

HOW TO COMPLETE THE LCBDD

Unusual Incident Report Form

To ensure legibility, please print or type.

This form is to be completed by the staff with first knowledge of the incident.

FRONT SIDE OF FORM

A. INDIVIDUAL IDENTIFICATION BOX:

Individual Name: Print full legal name of individual.

Individual's Address: This is the legal residential address of the involved individual.

B. PROVIDER INFORMATION BOX:

Provider Contact Person: Name of Provider Agency representative or Individual Provider to contact for further information.

Phone Number: This is the contact phone number associated with the listed 'Provider Contact Person'.

C. INCIDENT INFORMATION:

Date Incident Occurred: Print month/date/year that incident occurred.

Time of Incident: May use approximate time, or if time of occurrence is unknown, write "unknown".

Date and Time Incident Discovered: This is the date and time that you became aware of the incident. (Example: Individual received a black eye on Friday and reported it to OVC staff on Monday. Discovery date would be Monday.)

Specific Location Where Incident Occurred: This is the exact location, with address if necessary, where incident occurred.

Date and Time Incident Reported: This is the date and time the incident was reported. The report is required to be made no later than twenty-four hours after the occurrence of the Unusual Incident.

Supervisor: Name of the supervisor who was contacted to report the Unusual Incident.

Date and Time Reported to IA: This is the date and time the potential MUI was reported to an Investigative Agent (IA).

IA: Name of Investigative Agent who was contacted to report the potential MUI.

D. INCIDENT DESCRIPTION BOX:

Explain Incident (who, what, when, where): Describe incident in detail including preceding or contributing events/actions. This should be a factual account of what was seen, heard and done, without emotional content.

When possible, use exact quotations of any relevant statements made. (If you heard an individual swear, state what was heard.)

- Use full names of all staff and individuals involved, no initials, no agency specific codes/numbers for individual, no generic "staff" or "another individual" designation.
- Write clearly, using exact wording in descriptions. Do not use catch phrases such as "assisted to the ground". Instead describe what you physically did to lower the individual to the floor. If an individual was "struck" or "hit" state whether a closed fist or open hand was used and where on body contact was made.
- Include as many details as possible within your description of the incident.

E. WITNESSES:

This includes all individuals, staff or other individuals present at the time of the incident.

Name: Print full name of witness.

Title: Acceptable completion for "Title" might be "individual", a job title or "vending company employee".

Phone #: Phone number where the witness may be contacted for information regarding the incident.

F. STAFF SIGNATURE:

Staff Signature/Title/Date: The staff completing the description of incident must sign their name, list their title or job position, and identify the date they completed the form.

Printed Name: The name of the staff listed above as completing the description of incident must legibly print their name as it is signed in the above line.

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G. INDIVIDUAL IDENTIFICATION BOX:

Individual Name: Print full legal name of individual, as printed on first page of form.

H. PRIMARY PERSON INVOLVED (PPI): Print full name of the PPI and include their relationship to the individual. This could be staff, brother, caregiver, neighbor, etc.

I. INJURY INFORMATION BOX:

Did Injury Occur: Indicate "Yes" or "No".

Assessment Completed by Whom? Print name of individual who completed the medical assessment of the individual.

Title: Print job title or designation associated with the individual completing the medical assessment.

Date: This is the date the assessment was completed.

Type and Location of Injury: Identify any observable or known injury and describe the location, such as left lower leg.

Was Emergency Transport required to hospital? By whom?: Identify if the individual needed to be transported to the hospital and if transport was by ambulance (List name of ambulance service, if known) or by staff.

Name of Hospital/ ER Treatment only?/Hospital Admittance?: List name of hospital where individual was taken, indicate if they received emergency room treatment only or if they were admitted to the hospital for further evaluation/treatment.

J. IMMEDIATE ACTION DESCRIPTION BOX:

Describe Immediate action taken to ensure health and welfare of the individual involved and any at-risk individuals: This is a description of the first steps taken to immediately address the situation. For example, if the incident involved a physical confrontation between individuals, the immediate action would begin with separating the individuals. If the report concerns the fall of a individual, the immediate action would include medically assessing or first aid given to the individual.

K. MEDICAL FOLLOW-UP BOX:

Describe any further medical follow-up required: This is a description of any additional follow-up that will be necessary to address the outcome of the incident with any medical professionals.

L. SUMMARY OF REPORTING GUIDELINES:

REQUIREMENTS FOR IMMEDIATE REPORTING TO INVESTIGATIVE AGENTS (IAs): This is a reminder that all Alleged Abuse, Neglect, Exploitation, Misappropriation, Peer-to-Peer Acts, Prohibited Sexual Relations, Accidental or Suspicious Death, or Media Inquiries about an MUI must be verbally reported to an IA within 4 hours of the discovery of the incident. For all categories of MUIs, a completed unusual incident report must be received via fax (440.326.0247) or email (MUI@murrayridgecenter.org) by 3:00 pm on the next working day following discovery of an incident. (Working day means Monday-Friday except for holidays as defined in the Ohio Revised Code 1.14.)

M. REQUIRED NOTIFICATIONS FOR A UI BOX:

OTHER PROVIDERS OF SERVICES: All reported incidents are initially considered an Unusual Incident (UI) and if the incident 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 other providers of services as necessary to ensure continuity of care and support for the individual.

INDEPENDENT PROVIDER NOTIFICATIONS: All Independent Providers shall complete an Unusual Incident Report Form, notify the individuals guardian or other person whom the individual has identified, as applicable, and send the completed Unusual Incident Report form to the SSA by the next working day after the Unusual Incident is discovered.

N. REQUIRED NOTIFICATIONS FOR A POTENTIAL OR IDENTIFIED MUI:

Guardian or other person whom the individual has identified/SSA/Residential Provider/Residential Staff-Family/Law Enforcement/Children Services/Other Provider: Once an incident has been identified as an MUI, appropriate notification and documentation must be completed on the day of occurrence or discovery and include a statement of the immediate action taken. All efforts to make a notification shall be documented.

O. STAFF COMPLETION SIGNATURE:

Staff Signature/Title/Date: The staff completing the notifications must sign their name, list their title or job position, and identify the date they completed the form.

Printed Name: The name of the staff listed above as completing the notifications must legibly print their name as it is signed in the above line.

This form should be completed as soon as possible following the incident. If the incident is believed to be a potential MUI, or involves alleged abuse, neglect, exploitation, misappropriation, peer-to-peer acts, prohibited sexual relations, accidental or suspicious death, or media inquiries about an MUI, staff must **immediately** make verbal contact with a supervisor or IA and follow their direction for completion of the incident report form.

Revised 05/10/2019