Instructions for Unusual Incident Investigation Summary

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

UNUSUAL INCIDENT INVESTIGATION SUMMARY

REQUIREMENTS FOR UI INVESTIGATION:
Revised OAC 5123:17-02 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 first working day the day the Unusual Incident is discovered.

IDENTIFY THE LEVEL OF SUPERVISION AT TIME OF INCIDENT OCCURRENCE AS LISTED IN THE ISP/IHP: List the specific levels of supervision identified within the individual's ISP or IHP for all environments with all associated timeframes.

LIST ALL PROBABLE CAUSES AND/OR CONTRIBUTING FACTORS TO THE INCIDENT: This would include all physical environmental factors and/or any medical/psychological issues of the individual that may have been present at the time of the incident and provided some impact to the situation. Additionally, personal interactions of the individual or events prior to the incident should also be identified.

PREVENTATIVE MEASURES TAKEN TO PROTECT THE HEALTH AND WELFARE OF ALL AT-RISK INDIVIDUALS INVOLVED IN THIS INCIDENT: This section should address preventative measures that have been implemented for all individuals involved in the incident and should include input from any appropriate team member. ***Causes and contributing factors should be addressed by the preventative measures. This should be completed in 10 business days.***

DOCUMENTATION CHECK-OFF BOX: This box should be checked when all documentation necessary to verify that the implementation of the proposed preventative measures has been completed and attached to this Unusual Incident Report form.

SIGNATURE OF SUPERVISOR OR INDEPENDENT PROVIDER:
Supervisor or Independent Provider Signature/Title/Date: The supervisor or Independent Provider completing the Investigation Summary section must sign their name, list their job title or job position, and identify the date they completed this section.
Print Name: The name of the supervisor or Independent Provider listed above as completing the form must legibly print their name as it is signed in the above line.

Revised 08/23/2019