangements.

4. An individual enrolled in a County Board program shall not travel in a vehicle on a regularly scheduled route for more than ninety (90) minutes one way on any day or one hundred eighty minutes (180) on any day on a regularly scheduled round trip.

C. Routes and Stops:

1. The bus driver should report to the Transportation Supervisor/designee and the appropriate program, any individuals not picked up.

2. After one missed day without calling off, the individual/family is responsible for contacting the County Board and appropriate program to resume transportation.

3. The bus driver should NEVER leave an individual off the bus at any place other than his home without written permission.

4. The bus driver shall report to the Transportation Supervisor/designee if any individual on his/her bus route has moved to a different location.

5. No individual will be changed from assigned bus without permission of the Transportation Supervisor/designee.

6. All individuals are picked up and discharged as close to their homes as possible as determined by the Transportation Supervisor/designee.

7. Bus drivers should maintain their schedule at all times. Individuals should be ready at designated pick-up/drop-off time. (i.e.: Individual pick-up time is 8:00 a.m., the individual should be ready at 7:45 a.m.)

D. A copy of all routes and designated stops is on file in the Transportation Director’s office with all stops located on route map.

V. NON-ROUTINE USE OF SCHOOL BUSES.

“Non-routine uses of school buses” procedures are defined as transportation of passengers for purposes other than regularly scheduled routes to and from the program. School buses may be used for non-routine trips only when such trips will not interfere with routine transportation services. Superintendent/designee approved non-routine use of buses includes:
A. Trips that are extensions of the instructional program as determined by County Board Administration. Buses shall not be used for pleasure trips;

B. Trips for the transportation of enrolled individuals directly participating in County Board sponsored events. A “County Board-sponsored event” is defined as any activity in which enrollees are participating and are under the direct supervision and control of a certified staff member or any advisor as designated by the Superintendent;

C. Trips for transportation of individuals, as approved by the County Board to and from events within the local community, which are program or community sponsored;

D. Emergency evacuation and/or emergency evacuation drills when such emergencies are declared by state or local directors of emergency disaster services;

E. A civil emergency as declared by a governing body. Questionable use should be clarified with the assistance of DODD;

F. Transporting County Board staff engaged in Board-Approved employee improvement programs.

1. Bus trips are to be made only when there is written authorization (field trip permit form) signed by the Superintendent or his/her designee and the Transportation Supervisor/designee.

2. The trip permit shall accompany the driver on any non-routine trip. The trip permit shall provide information as provided in Ohio Administrative Code Regulation 3301-83-16. The permit should be turned in upon completion of the trip for pay purposes.

3. One or more adult chaperones, as approved by the Superintendent or designee, may accompany each school bus required for non-routine trips involving enrollees.

4. Any out-of-state trip when school buses are used shall remain within two hundred forty (240) miles round trip distance from point of exit from the state to the point of re-entry to the state.

5. School buses may be used for trips outside the state but this shall require a Resolution of the Board in accordance with Ohio Administrative Code Regulation 3301.83

VI. NON-ROUTINE TRIP PROCEDURES.

A. All drivers shall know the location and the selected route to the location.

B. The Lead driver will keep check that other buses are following – if at all possible. Buses should not separate. If any bus behind the lead bus has trouble, use the radio to contact the other units. At this time, all vehicles may pull off the roadway to check the trouble and make any necessary changes.

C. All drivers shall observe the speed limits.

VII. VEHICLE INSPECTION PROCEDURES.

A. The Transportation Supervisor shall be responsible for presenting all school buses for annual Ohio State Highway patrol inspection. This Administrator will be responsible for the pre-
inspection, repair and preparation of each school bus inspection. A school bus used to transport individuals of County Board programs must show evidence of a current, annual inspection by the Ohio State Highway Patrol, which indicates that it meets the Ohio School Bus Construction Standards.

B. It is the responsibility of each vehicle driver and assistant to make a daily pre-trip inspection and document before leaving storage.

C. It is the responsibility of each driver and assistant to make a post-trip inspection for remaining individuals and belongings.

D. Annual inspections shall be conducted on all non-school bus vehicles used to transport individuals.

VIII. RECORDS AND REPORTS PROCEDURES.

The Transportation Supervisor shall maintain the following records:

A. Maintenance and repair;

B. An accounting system for fuel consumption and costs for routine and non-routine uses of school buses and annual operating costs by vehicle and by fleet;

C. An accounting system that details the assigned school bus, the school bus stop, school or workshop of attendance address and telephone number;

D. A record of routine and non-routine daily and annual miles driven by vehicles and by fleet;

E. A record of the number of regular and substitute school bus drivers and supervisors;

F. A file of the “School Bus Driver Medical Examination Reports”;

G. A file of “School Bus Driver Accident Reports” for each accident defined in Ohio Administrative Code Regulation 3301-83-14;

H. Records to document that the correction of mechanical deficiencies discovered during annual inspections have occurred;

I. Current emergency medical information and authorization.

IX. EMERGENCY AND EVACUATION PROCEDURES.

The County Board shall have a preliminary emergency plan for routine and non-routine operations. This plan shall be developed in cooperation with those whose services would be required in the event of emergencies. The Transportation Supervisor, Drivers, Maintenance and County Board staff shall be provided instruction in the procedures to be followed in the event of:

D. Accident;
E. Illness or disability of driver;
F. School bus failure;
G. Inclement weather conditions, including high water, and
H. Medical emergencies of enrollees.

I. X. PROCEDURES FOR ACCIDENTS.

A. In the event of a bus accident, procedures to be followed include:

1. Protect the accident scene;
2. Evaluate and assist individuals;
3. Evaluate the need for medical assistance;
4. Notify the responsible law enforcement agency, County Board officials, emergency services, or caregivers;
5. Collect and record data essential to the preparation of required reports including names and ages of passengers.

B. School Bus Accident Reporting:

1. The bus driver shall immediately report any accident involving a school bus to the transportation supervisor/designee.
2. The Transportation Supervisor/designee, when a bus has been involved in an accident, shall report such accident on Department of Education Form T-10 within fifteen (15) days from the time of the accident.
3. A copy of each report shall be retained in County Board personnel file for a period of five (5) years.
4. Definition of motor vehicle accident: Any incident or occurrence involving a school bus operated by or under contract to the County Board which results in a fatality, an injury, or damage to any motor vehicle or property.

XI. PROCEDURES FOR SERIOUS ILLNESS, DISABILITY OR OTHER EMERGENCY INVOLVING A DRIVER.

In the event a vehicle driver is injured or becomes ill prior to a normal route or trip, he/she shall contact the Transportation Supervisor and/or designee and not start the route/trip.

A. If the injury or illness occurs while the driver is on duty, he/she shall remove the vehicle from the roadway as quickly and safely as possible.

B. The driver shall immediately contact the Transportation Supervisor and/or designee and request assistance, or flag a passing motorist.
C. If the driver is on a non-routine trip, a staff member shall go to request help if the radio is disabled.

D. At all times, safety shall be the primary consideration in evaluating the situation.

XII. PROCEDURES FOR EMERGENCY TREATMENT AND SECURING EMERGENCY SQUAD INVOLVING AN ENROLLEE.

In the event of an emergency the following guidelines apply:

A. Bus drivers and aides will be trained in American Heart Association First Aid and CPR.

B. Each bus route shall have an information notebook containing emergency procedures and individualized health care plans for designated enrollees on that route.

C. If a bus aide is on the vehicle, they should administer first aid or emergency care.

D. If there is no bus aide, the driver shall remove the vehicle from the roadway as quickly and safety as possible, so that first aid or emergency care may be initiated.

E. If it is determined that Emergency Medical Services (EMS) are needed, the driver shall immediately contact the Transportation Supervisor and/or designee and request assistance, or flag a passing motorist.

F. The Transportation Supervisor and/or designee will notify the enrollee’s parent/guardian/service provider about the emergency.

G. The individual’s emergency medical authorization will be given to EMS personnel for transport to the hospital.

H. As soon as time permits, County Board staff responding to the emergency should begin appropriate report forms per program procedures.

J. XIII. PROCEDURES FOR BUS FAILURE.

A. In the event of a bus failure, procedures to be followed include:

1. Secure the bus;
2. Maintain safety and account for all passengers;
3. Notify County Board officials;
4. Secure alternate transportation and equipment; and
5. Ensure the repair and recovery of the bus.

B. Mechanical trouble, regardless of whether it was repaired while on a trip or needs to be repaired, shall be reported as follows:

C. During working hours:
D. Drivers will be responsible to place warning devices, signaling that the bus has broken down.

XIV. PROCEDURES FOR INCLEMENT WEATHER.

A. When inclement weather conditions would justify closing, delaying the opening, or early dismissal of Starlight School and/or Muskingum Starlight Industries, the Transportation Supervisor/designee will contact the Superintendent as early as possible for a final decision. In the event the Superintendent is unavailable, the Transportation Supervisor/designee shall make the decision.

1. The Transportation Supervisor/designee will notify all drivers of the decision.

2. Vehicle operators are instructed to use their best judgment when road conditions are hazardous so it is possible that if some road(s), lane(s) are dangerous, not all student or adults will be picked up. This decision is based on the safety and welfare of the enrollees being transported.

3. When weather conditions make it impossible to travel some roads, the vehicle operator should be sure to call the parents, guardians or others as appropriate as soon as possible to let them know it was not possible to get through. If excessive delays occur in the morning or afternoon (twenty (20) minutes or more), the Transportation Supervisor/designee should make arrangements for notifying staff and/or parents, guardians or others as appropriate.

4. The following radio/TV stations to be notified of the decision:

   WHIZ        -  1240 AM  WYBZ      –  107.3 FM
   WHIZ-TV     -  102.5 FM  WCLT      –  100.3 FM

B. If all County Board staff is to report to work, the announcement will indicate they should report to work. County Board Supervisor’s may require individual staff to report to work as scheduled.

1. If a program(s) or program component(s) is open and transportation is not being provided to enrollees, enrollees may still report as scheduled.

2. Early dismissal due to impending worsening weather conditions or other conditions that may pose a threat to the safety of enrollees may be necessary. Parents, guardians, residential providers will be notified by County Board Program Directors and/or their designee.

3. When malfunction of heating system, plumbing problems, etc. may necessitate closing Starlight School or Muskingum Starlight Industries, the County Board Program Director(s) will contact the Superintendent for final decision. The Superintendent/ designee or Transportation Supervisor/designee will notify broadcasting stations of the closing.
C. This procedure is to be followed when parents/guardians/service providers and individuals need to be notified that changes are being made in the bus time schedules.

1. Any change in schedule, because of weather conditions, will be reported to local radio stations by Transportation Supervisor or designee.

2. The driver’s judgment as to when it is safe to operate a school bus on snow covered and/or icy roads will be respected.

3. If a driver is in route and has a breakdown, the Transportation Supervisor/designee should be notified as soon as possible regarding the problem. If the Supervisor/designee cannot be reached contact Starlight Bus Garage, Starlight School, Muskingum Starlight Industries or the Central Office.

4. Parents/guardians/service providers and individuals will also be notified about a late bus; it will be the Transportation Supervisor’s and/or designee’s responsibility to report to WHIZ, WCLT, and WYBZ any changes in the time schedule.

5. Drivers will identify their bus by giving the driver’s name, bus number, location of breakdown, (route identification), and approximately how late the bus will be.

6. Individuals and parents/guardians/service providers shall be notified of change in schedules, which might cause individuals to stand unnecessarily in the cold while waiting for a late bus.

D. Tornado procedures for transporting individuals in rural areas:

1. Try to pull the bus off the roadway away from large trees, electrical lines, telephone poles, or buildings;

2. Evacuate bus. Make sure to take along first-aid kit;

3. Move away from the side of bus without crossing the road;

4. Try to find a ditch, ravine, or embankment and use it for protection. Beware of high or swift water;

5. When danger is over, check individuals for any injury or shock, and administer first aid, if needed; and

6. Contact transportation office for further instructions.

E. Tornado procedures for transporting individuals in urban areas:

1. Park bus immediately;

2. Evacuate bus and take first aid kit;

3. Send individuals to nearest homes or buildings;
4. When danger is over, check individuals for any injury or shock, and administer first aid, if needed; and

5. Contract transportation office for further instructions.

F. Bus in transit (no individuals):

1. Park bus and seek shelter; and

2. When danger is over, contact transportation office for further instructions.

XVI. INSTRUCTION AND TRAINING FOR TRANSPORTATION PERSONNEL

A. Each beginning driver, in compliance with Section 3301-83-10 of the Ohio Administrative Code, shall complete a school bus driver-training program.

B. All regular and substitute bus drivers are required to attend an annual safety-training workshop, which includes a minimum of 4 hours of classroom instruction.

C. The County Board encourages and supports Administrators and Supervisors to attend local, regional, state and national workshops devoted to management, supervision, organization and technical components of transportation.

D. Bus drivers in the program are required to study and review regularly the “Ohio Pre-service School Bus Driver Training Manual” chapter 10 entitled “Transporting Children with Disabilities”, to provide information regarding characteristics and needs of individuals to be served. Specific needs of individuals assigned to vehicles will be reviewed with drivers as part of the annual safety workshop.

E. All new bus drivers, bus assistants and substitutes shall attend, prior to their assignment to a bus with passengers on board, an orientation, which includes:

1. A review of the Vehicle Operator Manual,

2. Distribution and review of the Transportation Manual,

3. Training of proper use, operation and safety inspection of adaptive equipment and securement systems, (i.e., wheelchairs, vests and car seats).

4. Training in the safe operation of wheelchair lift systems and the safe loading and unloading of individuals.

XVII. SCHOOL BUS REGULATIONS

A. Bus drivers are in full charge of individuals while they are riding the bus. It is expected that drivers will be firm and courteous in their control. Where individuals do not respond, the driver will identify the individuals to the Transportation Supervisor/designee.
B. In case of injury on the bus, the driver will immediately make a written report on every accident, using the County Board’s Accident/Incident/ Injury Report Form for Individuals and Employees following established procedures for reporting.

C. It is expected that individuals will be waiting at their loading point when the bus arrives. The driver is instructed to move on as soon as the last individual at the stop has been seated on the bus. Even in bad weather enrollees are expected to be ready. If the driver waits for the individuals at one stop, individuals at the next stop are forced to stand out longer.

D. The bus driver, by law, is in charge of the individuals on his/her bus. Individuals must follow bus safety rules. Infractions of discipline will be reported to the Transportation Supervisor/designee.

E. Drivers shall be familiar with the written Annual Safety Instructions provided to enrollees.

F. Bus Drivers should continually remind all enrollees that they must cross in front of the bus when going to the opposite side of the road.

G. Other rules that must be observed by individuals are:

   1. Individuals must remain seated until bus has stopped, except for bus assistants while performing their duties.

   2. Individuals must not be allowed to operate door controls; and

   3. All passengers, including volunteers and staff, riding buses equipped with seat belts shall be required to wear them.

H. The Bus Driver should report individuals who do not observe these instructions to the Transportation Supervisor/designee.

XVIII. LOADING AND UNLOADING SAFETY PROCEDURES.

A. Bus Drivers shall only assist at the bus while passengers are loading and unloading when using wheelchairs.

   Loading at Home – Bus Drivers Shall:

   1. Check traffic – oncoming;

   2. Check traffic – behind – using mirrors;

   3. Activate flasher lights approximately 300 feet before the stop to warn traffic in front and to the rear of the bus in sufficient time; this will vary depending upon conditions;

   4. Bring bus to stop using proper procedure and set parking brake;

   5. Do not stop where visibility to front and rear is less than 500 feet;

   6. Put gearshift level into neutral (same procedure with automatic transmission);
7. Re-check traffic to front and rear of the bus and make certain traffic has come to a stop;

8. Open entrance door and signal passengers it is safe to enter the bus. (Or cross in front of the bus to enter, if approved by the Transportation Supervisor);

9. Do not allow passengers to stand in step well or forward of the driver station.

10. Proceed when all passengers are seated:
   
   a. Shift into starting gear;
   
   b. Close the door and release the parking brake; and
   
   c. Check to see that all passengers are seated, check traffic and move out slowly and smoothly;

11. The following procedure for loading in the morning will be given to individuals, parents/guardians/caregiver and must be clearly followed by bus drivers:

    “The bus will STOP – SOUND THE HORN – and will WAIT approximately 1 MINUTE. If you or your son/daughter has not made an appearance by that time, the bus will drive on and will not return unless you notify the program to do so. In emergency situations, the driver is permitted to remain stopped for up to 2 minutes. It is the parent’s/guardian’s/care giver’s responsibility to help the individual on/off the bus if he/she is unable to do so without assistance.

12. State law requires that the “Driver shall wait for passengers if running ahead of schedule.” Any driver running ahead of schedule shall wait at a safe and secure location. The driver then shall proceed to the next stop and arrive at the appropriate time.

Unloading at Home:

1. Check traffic – oncoming;

2. Check traffic – behind – using mirrors;

3. Activate flasher lights approximately 300 feet before the stop to warn traffic in front and to the rear of the bus in sufficient time; this will vary depending upon conditions.

4. Bring bus to stop using proper procedure and set parking brake;

5. Do not stop where visibility to front and rear is less than 500 feet;

6. Put gearshift level into neutral (same procedure with automatic transmission);

7. Re-check traffic to front and rear of the bus and make certain traffic has come to a stop;
8. Open entrance door and signal passengers it is safe to exit the bus. (Or cross in front of the bus, if approved by the Transportation Supervisor);

9. Proceed when passengers are in complete safety on their residence side of the road;

10. Parents/guardians/caregivers are asked to be home at the proper time when the bus arrives at their home with the individual.

11. If the individual is not responsible to leave the bus on his/her own and there is no parent/guardian/caregivers or other responsible person available, the driver should contact the Transportation Supervisor/designee for instructions and they will then arrange for supervision and/or family contact

12. The driver should not leave an individual in an unsupervised situation, unless the individual does not require supervision at home.

13. It is the parent’s/guardian’s/caregiver’s responsibility to help the individual from the bus if he/she is unable to do so without assistance.

K. XIX. ANNUAL SAFETY INSTRUCTIONS FOR ENROLLEES.

A. Transportation of enrollees is a large and important operation. To perform this service safely and efficiently, the cooperation of all concerned is necessary. Annually, the County Board shall provide safety instructions for all enrollees being transported.

B. Safety instruction shall be provided to all appropriate enrollees at the beginning of each program year and communicated to families and caregivers. The safety instruction program shall also include information related to written procedures to be followed by enrollees and families in case of inclement weather.

C. Written Annual Safety Instructions shall include the following:

1. Safe walking practices to and from the vehicle pick up and drop off site;

2. How and where to wait safely for the vehicle;

3. What to do if the bus is late or does not arrive;

4. How to safely approach, board or depart the vehicle;

5. Safe riding practices;

6. Procedures to follow in emergencies, including evacuation of the bus;

7. Proper respect for the rights and privileges of others; and

8. Wearing of light or colored or reflective clothing when going to and from the bus in darkness.

9. Written procedures to follow in the event of an emergency including participation in evacuation drills.
10. Transportation rules include:

   a. Individuals must wait in a location clear of traffic and away from the bus stops;
   b. Behavior at the bus stop shall not threaten life, limb, or property of any individual;
   c. Individuals must remain seated, keeping aisles and exits clear;
   d. Individuals must observe proper conduct and obey the driver promptly and respectfully;
   e. Individuals may not use profane language;
   f. Individuals shall refrain from eating and drinking on the bus except as required for medical reasons;
   g. Individuals may not use tobacco on the bus;
   h. Individuals may not have alcohol in his/her possession on the bus;
   i. Animals, firearms, ammunition, explosives, or other dangerous materials or objects shall not be transported, as they may interfere with safe operation of the vehicle;
   j. Individuals may not throw or pass objects on, from, or into the bus;
   k. Individuals may only carry on the bus objects which can be held on their laps;
   l. Individuals must leave or board the bus at locations to which he/she has been assigned unless he/she has parental or administrative authorization to do otherwise;
   m. Individuals may not put head or arms out of the bus windows, or sit in the aisle;
   n. Safety instruction is reviewed at least annually; and
   o. After one missed day without calling off, the individual/family is responsible for contacting the County Board and appropriate program to resume transportation.

D. Emergency evacuation drills will be held at least 3 times per program year. Strategies will be developed to enable the safe evacuation of all individuals.

XX. EMERGENCY EVACUATION PROCEDURES:

A. The Transportation Supervisor and drivers shall organize and conduct emergency exit drills for all individuals who ride school buses. Strategies will be developed to enable the safe evacuation of all individuals. The bus driver shall complete a report regarding the effectiveness of each emergency exit drill and any recommendations for improvement or further training. Drivers should conduct at least 3 emergency evacuation drills per year (the Transportation Supervisor or his/her designee may assist). One rear exit, front exit and a combination of both shall be conducted. Drills shall be conducted on program grounds. The bus driver shall complete a report
regarding the effectiveness of each emergency exit drill and any recommendations for improvement or further training.

1. In the event of a planned emergency evacuation drill, transportation supervisor/designee and driver should notify the County Board Superintendent/designee.

2. Drivers should have a definite plan of evacuation in mind.

3. Drivers should keep emergency medical cards updated for accurate and quick reference.

4. All drivers should be thoroughly familiar with emergency equipment and its uses.

5. Drivers shall stay in the bus during the evacuation drills. The parking brake must be set, ignition shall be turned off and transmission should be in gear or park during the drill.

6. Enrollees shall not take lunch boxes, books when they leave the bus.

7. Enrollees shall assemble at a distance of at least 100 feet from the bus in an emergency drill and remain there until further directions.

8. Strategies will be developed to enable the safe evacuation of all individuals.

9. The bus driver shall complete a report regarding the effectiveness of each emergency exit drill and any recommendations for improvement or further training.

B. Weapons

1. Enrollees and staff are prohibited from bringing a firearm or knives, metal knuckles, straight razor, explosives, noxious irritation or poisonous gasses, poisons, drugs and other items possessed with the intent to use, sell, harm, threaten, or harass staff, individuals, parents, volunteers or other community members on County Board property, in a County Board vehicle, or to any County Board sponsored activity.

2. If a staff person or individual brings or displays a dangerous weapon on County Board property, in a County Board vehicle or at any County Board sponsored activity, the following procedures will apply:
   a. Notify Transportation Supervisor/designee;
   b. Do not attempt to disarm;
   c. Evacuate the bus only if this can be done safely.

XXI. EMERGENCY EQUIPMENT ON BUS.

A. So that drivers can properly use the emergency equipment on the bus, it is extremely important that the drivers know what equipment is on the bus and how to use it. All drivers must familiarize themselves with where the equipment is located in the bus (usually the driver’s compartment), and the following guidelines on the uses of this equipment should be learned:
1. Flares are used as warning devices when a bus is disabled and when required by state law.

2. Three Red Triangle Reflectors should be used in the same way as Flares.

3. The Fire Extinguisher has approximately thirty (30) seconds of use and must be checked periodically and after every use to see if properly charged.

4. The First Aid Kit must meet federal standards and must be well marked. The Transportation Supervisor shall direct all personnel to ensure that a First Aid Kit is available at all times during field trips and/or other activities away from program facilities.

B. Wherever emergency equipment is used, stolen, or lost, it must be replaced immediately. It is the driver’s responsibility to make sure all used products are reported to the Transportation Supervisor immediately.

Bus Radios:

1. The units shall be used on an emergency basis. An emergency may include, but not be limited to the following definitions:

   a. Accident;
   b. Weather or road conditions;
   c. Health problems;
   d. Mechanical breakdown;
   e. Major delay (thirty (30) minutes or more).

2. The driver shall determine the nature of an emergency, and shall then take the proper action to resolve such emergency. Depending upon the circumstances, contact should be made to the following:

   a. Transportation Supervisor, Program Director, and/or Superintendent;
   b. Ambulance (phone if possible).

Forms used with this procedure: None

Approved: July 22, 2002
Revised: July 22, 2005
Reviewed: December 12, 2006; January 4, 2007; January 3, 2008
Revised: January 1, 2009
I. SUBJECT

Title XX

XIV. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) shall participate in the Title XX Reimbursement Program through a contract agreement with the Ohio Department of Developmental Disabilities (DODD) and thereby agrees to the terms and conditions set forth in the contract.

XV. POLICY

A. Effective November 8, 2001, Title XX services will be provided “without regard to income” for individuals that meet the eligibility criteria as mandated through Section 5123:2-1-02 of the Ohio Administrative Code.

B. The County Board and the DODD agree to work together to carry out the grant program objectives for employment and training services to maximize use of the Title XX federal assistance program to ensure services to those eligible. Title XX services, fees, unit and cost estimates provided by the County Board are identified in Addendum A1 and Addendum A2.

C. Administration of the Title XX contract shall include compliance of the signed agreement between the County Board and the DODD including documentation for billing and reporting which shall incorporate records for each recipient showing the number of units provided for the delivery of services under the grant.

IV. PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statues.

Schedules used with this Policy:
Addendum A1 – Title Service and Selection & Fee Schedule
Addendum A2 – Title XX Unit and Cost Estimate
I. PURPOSE

The Muskingum County Board of Developmental Disabilities (County Board) shall participate in the Title XX reimbursement program to maximize its revenue.

II. SERVICES AND ELIGIBILITY

A. Under the Title XX reimbursement program the County Board shall provide employment services and Adult Day Care reported on a per day basis. These services will be delivered through structured job skills training, job seeking skills, and other skills that promote opportunities for employment and Adult Day Care.

B. Effective November 8, 2001 this service will be provided “Without Regard to Income” for individuals that meet the eligibility criteria as mandated through Section 5123:2-1-02 of the Ohio Administrative Code.

C. Re-determination of eligibility will be completed on an annual basis. This eligibility re-determination process will also include a review of continued eligibility for County Board provided services in accordance with the individual’s plan.

III. RECORD KEEPING

A. The records for documenting daily service delivery (attendance by exception) shall be maintained at each work site and entered into the computer system to generate the quarterly reports.

B. The records documenting the eligibility and the billing of services for the Title XX program shall be maintained in an orderly and systematic manner in the Business Office of the County Board.

C. Records pertaining to the application for renewal of Title XX funding, including unit of service rate computation worksheets, documentation of direct and indirect costs, and the signed/approved Title XX contract shall be maintained in the Business Office of the County Board.

D. All records shall be maintained for a period of at least seven (7) years following the end of the respective Title XX contract period.

E. Upon request, the County Board shall respond to external audit authority for Title XX documentation and data regarding expenditures, eligibility, billing, and/or other areas relating to the administration and operation of the Title XX program.
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

USE OF ELECTRONIC SIGNATURES POLICY

Policy Reference:
Use of Electronic Signatures
Policy Number:
UES 1.00
Ohio Revised Code Reference:
5101:348-01
Ohio Administrative Code Reference:
123:3 5101:3-48-01

I. SUBJECT

Use of Electronic Signatures

III. PURPOSE

The purpose of this policy is to define the method of documentation of user signatures on County Board documents Targeted Case Management (TCM) case notes sent to the Ohio Department of Developmental Disabilities (DODD) by the Service Coordinators of the Muskingum County Board of Developmental Disabilities (County Board).

IV. POLICY

The County Board authorizes the use of electronic signatures as a method to document user signatures of Service Coordinators on case notes required for the submission to DODD. Electronic signature, an automated function that replaces a handwritten signature with a system–generated signature statement, will be utilized for records as a means for authentication of transcribed documents, computer generated documents and/or electronic entries. System generated electronic signatures are considered legally binding as a means to identify the author of record entries’ and confirm that the contents are what the author intended. Authenticity of electronic signatures shall be ensured through generally accepted security methods.

The County Board further authorizes the use of electronic signatures for other purposes specified by the Superintendent. Specific authorization will be given when the following criteria are met:

1. A system is in place to confirm the validity of each electronic signature. If the procedures are not followed by affected staff, the electronic signature is not recognized as valid.

2. A process is identified that ensures electronic signatures are effectively secured against tampering or misuse and are backed up by documentation maintained by the County Board on the initial representation process and the means to prove the identity of the person registering.
IV. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: April 3, 2008
Reviewed: January 1, 2009; January 14, 2010; January 6, 2011; January 5, 2012; January 10, 2013;
Reviewed: January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. PURPOSE:

The Muskingum County Board of Developmental Disabilities (County Board) welcomes the use of its facilities to maintain good relations with its community and to take advantage of the opportunity to educate the community on the service and supports that it provides in the community. The facilities and equipment under the jurisdiction of the County Board are for the purpose of County Board services or related County Board activities. When not in use, and schedules allow, facilities and equipment are available for use by responsible community organizations or responsible persons.

II. PROCEDURES:

The County Board will make its county-owned facilities available for use to all individuals and organizations. Individuals and organizations using the facility will:

A. Acknowledge and agree to the terms of this procedure.

B. Request times for use in writing to the Operation Manager.

C. Be held financially responsible for any damage to the building, its equipment, and its contents as a result of maliciousness and/or negligence on the part of the individual, organization, or guests.

D. Hold the County Board harmless from any and all liability.

E. During Program hours, restore the facility to the condition it was in prior to use.

F. Request set up and take down of tables and chairs by maintenance staff at least seven days prior to need. Requests will specify layout and must be in writing.

G. Comply with all County Board policies and procedures particularly its safety, no-smoking policies and ensure that there is no consumption of alcoholic beverages, use of illicit drugs in any form and no gambling.

H. Acknowledge its understanding that the County Board must reserve the right to cancel its authorization to use the building if it is determined after the approval that the use will conflict with a County Board program or activity. The County Board activities have priority over non-County Board activities.

I. There is no fee for use of the facility during normal hours of operation.
J. A $25.00 per hour fee is required for use of the facility during non-operational hours. This includes use of the kitchen area for serving. When cooking and use of kitchen equipment is requested, a County Board cook is required at a cost of $25.00 an hour. All fees are paid in advance.

K. Fees may be waived by the Superintendent.

Form: Building Use Permit

Approved: January 14, 2005
Reviewed: December 12, 2006; January 3, 2007; January 4, 2008; January 1, 2009
Reviewed: January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
I. SUBJECT

Volunteer Policy

XVI. PURPOSE

A. The Muskingum County Board of Developmental Disabilities (County Board) recognizes that volunteers, interns, and practicum students provide a valuable service to enrich the lives of individuals with developmental disabilities. Many enrollees require and benefit from repetition to acquire essential skills taught in the classroom/work area. A volunteer, intern, and practicum students can provide additional time and one-on-one assistance needed to ensure enrollee success and positive self-esteem.

B. Volunteering, internships, and practicum students opportunities fosters community awareness and provides opportunities for community members, parents and family members to exercise both rights and responsibilities to actively participate in the services and supports offered to individuals and families by Starlight Programs.

XVII. POLICY

i. The County Board will establish and coordinate an agency-wide comprehensive volunteer interns, and practicum students program that will include, but not be limited to volunteer assignment and termination.

ii. Volunteers, intern, and practicum students shall provide services that are based on the needs of individuals served, staff requests and program needs in conjunction with the volunteers, intern, and practicum students skills, abilities and experiences. Volunteers, intern, and practicum students shall not be used to displace any paid staff from their position.

iii. Volunteers, interns, and practicum students are not authorized to act as representatives of the County Board.

IV. DEVELOPMENT OF PROCEDURES
The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

Board Adopted: November 6, 2003
Reviewed with approval: January 8, 2004; February 3, 2005;
Revised with approval: January 14, 2005
Reviewed with approval: January 5, 2006; January 4, 2007; January 3, 2008; January 1, 2009
Reviewed and Approved: January 14, 2010; January 6, 2011
Revised: May 5, 2011;
Reviewed: January 5, 2012; January 10, 2013; January 9, 2014; January 8, 2015
Reviewed: January 7, 2016; January 5, 2017; January 16, 2018
XI. PURPOSE

D. The Muskingum County Board of Developmental Disabilities (County Board) recognizes that volunteers provide a valuable service to enrich the lives of individuals with developmental disabilities (DD) A volunteer can provide additional time and one-on-one assistance needed to ensure individual’s success and positive self-esteem.

E. Volunteering fosters community awareness and provides opportunities for community members and family members to actively participate in the services and supports offered to individuals and families by the County Board.

XII. DEFINITIONS

F. Breach of Confidentiality: Occurs when individual information is passed along to a second person without the individual’s or their guardian’s knowledge or permission when information can be used against the individual’s welfare or services, or when information draws undue attention to a disability, rather than a capability.

G. Individual: An eligible person receiving services and supports from the County Board or a contracted entity or person under the County Board’s authority.

H. Intern or Practicum Students: An individual who is currently enrolled in a college, university, etc and is interested in completing the school’s requirement of field experience by working with the DD population.

D. Rapback – The Retained Applicant Fingerprint Check (Rapback) System provides additional safeguards against allowing convicted criminals to remain in a position of trust. While background checks only provide a snapshot of a person’s criminal history at a specific time, Rapback provides ongoing re-checks of subsequent criminal activity to the enrolling agency.

E. Records: Those records that are directly related to an individual’s service(s) or support(s) and are maintained by the County Board or by a party acting for the County Board. Records means any information or data recorded in any medium, including, but not limited to photographs, handwriting, print, film, microfilm, microfiche, or automated data bank.
I. **Same Age Peer Groups:** Students from other local schools that participate in social/recreational activities with the same age peer group.

J. **Staff Volunteer:** County Board personnel who volunteer for the program during non-working time.

G. **Visitor:** anyone who is observing/job shadowing in a classroom setting or other professional practice do not need to undergo a background investigation.

H. **Volunteer:** Anyone who, without compensation or expectation of compensation, performs a task at the direction of or on behalf of the County Board this includes, but is not limited to family and community members, interns, and practicum students.

XIII. **REQUIREMENTS**

Minimum Requirements for Volunteers, Interns and Practicum Students

1. Individual must be at least 16 years of age with the exception of the peer groups which meet during or after school hours to participate in social/recreational activities.

2. Volunteering may be contingent upon the receipt of an acceptable background investigation;

3. Volunteers, interns, and practicum students may be asked to provide the County Board with references;

4. Expenses incurred in checking references and background investigations will be covered by the County Board. Any physical limitations should be disclosed before beginning volunteering.

K. **Confidentiality**

Volunteers, interns and practicum students are responsible for maintaining the confidentiality of all records that pertain to an individual’s services and supports. Volunteers, interns and practicum students having access to records and/or documentation relating to persons served shall sign a confidentiality agreement.

XIV. **VOLUNTEER, INTERN AND PRACTICUM STUDENT PROCESS**

L. Request in writing to be a volunteer, intern or practicum student with the Board shall be submitted by the individual to the Event Coordinator or Department Director.

M. Forms to be Completed by potential volunteer, intern, and practicum student

1. All volunteers, interns or practicum students will be expected to complete and submit to the Event Coordinator or Department Director the following forms prior to starting a volunteer opportunity, internship or practicum:
a. An Information Form for Volunteer Service or the college or university’s application process for the internship/practicum experience;

b. Volunteer, Intern, or Practicum Student Memorandum of Understanding, and

c. A Confidentiality Statement.

2. Completed forms shall be given to the Event Coordinator or Department Director.

C. Staff Volunteering

1. Staff wanting to volunteer in other areas of the program must have their supervisor’s verbal approval.

2. Current staff shall sign the “Agreement to be a Staff Volunteer” and complete the “Waiver of Workers’ Compensation Benefits for Recreational or Fitness Activities” forms to become a volunteer. Completed forms shall be given to the Human Resources office.

3. To comply with the Fair Labor Standards Act, the following conditions must be met:

   a. The staff person must make a free choice to volunteer (i.e. not assigned to a volunteer activity by supervisor).

   b. The volunteer activity should be separate and different from the person’s paid position.

   c. Staff will follow volunteer procedures while serving as a volunteer for the County Board.

D. Database Background Checks

1. The following databases will be checked for potential volunteer’s name before they would start providing any services to individuals we serve:

   a. The list of excluded persons and entities maintained by the Office of Inspector General in the United States department of health and human services

   b. The abuser registry;

   c. The nurse aide registry;

   d. The sex offender and child – victim offender database;

   e. The United States general services administration system for award management database;

   and

   f. The database of incarcerated or supervised offenders.
2. Volunteers, interns, and practicum students will sign an affidavit/statement that they have not been convicted of any disqualifying offense and will notify the Human Resources Specialist if they have been charged with, pleads guilty to, or is convicted of a disqualifying offense, placed on one of the databases identified in 5123:2-2-02 of the Ohio Administrative Code.

3. Volunteers, interns and practicum students who volunteer or complete more than 40 hours of working with individuals receiving services shall be required to provide a set of fingerprints so that a criminal records check can be performed at County Board expense. Background check means the following:

   - BCII criminal records check.
   - FBI checks if the volunteer lived outside of Ohio in the last 5 years.
   - When a background check is done, the volunteer, intern, or practicum student will be enrolled in Rapback.

E. Special Olympics Volunteers

1. Special Olympics Coordinator recruits volunteers, schedules and supervises events including the coaches and volunteers.

2. Volunteers submit information to Special Olympics of Ohio for a background check and the County Board is notified by if volunteer is acceptable to the Ohio Special Olympics.

3. Special Olympics volunteers and coaches are considered both County Board and Special Olympics of Ohio volunteers/coaches.

4. Special Olympics volunteers must complete all paper work outlined in IV (1) (2) (a&b) and all database background checks listed in D. (1) (a-f) will be completed by the Human Resource Specialist before they begin volunteering.

F. Orientation and Training

1. Department Directors or their designee that will be supervising the volunteers, interns or practicum students will be responsible for general orientation. The orientation shall be completed prior to starting volunteer opportunity, internship or practicum and address at least the following areas:

   a. Rights of Ohioans with DD
   b. Reporting MUI / UI; and
   c. Confidentiality
2. Staff who will be supervising volunteers shall have primary responsibility for initial training of volunteers assigned to them as needed, and on an ongoing basis as needed.

G. Supervision

1. The staff person supervising the volunteer, intern or practicum student is responsible for ensuring that they receive information relevant to his/her volunteer assignment, monitor the activities and provide feedback to the person as needed.

2. The staff person supervising the volunteer, intern or practicum student is responsible for tracking the number of hours they volunteer and will send the Volunteer Tracking Form at the end of each week to the Human Resources Specialist.

H. Termination of Assignment

Reasons for ending the term of a volunteer, intern or practicum student may include, but not be limited to: breach of confidentiality, abuse or mistreatment of individuals served or coworkers, gross misconduct or insubordination, being under the influence of alcohol or drugs, theft of property, or misuse of agency equipment or materials, failure to abide by agency policies and procedures, failure to meet standards of performance, unacceptable background check, and failure to perform assigned activities.

**Forms used with this procedure:**
Volunteer Information Form
Intern or Practicum Student Information Form
Affidavit – (for criminal records check)
Volunteer, Intern, or Practicum Student Tracking Form
Memorandum of Understanding
Confidentiality Statement
Agreement to be a Staff Volunteer
Waiver of Workers’ Compensation Benefits for Recreational or Fitness Activities

Approved: March 9, 2006
Reviewed: December 12, 2006; January 3 2007; January 4, 2008; January 1, 2009; January 14, 2010; Reviewed: January 6, 2011
Revised: April 5, 2011
Revised: April 28, 2016
Reviewed: January 5, 2017; January 5, 2017; January 16, 2018
Agreement to be a Staff Volunteer

To become a volunteer, during non-work hours, for the Muskingum County Board of Developmental Disabilities (Starlight Programs), I acknowledge that the following are true:

✓ I had a free choice to participate as a volunteer

✓ The volunteer activity is separate and different to my position with Starlight Programs;

✓ The volunteer time is not considered paid work time;

✓ I will follow the volunteer procedures while serving as a volunteer for Starlight Programs; and

✓ I have signed the Waiver of Workers’ Compensation Benefits for Recreational or Fitness Activities form. (Back of this form).

____________________________________  __________________________
Signature of Employee                          Date

____________________________________  __________________________
Signature of Employee’s Supervisor             Date

*Reminder: Supervisors, please send this form to Kelley Ewart
CONFIDENTIALITY STATEMENT

Confidentiality is the basis for all personal relationships. It involves intimacy, trust, and confidence and is the key to developing successful services and/or supports for individuals served at Starlight Programs.

Volunteers, interns, practicum students, or student teachers may have access to confidential records that pertain to an individual’s services and supports during the time spent with Starlight Programs. Confidential records that you may have access to refer to any information or data recorded in any medium, including, but not limited to:

- Photographs, handwritten, print, tapes, film, microfiche, and electronic information.
- This also includes refraining from mentioning your relationship with Starlight Programs, individuals served and/or importing pictures on any social networking site such as Facebook, MySpace, LinkedIn, etc.

Breaching confidentiality is a violation of the individuals’ Rights of Ohioans and HIPPA Privacy Rule as well as essential to the reputation of the Program and the ability to properly serve the public that the confidentiality of such information is maintained, and that it not be disclosed with other persons outside of the Program, except as otherwise authorized by the Superintendent.

Records may only be used for the benefit, promotion, and welfare of the individuals served by Starlight Programs. Likewise, such confidential information is to be shared with other employees, volunteers, interns, practicum students or student teachers solely on a “need to know” basis, and only in connection with carrying out assignment with Starlight Programs.

Volunteers, interns, practicum students or student teachers are prohibited from attempting to obtain confidential information for which they have not received authorization.

I have read and understand the Confidentiality Statement. I understand that if I breach confidentiality, my relationship with Starlight Programs will be immediately terminated.

__________________________________________________
Signature

____________________________
Printed Name
First Name: _____________________________ Last Name: ___________________________ MI: ____

Address: __________________________________ __________________________________ ______________

City: ___________________________ State: ________ Zip: ___________

Home Phone: (_____) _______ - _____________ Cell Phone: (_____) _______ - _____________

Email Address: __________________________________ __________________________________ ______________

Birth Date: _____ / _____ / ________ Age: __________

Is internship/Practicum/Student Teaching required to fulfill your academic obligations?  ☐ Yes  ☐ No

College / University Name: ____________________________________________________________

College / University Address: __________________________________ __________________________________ ______________

City: ______________________________________________________ State: ________ Zip: ___________

College / University Phone: (_____) _______ - _____________

Advisor/Contact at College/University: ______________________ Phone: (____) _______ - _____________

Intern or Practicum Student Information: Intern ☐ Practicum Student ☐ or Student Teacher ☐

Dates you will be providing services: ____ / ____ / _______ through ____ / ____ / _______

Existing Health Conditions: __________________________________ __________________________________ ______________

Allergies / Medications / Restrictions: __________________________________ __________________________________ ______________
Emergency Contact Information:

1<sup>st</sup> Contact: _________________________ Relationship: ___________________ Phone:
___________

2<sup>nd</sup> Contact: _________________________ Relationship: ___________________ Phone:
___________

Signature of Intern, Practicum Student, or Student Teacher:
_____________________________________

Date: ________

3/24/16
First Name: _____________________________ Last Name: ___________________________ MI: ______

Address: __________________________________ __________________________________ publicity 

City: _________________________________ State: __________ Zip: __________

Home Phone: (_____) ________-_______________ Cell Phone: (_____) ________-

Email Address: _____________________________

Birth Date: _____ / _____ / ________ Age: __________

Existing Health Conditions:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Allergies / Medications / Restrictions:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Emergency Contact Information:

1st Contact: _________________________ Relationship: ___________________ Phone: ______

2nd Contact: _________________________ Relationship: ___________________ Phone: ______
Signature of Volunteer: __________________________

Date: 3/24/16

CHS
In my role as a volunteer, intern or practicum student with Starlight Programs, I understand and agree to abide by and be responsible for the following:

1. To respect the rights of the people served by Starlight Programs at all times.

2. To keep confidential all information that becomes available to me in my role as a volunteer, intern, practicum student or student teacher.

3. To interact with individuals served by Starlight Programs and staff in a respectful and courteous manner and expect the same in return.

4. To accept training and supervision from Starlight Programs’ staff.

5. To fulfill the duties, responsibilities and as required by the college or university.

6. To notify the agency in advance of any absence or tardiness, and to provide the agency with an accurate record of my hours if required by College or University.

7. To notify the Department Director or their designee of any concerns relative to my volunteer, intern, practicum student or student teaching experience.

8. To notify the Department Director or their designee of my intention to no longer volunteer, or discontinue intern, practicum or student teaching experience.

As an agency, Starlight Programs is responsible for the following:

1. To provide the volunteer, intern, practicum student or student teacher with a general orientation to the agency and specific training as needed or required by the college or university.

2. To provide the volunteer, intern, practicum student or student teacher with duties and responsibilities that match their interests, skills and required experience.

3. To provide supervision and give feedback of work performance of the volunteer, intern, practicum students or student teacher.

4. To respond to expressed concerns in a timely manner.

I give Starlight Programs permission to use photographs of me for educational and publicity purposes, including illustrations, publications and news media.

______________________________________________________
Signature                                      Date
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

WELLNESS POLICY

Policy Reference:
Wellness
Policy Number:
W 1.00
Public Law:
108.265

I. SUBJECT

Wellness

V. PURPOSE

The purpose of this policy is to establish wellness goals in order to assist students with developing sound habits of health and nutrition. The Muskingum County Board of Developmental Disability (County Board)

VI. POLICY

The County Board shall use the requirements set forth in accordance with 108-265 Public Law to establish this policy. The County Board participates in the National School Lunch Program and / or School Breakfast Program and will develop procedures that address student wellness and the growing problem of childhood obesity.

IV. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.

V. PROHIBITING DISCRIMINATION

This institution is an equal opportunity provider.

Board Adopted:  April 3, 2008
Reviewed: January 9, 2014; January 8, 2015
Revised:  January 7, 2016
Reviewed: January 5, 2017; January 16, 2018
MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

WELLNESS PROCEDURE

Procedure Number: W 1.01

I. SUBJECT
Wellness

VII. PURPOSE
The purpose of this policy is to establish wellness goals in order to assist students with developing sound habits of health and nutrition.

VIII. GOALS
The following goals are established by the County Board in order to help students develop sound habits of health and nutrition.

A. Nutrition Education

1. Nutrition education will be used by classroom staff to reinforce the standards and benchmarks established for health education, through curriculum, Nutrition/Wellness Committee and other additional resources.

2. Nutrition education will be incorporated into life skills training and other subject areas as appropriate.

3. Nutrition information will be shared with staff and families in order to educate the community and promote healthy lifestyles.

4. Families will be encouraged to provide their children with a healthy breakfast every day.

5. Nutritious snacks will be provided to students.

B. Physical Fitness

1. Physical Education shall be provided to all students and incorporated in the classroom.

2. All students will be given opportunities for 30-60 minutes of physical activity throughout the school day.

3. Families will be informed of activities within the community after school hours.

C. School Activities
1. Starlight School will provide a safe and clean environment for all activities.

2. When snacks are provided, they will be healthy and nutritious.

3. Students will be given ample time (30 to 45 minutes) to feed themselves or be fed in accordance with their Individual Education Plan (IEPs).

4. Lunch for students will be scheduled as close to the middle of the school day as possible.

5. The school RN & delegated staff will support the health of all students by checking immunizations, contacting physicians when appropriate, and attending to the overall health needs of each student.

6. The school nurse and staff will complete required ODE and DODD trainings.

7. School staff will refer families to WIC, Medicaid, BCMH, and Healthy Start, etc. when students have a need.

8. The School’s Nutrition/Wellness Committee will gather input from family members, staff, and students to establish nutrition and health expectations. 

D. The following guidelines are established regarding enhancing students’ health, well-being and physical fitness (reducing childhood obesity).

1. The Food Service Program will comply with all State and Federal regulations that pertain to selection of menu items, food preparation, food consumption and proper disposal of foods and drinks.

2. The Food Service Program will comply with all the State and Federal regulations pertaining to fiscal management.

3. The guidelines for reimbursing school meals comply with the regulations put forth by the United States Department of Agriculture (USDA).

4. The student lunch program will strive to be financially self-supporting but profit will not take precedence over the health and nutritional needs of the students.

5. It is recommended that all food choices available to students comply with USDA Dietary Guidelines.

6. All food safety and sanitation regulations will be followed to prevent food illnesses.

IX. NUTRITION/WELLNESS COMMITTEE

A. The School’s Nutrition/Wellness committee will gather input from the general public and the school community to establish goals for and oversee school health and safety policies and programs, including development, implementation and periodic review and update of this district-level wellness policy. The committee will meet at least four times per year. Parents, students, representatives of the school food authority, teachers of physical education, school
health professionals, the County Board and school administrators will all be encouraged to participate in the wellness policy process.

V. PROGRAM REVIEW

A. The Director of Educational Services has the authority and responsibility to ensure the school complies with this procedure as designated by the Superintendent by:

1. Gathering evidence/documentation for measuring and evaluating progress in achieving goals as outlined in this procedure;

2. Shall annually report to the Superintendent and Director of Administrative Services on the progress toward reaching set goals and compliance of this procedure;

3. The review of this procedure/report to the Superintendent shall include input from parents and any recommended changes by the Nutrition/Welness Committee.

B. The Director of Administrative Services will review compliance with the wellness procedure requirements as part of the general administrative review every three years. This review will determine compliance with the wellness procedure and how it compares to other model wellness procedures and the progress made in attaining the goals.

VI. STATE AGENCY REVIEW

A. The State agency will examine records during the Administrative review, including:

1. Copy of the current wellness policy

2. Documentation on how the policy and assessments are made available to the public

3. The most recent assessment of implementation of the policy

4. Documentation of efforts to review and update the policy, including who was involved in the process and how stakeholders were made aware of their ability to participate.

VII. PROHIBITED DISCRIMINATION

This institution is an equal opportunity provider.

Adopted: April 3, 2008
Revised: 12/7/2015
Reviewed: January 7, 2016
Revised: 12/28/2016
Reviewed: January 5, 2017; January 5, 2017; January 16, 2018
I. PURPOSE

A. Lead is rarely found in source water, but enters tap water through corrosion of plumbing materials. Structures built before 1986 are more likely to have lead pipes, fixtures and solder. It is therefore important that the Muskingum County Board of Developmental Disabilities (County Board) implement a flushing protocol to minimize the amount of lead deposited into water sources. The longer water sits in pipes, the greater the exposure to lead and possible contamination and flushing reduces this threat by ridding pipes of stagnant water.

II. WATERLINE FLUSHING GUIDELINES

A. Flushing is necessary after periods of low or no use exceeding 4 days. Flushing will occur as follows:

1. After summer recess.

2. After winter break.

3. After spring break.

4. After low or no use exceeding 4 days.

5. Water lines should be flushed just before staff, students and enrollees return to the program (within 3 days or less).

III. FLUSHING PROCEDURES

A. The Directory of Support Services will ensure that water lines are flushed following the above guidelines. The flushing procedure will be followed:

1. Turn on the cold water tap furthest away from the main water supply. Run water for at least 20 minutes or until water temperature changes.

2. Once the main line is flushed, each drinking fountain, and water lines used in the kitchen for cooking should be left running for approximately 1 minute.
I. SUBJEC

Waiting List

X. PURPOSE

The purpose of this policy is to set forth the requirements for waiting lists established by the Muskingum County Board of Developmental Disabilities (County Board) under Section 5126.042 of the Ohio Revised Code.

XI. POLICY

The Muskingum County Board of Developmental Disabilities (County Board) shall use the requirements set forth in Rule 5123:2-1-08 of the Ohio Administrative Code to establish and maintain waiting list if it is determined that available resources are not sufficient to meet the needs of all eligible persons who request programs and services. The County Board may establish priorities for making placements on its waiting list for services according to the emergency status of the individual and shall establish priorities in accordance with Ohio Revised Code Section 5126.042.

IV. DEVELOPMENT OF PROCEDURES

The Board authorizes the Superintendent to develop and implement written procedures consistent with Board policy and applicable rules, regulations and statutes.
I. PURPOSES

The purpose of this procedure is to set forth the requirements the Muskingum County Board of Developmental Disabilities (County Board) must meet in establishing and maintaining waiting lists. To establish a process of communication regarding waiting lists between the County Board and an individual, the individual's guardian, and the individual's family, as applicable, that complies with Paragraph (C)(13) 5123:2-1-08 of the Ohio Administrative Code and to establish procedures for due process in accordance with Paragraph (M) 5123:2-1-08 of the Ohio Administrative Code.

II. DEFINITIONS

A. Alternative services means the various programs, services, and supports, regardless of funding source, other than home and community-based services, that exist as part of the Developmental Disabilities (DD) service system and other service systems including, but not limited to:

1. Services provided directly by the County Board;
2. Services funded by the County Board and delivered by other providers;
3. Services provided and funded outside the DD service system; and
4. Services provided at the state level.

B. County Board means the Muskingum County Board of Developmental Disabilities established under Chapter 5126 of the Ohio Revised Code or a regional council of government formed under Section 5126.13 of the Ohio Revised Code by two or more County Boards.

C. Date of request means the earliest date and time of any written or other documented request for home and community-based services. The request, including the date and time of request, shall be included in the individual's record maintained by the County Board. Documentation of the date of request may include the Ohio Department of Medicaid form 02399, "Request for and Medicaid Home and Community-Based Services" (revised July 2014), signature date.

D. DODD means the Ohio Department of Developmental Disabilities.

E. Emergency Status means an individual is facing a situation that creates for an individual a risk of substantial self-harm or substantial harm to others if action is not taken within thirty days. Emergency status may result from but is not limited to:

1. Loss of present residence for any reason, including legal action;
2. Loss of present caretaker for any reason, including serious illness of the caretaker, change in the caretaker's status, or inability of the caretaker to perform effectively for the individual;

3. Abuse, neglect, or exploitation of the individual.

4. Health and safety conditions that pose a serious risk to the individual or others of immediate harm or death; or

5. Change in emotional or physical condition of the individual that necessitates substantial accommodation that cannot be reasonably provided by the individual's existing caretaker.

F. Home and community-based services has the same meaning as in Section 5123.01 of the Ohio Revised Code

G. Individual means a person with developmental disability or for purposes of giving, refusing to give up, or withdrawing consent for services, his or her guardian in accordance with Section 5126.043 of the Ohio Revised Code.

H. Individual Service Plan means the written description of services, supports and activities to be provided by an individual.

I. Intermediate Care Facility for individuals with intellectual disabilities” has the same meaning as in Section 5124.01 of the Ohio Revised Code.

J. “Nursing facility” has the same meaning as in Section 5165.01 of the Ohio Revised Code.

III. THERE SHALL BE NO WAITING LISTS FOR THE FOLLOWING SERVICES:

A. Medicaid state plan services

B. Home and community-based services for individuals already enrolled in a home and community-based services waiver administered by the DODD;

C. Home and community-based services for children who are subject to a determination under Section 121.38 of the Ohio Revised Code and require the services; or

D. Home and community-based services for individuals who are transferred to a home and community-based services waiver pursuant to section (VII) (C) of this procedure.

IV. WAITING LIST FOR HOME AND COMMUNITY-BASED SERVICES

A. If the County Board determines that available resources are not sufficient to meet the needs of all individuals who request home and community-based services, the County Board will establish a waiting list for services.

B. When an individual requests home and community-based services for which there is a waiting list, a County Board shall:

1. With the agreement of the individual, place the individual’s name on the waiting list; 2. Inform the individual, the individual’s guardian, and in accordance with Section 5126.044 of the Ohio Revised Code, the individual’s family, as applicable, of the individual’s
position on the waiting list and the individual’s due process rights in accordance with section (XI) of this procedure.

3. Identify the individual’s immediate needs; and

4. Assist the individual in identifying and obtaining alternative services that are available to meet those needs, including applying for Medicaid. An individual who accepts alternative services may, at the individual’s choice remain on the waiting list in his or her current position.

C. An individual’s date of request is the controlling date for placement on a waiting list for home and community-based services and shall be documented at the time of any such request.

D. When there is a dispute regarding an individual’s date of request, the individual or person with legal authority to act on behalf of the individual, may appeal under procedures set forth in section (XI) of this procedure.

E. When an individual relocates or expresses a desire to relocate from one county to another county, any waiting list for home and community-based services shall be reordered in the new county based on the individual’s date of request for such services.

F. Except as provided in section (VII) (D) of this procedure, when home and community-based services for which there is a waiting list become available, the County Boards shall offer the services to the individual next scheduled on the waiting list to receive the services subject to a determination of the individual’s eligibility for the services.

G. Annually, a County Board shall:

1. Review the current status, reassess the service needs, and notify the individual, the individual’s guardian, and in accordance with Section 5126.004 of the Ohio Revised Code, the individual’s family, as applicable, of the individual’s position on the waiting list; and

2. Provide contact information for a person at the County Board who can provide resource information to address, to the extent possible, immediate needs of the individual and who can respond to questions about the notice.

3. If at any time, it is determined that an individual on a waiting list for home and community-based services is not eligible for home and community-based services, the County Board shall remove the individual’s name from the waiting list and shall assist the individual with contacting other agencies/programs for which the individual may be eligible. Individuals removed from the waiting list have a right to due process as set forth in section XI of this procedure.

V. EMERGENCY STATUS

A. The individuals who may be placed on a waiting list include individuals with emergency status. An individual with emergency status shall receive first priority for home and community-based services. No individual may receive priority for home and community-based services pursuant to section VI of this procedure over an individual placed on a waiting list with an emergency status.
When two or more individuals have emergency status pursuant to this section, the County Board shall offer the services to such individuals in the order they are placed on the waiting list based on their date of request.

VI. PRIORITY CATEGORIES

A. Except as provided in section XI of this procedure, the County Board shall give priority on a waiting list established under section (IV) (A) of this procedure to all of the following in accordance with the assessment component approved under Section 5123.046 of the Ohio Revised Code of the County Board’s plan developed under Section 5126.054 of the Ohio Revised Code.

1. Refinancing of supported living and family support services. An individual who is eligible for home and community-based services and meets both of the following requirements:

   a. The individual is eighteen years of age or older; and
   
   b. The individual receives supported living or family support services.

2. Refinancing of adult services. An individual who is eligible for home and community-based services and meets both of the following requirements:

   a. The individual resides in the individual’s own home or the home of the individual’s family and will continue to reside in that home after enrollment in home and community-based services; and
   
   b. The individual receives adult services directly from the County Board or from another provider with funding from the County Board.

3. Aging caregiver or intensive needs. An individual who is eligible for home and community-based services and meets either of the following requirements:

   a. The individual does not receive residential services or supported living, either needs services in the individual’s current living arrangement or will need services in a new living arrangement, and has a primary caregiver who is 60 (sixty) years of age or older; or
   
   b. The individual has at least one of the following service needs that is unusual in scope or intensity.

      i. Severe behavioral problems for which a behavioral support strategy is needed;
      
      ii. A mental health diagnosis for which medication has been prescribed;
      
      iii. A medical condition that leaves the individual dependent on life-support medical technology.
iv. A condition affecting multiple body systems for which a combination of specialized medical, psychological, educational or habilitation services is needed; or

v. A condition the County Board determines to be comparable in severity to any condition described in paragraphs (VI)(A)(3)(b)(i) to (VI)(A)(3)(b)(iv) of this procedure and places the individual at significant risk of institutionalization.

4. Resident of intermediate care facility for individuals with intellectual disabilities. An individual who is eligible for home and community-based services and resides in an intermediate care facility for individual with developmental disabilities.

5. Resident of nursing facility. An individual who is eligible for home and community-based services and resides in a nursing facility.

VII. ORDER FOR OFFERING SERVICES TO INDIVIDUALS WITHIN PRIORITY CATEGORIES ESTABLISHED IN SECTION VI IN THIS PROCEDURE

A. If two or more individuals on a waiting list for home and community-based services have priority for the services pursuant to section XI of this procedure, the County Board shall use the following criteria to determine the order in which the individuals with priority are offered the services.

1. The maximization of federal funding;

2. A mix among the individuals in each of the priority categories in section XI of this procedure; and

3. With regard to living arrangements, promoting;

   a. Individual’s ability to choose other individuals with priority under section XI of this procedure with whom to live if the individuals have an existing relationship; and

   b. Sharing of services among any individuals with priority under section XI of this procedure when the services are appropriate for the individuals.

B. When individuals are offered home and community-based services in accordance with the criteria in Section XI (E) of this procedure and two or more individuals have equal rank, the County Board shall offer the services to such individuals in the order they are placed on the waiting list based on their date of request.

C. When an individual who is enrolled in the individual options waiver or the level one waiver requests enrollment in the self-empowered life funding waiver, DODD may transfer the individual to the self-empowered life funding waiver provided the individual’s needs can be more appropriately met by the self-empowered life funding waiver, the individual meets all eligibility criteria for the self-empowered life funding waiver, and the county Board requests to enroll the individual in the self –empowered life funding waiver. At any time within one hundred eights calendar days of enrollment in the self – empowered life funding waiver, at the individual’s request, the County Board shall request the individual be re-enrolled in the waiver from which the transfer was made.

D. Section IV (F) shall not apply to home and community- based services funded in whole or in part by DODD if DODD directs the County Board in writing to use an alternative method for selecting
individuals for enrollment in the home and community–based services. When DODD directs the County Board to use an alternative method, the County Board shall offer the services to individuals in accordance with the method.

E. When an individual on a waiting list established under paragraph IV(A) of this rule is offered home and community-based services and refuses the services, the individual may, at the individual’s choice, remain on the waiting list in this or her current position.

IX. WAITING LISTS FOR NON-MEDICAID PROGRAMS AND SERVICES

If the County Board determines that available resources are not sufficient to meet the needs of all individuals who request non-Medicaid programs or services, the County Board shall establish one or more waiting lists for such programs or services in accordance with the County Board’s plan developed under Section 5126.04 of the Ohio Revised Code.

XI. DUE PROCESS

A. Due process shall be available to an individual aggrieved by an action of a County Board related to any of the following:

1. The approval, denial, withholding, reduction, suspension, or termination of a service funded by the state Medicaid program; and

2. The establishment or maintenance of, placement on, the failure to offer services in accordance with, or removal from a waiting list

B. Due process shall be provided in accordance with Chapters 5101:6-1 to 5101:6-9 of the Ohio Administrative Code when the service involved is funded by the state Medicaid program and in accordance with Section 5123:2-1-12 of the Administrative Code when the service involved is not Medicaid-funded.

C. If an individual is aggrieved in accordance with Section XI (A) (a) (b) of this procedure, the County Board may, if the County Board has adopted a written policy describing an informal process for resolution of complaints and appeals of adverse action in accordance with 5123:2-1-12 of the Ohio Administrative code, attempt to informally resolve the matter through the grievance procedure. An attempt to informally resolve the matter shall not affect the right of the individual to due process in accordance with section XI (A) of this procedure.

D. The County Board shall, in the manner specified in Section 5123:2-1-12 of the Ohio Administrative Code, give notice to each individual on the waiting list, the individual's guardian, and in accordance with section 5126.044 of the Ohio Revised Code, the individual’s family, as applicable, of the individual's due process rights. The County Board shall document that such notice was given and the content of such notice.

E. Upon the department’s request, a county board shall submit in a format specified by DODD, documentation related to its waiting list for home and community-based services and any waiting list established pursuant to section IX of this procedure including, but not limited to, information regarding individuals who requested services or were removed from the waiting list.
F. Dodd shall monitor compliance with this rule by county boards and their contract agencies. Dodd shall provide technical support upon request and through regional and statewide trainings.

I. Nothing in this rule shall be interpreted to alter the obligation of the County Board to provide a service, which is required to provide under applicable law. Nothing in this rule shall be interpreted to create an obligation of the County Board to provide a service, unless the obligation exists under applicable law.

Forms used in this procedure:
ODJFS 2399 Home and Community-Based Waiver Referral
ODJFS 07334 Notice of Denial of your Application for Assistance
MCBDD Residential Services Referral Form
MCBDD Adult Services Referral Form

Approved: July 17, 2002
Reviewed: July 20, 2005; December 12, 2006; January 23, 2007; January 3, 2008
Revised: January 1, 2009
Reviewed: January 14, 2010; January 6, 2011
Revised: September 6, 2011;
Reviewed: January 5, 2012;
Revised: November 5, 2012
Revised: January 13, 2016
Reviewed; January 5, 2017; January 5, 2017; January 16, 2018
I. PURPOSE

Situations may exist that involve extraordinary circumstances where there is a risk of substantial harm and that harm is imminent. This procedure establishes the process to review information submitted to determine what actions, if any should be taken.

II. DEFINITION OF EMERGENCY

A. Per Ohio Revised Code 5126.042, an “Emergency” is any situation that creates for an individual at a risk of substantial self-harm or substantial harm to others if action is not taken within thirty days. Examples of situations that may give rise to this risk include:

1. Loss of residence through any means including legal action.

2. Loss or primary caretaker for any reason occurring on the part of caretaker, including illness, change in status or inability to perform the caretaker function effectively for the individual.

3. Abuse, neglect or exploitation of the individual.

4. Health and safety conditions which pose a serious risk to the individual of immediate harm or death to the individual or others.

5. Changes in the emotional or physical condition of an individual that cannot be reasonably provided by the caretaker as determined by the Muskingum County Board of Developmental Disabilities (County Board).

III. EMERGENCY STATUS REVIEW PROCESS

A. The Superintendent or his designee will identify members of the Emergency Status Review Committee (ESRC) based on the emergency situation.

B. A Service Coordinator will initiate the Emergency Status Review (ESR) by completing the Emergency Status Request Form (ESRF) with the individual/guardian, attaching all pertinent information listed on the form and submit it to the ESRC for review.

C. The ESRC will review the situation to determine the specific nature of the emergency and what immediate actions are needed to address the emergent needs.

D. During the review process an ESRC member will complete a face-to-face meeting with the individual to allow the opportunity for additional information to be submitted for consideration.
E. Once the Emergency Status request is reviewed and any additional questions are answered by the family and/or their Service Coordinator, the committee will review all information.

F. The determination of emergency status is based on the emergency criteria per 5126.042 of the Ohio Revised Code. The committee will make a decision about whether the situation meets the definition of emergency status and will be determined how the identified emergency need(s) can best be met which may or may not include waiver enrollment.

G. The committee may place a case on hold to request additional information. Taken into consideration the nature of the emergency, these holds should be no longer than all additional information is received. In the event a case is placed on hold, an On-Hold Notification letter will be mailed via certified mail/return receipt to the individual/guardian.

H. Once a determination is made, the ESRC will notify the individual/guardian, in writing of the decision. Information regarding the individual’s right to appeal, including either the Ohio Department of Jobs and Family Services (ODJFS) 4074 (Notice of Approval of Your Request for Benefits) form or ODJFS 7334 (Notice of Denial of Your Request for Benefits) form, as well as the MCBDD County Conference Request form and ODJFS 4059 (Explanation of State Hearing Procedures) form, will be included.

* PLEASE NOTE: LEVEL 1 WAIVER RECIPIENTS SHOULD NOT BE REVIEWED UNTIL ALL LEVEL 1 WAIVER SERVICES, INCLUDING EMERGENCY FUNDS, ARE EXHAUSTED

**Relevant Forms**

- Emergency Status Request Form
- MCBDD On Hold – Notification Letter
- Emergency Status Determination Form
- Status Determination Form-Approval
- Status Determination Form-Denial
- ODJFS 4074
- ODJFS 4059
- ODJFS 7334
- MCBDD County Conference Request Form

Approved: July 26, 2012
Reviewed: January 10, 2013; January 9, 2014; January 8, 2015; January 7, 2016; January 5, 2017; January 16, 2018
A request for ______________________________ to receive services based upon an emergency need has been received. An Emergency Status Review Committee team has determined that additional information is needed in order to make a determination of whether criteria have been met. This letter serves to notify you that ___________________________’s case has been placed ON HOLD until all of the information has been received and reviewed, taking into account the nature of the emergency.

If you disagree with this decision, you have the right to request a State Medicaid Hearing with the Ohio Department of Jobs and Family Services. The ODJFS form 4059 – Explanation of State Hearing Procedures – is attached to this letter. This form has instructions on how you can apply for a State Medicaid Hearing. You can also request a State Medicaid Hearing by calling 1-866-635-3748 or by writing to ODJFS State Hearings, PO Box 182825, Columbus, Ohio 43218. The following information should be provided when asking for a State Hearing: the individual’s name, Social Security number, the action you want to appeal, and any other important information.

Sincerely,

Dee Fountain
Dear *,

A determination has been made regarding your request for ______________________________ to receive services based upon an emergency need. An Emergency Status Review Committee team has determined that ________________________________ does NOT meet the formal criteria for Emergency Status” as defined in section 5123:2-1-08 of the Ohio Administrative Code.

If you disagree with this decision, you have the right to request a State Medicaid Hearing with the Ohio Department of Jobs and Family Services. The ODJFS form 7334 – Notice of Denial of your Application for Assistance – is attached to this letter. This form has instructions on how you can apply for a State Medicaid Hearing. You can also request a State Medicaid Hearing by calling 1-866-635-3748 or by writing to ODJFS State Hearings, PO Box 182825, Columbus, Ohio 43218. The following information should be provided when asking for a State Hearing: the individual’s name, Social Security number, the action you want to appeal, and any other important information.

Sincerely,

Dee Fountain
Support Services Director
Dear *

A determination has been made regarding your request for ______________________________ to receive services based upon an emergency need. An Emergency Status Review Committee team has determined that ______________________________ meets the formal criteria for Emergency Status” as defined in section 5123:2-1-08 of the Ohio Administrative Code.

According to formal guidance issued by the Ohio Department of Developmental Disabilities (DODD), when faced with an emergency, a county board “should identify the actions needs to reduce or eliminate the risk of substantial harm and may consider alternatives other than waiver enrollment when responding to such situations.” Among the alternatives to waiver enrollment identified by DODD are additional in-home or out-of-home respite services, home modifications or adaptive equipment, linking with supportive and other services, and other natural supports.

In order to address the identified emergency needs, Muskingum County Board of Developmental Disabilities’ Service Coordinator, will be contacting you soon to schedule a meeting to discuss options available.

If you disagree with this decision, you have the right to request a State Medicaid Hearing with the Ohio Department of Jobs and Family Services. The ODJFS form 4074 – Notice of Approval of your Application for Assistance – is attached to this letter. This form has instructions on how you can apply for a State Medicaid Hearing. You can also request a State Medicaid Hearing by calling 1-866-635-3748 or by writing to ODJFS State Hearings, PO Box 182825, Columbus, Ohio 43218. The following information should be provided when asking for a State Hearing: the individual’s name, Social Security number, the action you want to appeal, and any other important information.

Sincerely,

Dee Fountain
Support Services Director
**Emergency Status Determination Form**

*Committee Use Only*

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Committee Review:</th>
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</table>

**Type of ER Request:**

<table>
<thead>
<tr>
<th>Loss of present residence:</th>
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</thead>
<tbody>
<tr>
<td>Criteria Met</td>
</tr>
<tr>
<td>Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loss of present caretaker:</th>
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</thead>
<tbody>
<tr>
<td>Criteria Met</td>
</tr>
<tr>
<td>Describe:</td>
</tr>
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<table>
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<tr>
<th>Abuse, neglect, or exploitation:</th>
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<tbody>
<tr>
<td>Criteria Met</td>
</tr>
<tr>
<td>Describe:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Health and safety conditions that pose risk:</th>
</tr>
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<tbody>
<tr>
<td>Criteria Met</td>
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<tr>
<td>Describe:</td>
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</table>

<table>
<thead>
<tr>
<th>Change in emotional or physical condition of the individual:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria Met</td>
</tr>
<tr>
<td>Describe:</td>
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<table>
<thead>
<tr>
<th>Committee Decision:</th>
<th>Approval:</th>
<th>Denial:</th>
<th>Hold:</th>
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</table>

<table>
<thead>
<tr>
<th>Rationale:</th>
<th>Committee Recommendations/Suggestions:</th>
</tr>
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</table>

**Reminder:** An Emergency Status is any situation that creates for an individual a risk of substantial self harm or harm to others. If action is not taken within 30 days.

**Date of Committee Review:**

**Signature of Committee Chairperson:**

**Date Reviewed:**

*Created 9/20/12 mss*
An emergency situation, as defined in ORC 5126.042 is defined as "any situation that creates for an individual a risk of substantial self-harm or substantial harm to others if action is not taken within thirty days". The following are examples of situations that could give rise to such a risk:

1. Loss of present residence for any reason, including serious illness of caretaker, change in caretaker's status, or inability of caretaker to perform effectively for the individual.
2. Loss of present caretaker for any reason, including serious illness of caretaker, change in caretaker's status, or inability of caretaker to perform effectively for the individual.
3. Abuse, neglect, or exploitation of the individual
4. Health and safety condition that pose a serious risk to the individual or others of immediate harm or death.
5. Change in the emotional or physical condition of the individual that necessitates substantial accommodation that cannot be reasonably provided by the individual's existing caretaker.

When information is presented that one or more of the above conditions exist. The MCBDD will consider the situation and will determine how to best address the emergent needs of the individual. The board will identify the actions needed to reduce the risk of substantial harm, taking into consideration all available services and alternatives to waiver enrollment.

<table>
<thead>
<tr>
<th>Description of Emergency Situation</th>
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<tbody>
<tr>
<td>1. Is the individual at risk of substantial harm to themselves or others if action is not taken within the next 30 days?</td>
</tr>
</tbody>
</table>

3. What is the specific situation that has created the risk of substantial harm?

4. How does the situation place the individual at risk of substantial harm?

5. When did the situation first arise?
6. What action must be taken within the next 30 days to alleviate the risk of substantial harm?

7. Has individual (or others) received any physical injuries in the past 90 days? If yes, please describe the nature of the injuries, how and when they occurred, and what medical treatment was received.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

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8. Is the individual on the waiting lists for the IO and Level 1 Waivers:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

<table>
<thead>
<tr>
<th>Date of last priority determination assessment?</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
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</table>

<table>
<thead>
<tr>
<th>Is the individual identified as a priority on either WL?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

If YES, which waiver and which category?

<table>
<thead>
<tr>
<th>Has a new priority determination assessment been completed?</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

If NO, has the individual's situation changed since the last priority determination assessment was completed (i.e. began day program, has intensified needs, etc.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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</table>

9. Is the individual currently enrolled on the Level 1 Waiver?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

If YES, what are the current services being used and what is the typical schedule of services?

<table>
<thead>
<tr>
<th>Have additional emergency funds been requested to address this current situation?</th>
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<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

10. Review of Available Services & Supports
Please indicate the services/supports being **provided or pursued** in each area. Use the areas below as a guide. Additional information may apply and should be added at the bottom of the section.

<table>
<thead>
<tr>
<th>Natural supports</th>
<th>Resources available to private pay</th>
<th>Resources available to MCCS Board involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creative Options</td>
<td></td>
<td></td>
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<tr>
<td>Family Assistance Program</td>
<td></td>
<td></td>
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<tr>
<td>Medicaid State Plan Services</td>
<td></td>
<td></td>
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<tr>
<td>Ohio Home Care Waiver/Transition Waiver/PASSPORT Waiver/Choices Waiver</td>
<td></td>
<td></td>
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<tr>
<td>Adaptive equipment</td>
<td></td>
<td></td>
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<tr>
<td>Therapies (Psychology, OT, PT, and ST)</td>
<td></td>
<td></td>
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<tr>
<td>Respite (in home or out of home)</td>
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<tr>
<td>Other</td>
<td></td>
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### 11. General Information:

**DD Diagnosis and other Medical Conditions (including any MH diagnosis and level of MR)**

Summary of medical/health situation related to emergency need including (but not limited to):
- All possible medical conditions have been ruled out
- Any recommended medication changes to address the situation
- Any recent hospitalizations due to the ER situation
- Review of level of care and any other related assessments

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### 12. Current Living Arrangements:

Is a change in residence needed to address the ER situation?  
**Yes** [ ]  **No** [ ]

If YES, what would be necessary?  

**Day Program/Work/School**

Where does the individual attend?  

What is the regular schedule?
What issues/problems occur there?
How do they get there? (ie: school bus, SEAT, private provider, or county bd transportation)
Contact person (name/phone number) in the event that additional information is needed
(i.e. school teacher, day program instructor, job coach)

13. Capabilities & Strengths
What are you proud of?
What do you do really well?
What is your best way to communicate?
What do you want me to know about you?

14. Additional Information to be Considered
What medications are you currently taking?
What social/emotional skills do you possess?
Where do you need supports? (ie: school, work, home, community, etc)
Are there formal supports in place?  Yes  No
If so, how are the supports working?
Summary of information related to emergency need including (but not limited to):
— Recommendations explored by the qualified professional
— 2-3 months documentation is available to determine recent increase in behaviors
— Police reports that relate to this situation

15. Copies of the following collateral/supportive documentation must be attached:
Individual's income and expenses
Psychological Evaluation (most recent)
Current BSP with last 3 months behavioral documentation attached
Last 3 months of Service Coordinator's case notes

Documentation to support EMERGENCY need must be attached. Documentation should specifically reflect the EMERGENCY need and situation, not diagnosis. This should include behavioral data, police reports, ER visits, etc.
I have reviewed the information in this request and agree that it is an accurate description of the current situation. I understand the definition of Emergency Status as outlined in rule. I understand that the Emergency Status Review Committee will consider the situation and will determine how to best address the identified emergency needs and the actions needed to reduce the risk of substantial harm, taking into consideration all available services including alternatives to waiver enrollment.

<table>
<thead>
<tr>
<th>Individual</th>
<th>Date</th>
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<tr>
<td>Guardian</td>
<td>Date</td>
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</table>

Completed By:

| Service Coordinator | Date |

Committee Review

Committee Members:

Committee Review Date: ________________
List Emergency Criteria met as defined by Ohio Revised Code 5126:042

What specific supports/services would resolve this emergency? (Be very specific)

Alternative Plan, including timelines for completion, responsible parties, etc.

Date of Approval, Denial or On Hold Letter was mailed: (Date)