

# Unusual Incident Report

Please Print

07/26/2017

After Hours Reporting: (440) 282-1131

MUI Fax: (440) 326-0247

Email: MUI@murrayridgecenter.org

**Individual Name:** \_\_\_\_\_

**Individual's Address:** \_\_\_\_\_

**Provider Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date Incident Occurred (M/D/Y):** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_  AM  PM

**Date Incident Discovered (M/D/Y):** \_\_\_\_\_

**Time of Discovery:** \_\_\_\_\_  AM  PM

**Specific Location Where Incident Occurred:** \_\_\_\_\_

**Description of Incident (who, what, when, where):**

*~ add additional sheet(s) as necessary*

**Witnesses:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Primary Person(s) Involved and their relationship to individual:**

**Staff Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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Individual Name: \_\_\_\_\_

Did Injury Occur:  Yes  No

Assessment Completed by Whom? \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Type and location of Injury: \_\_\_\_\_

Was Emergency Transport required to hospital?  Yes  No By whom? \_\_\_\_\_

Name of Hospital: \_\_\_\_\_ ER Treatment only?  Yes  No Hospital Admittance?  Yes  No

**Describe immediate action taken to ensure health and welfare of the individuals involved**

**Describe any further medical follow-up required**

**REQUIREMENTS FOR MUI REPORTING TO INVESTIGATE AGENTS (IAs):** *Alleged Abuse, Neglect, Exploitation, Misappropriation, Suspicious/Accidental Death, or Media Inquiries about an MUI must be verbally reported to an IA within 4 hours of the discovery of the incident. (This includes all peer-to-peer incidents within these categories.) For all categories of MUIs, a written incident report must be received by an IA by 3:00 p.m. on the next working day following discovery of an incident. (Working day means Monday - Friday except for holidays as defined in Section 1.14 of O.R.C.)*

## REQUIRED NOTIFICATIONS FOR A UI:

*UI notification to Residential staff/family who care for the individual must be made on day of incident occurrence or discovery.*

Residential Staff /Family: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

*Independent providers must notify guardian and send completed Unusual Incident Report to SSA on the same day as discovery of UI.*

Guardian/Identified Other: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

SSA: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

## REQUIRED NOTIFICATIONS FOR A POTENTIAL OR IDENTIFIED MUI:

Who did you notify regarding the Potential MUI case status:

Name of IA \_\_\_\_\_

County Board verbal notification (To IA):

Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

County Board written notification (UIR):

Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

***The following MUI notification must be made on the day of occurrence, or discovery, of an MUI incident and include immediate action taken.***

Guardian /Identified Other: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

SSA: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Residential Provider: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Residential Staff/Family: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Law Enforcement: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Children Services: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Support Broker/Other: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Unusual Incident Report**

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**Individual Name:**

**UNUSUAL INCIDENT INVESTIGATION SUMMARY**

**REQUIREMENTS FOR UI INVESTIGATION:**

*Revised OAC 5123:2-17-02 states Unusual Incidents shall be reported and investigated by the Provider. This includes identification of the cause and contributing factors when applicable, and the development of preventive measure to protect the health and welfare of any at-risk individuals.*

*Independent providers shall complete an Incident Report, notify the individual's guardian or other person whom the individual has identified and then forward the incident report to the Service and Support Administrator on the same day the Unusual Incident is discovered.*

**NOTE: All potential Major Unusual Incidents must be addressed by the Investigative Agents of the Lorain County Board of Developmental Disabilities - MUI/Investigation Unit.**

*Identify the Level of Supervision at time of Incident occurrence as listed in the ISP/IHP*

*List all Probable Causes and/or Contributing Factors to the incident*

*Preventative Measures Taken to Protect the Health and Welfare of all at-risk individuals Involved in this incident*

Check when all statements and documentation of prevention plan implementation have been attached.

**Supervisor Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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**Individual Name:** \_\_\_\_\_

**WITNESS STATEMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_