

# HANCOCK COUNTY UNUSUAL INCIDENT REPORT

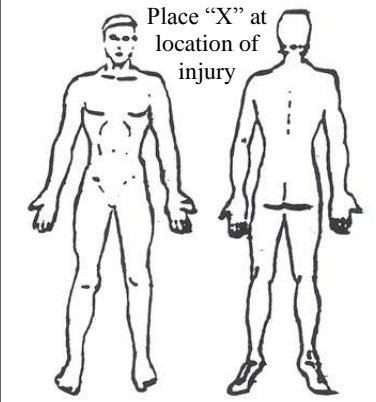
**All UIRs need to be written and turned into the County Board prior to the end of your designated shift on the day the incident occurred. Providers: please fax this UIR to 419-425-8748**

Last Name \_\_\_\_\_ | First Name \_\_\_\_\_ | Time of Incident \_\_\_\_\_ |  AM  PM  
 Location of Incident (be specific) \_\_\_\_\_ | Date of Incident \_\_\_\_\_  
 Others Involved: \_\_\_\_\_

**Unusual Incidents** means an event or occurrence involving an individual that is not consistent with routine operation, the care, or the individual service plan of the individual. UIs include falls, peer to peer incidents that are not MUIs, medication errors, all accidents or injuries even if no significant injury occurred.

**Major Unusual Incident** means the alleged, suspected, or actual occurrence of an incident when there is reason to believe the health or safety of an individual may be negatively affected or an individual may be placed at a reasonable risk of harm. MUIs include: (but is not limited to) abuse (verbal, sexual, or physical), neglect, failure to report, medical emergency, missing individual, unapproved behavior support, misappropriation, peer to peer act with the intent to harm, rights code violation, death, etc.

Describe Incident in Detail (What happened **Before, During, & After** incident)?  
 (ICF/MR – If reporting Injury of Unknown Origin, attach unknown injury investigation form)

	
<b>Immediate Action Taken:</b> (what did you do to ensure health & safety)	

**Person** \_\_\_\_\_ a.m./p.m.  
**Reporting** \_\_\_\_\_ Signature (legible) \_\_\_\_\_ Printed Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**BVI, BVS, Trans., Community Providers** – For all UI's, contact the guardian, parent of a minor child, or provider, as applicable.

Contacted:		Date:		Time:		a.m./p.m.	Reporting employee's initials	
------------	--	-------	--	-------	--	-----------	-------------------------------	--

**ICF/MR** – Contact the Director (AOC) immediately to notify of a possible **MUI or injury of unknown origin** (bruises, scrapes, scratches, etc): Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. Reporting employee's initials \_\_\_\_\_  
 Verbally notify guardian the same day of injuries of unknown origin: Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. Emp. Initial \_\_\_\_\_

**ALL**  
If suspect MUI

The provider verbally notified guardian same day as incident: Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.  
 Failed attempts by provider to reach guardian 1<sup>st</sup>: Date \_\_\_\_\_ Time: \_\_\_\_\_ 2<sup>nd</sup>: Date \_\_\_\_\_ Time: \_\_\_\_\_  
 The provider shall immediately, but no later than 4 hours after discovery of the incident, notify the SSA on call  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. Reporting Employee's initials \_\_\_\_\_

Last Name [ ]

First Name [ ]

Medical/Nurses Evaluation:


Additional documentation from Description section on page 1:


**Follow-up by SSA/QMRP**

**Incident Status Determination:**

Unusual Incident Report (UIR) \_\_\_\_\_

Major Unusual Incident (MUI) \_\_\_\_\_

MUI submitted to Investigative Agent: Yes:\_\_\_\_ No \_\_\_\_\_

**Additional Recommendations to Address Health & Safety / Prevention:**


SSA/QMRP : \_\_\_\_\_  
Signature Date

*For use by Hancock County Board MRDD below*

Original to Department Head and copy to (check off as appropriate): \_\_\_\_\_  
Signature Date

SSA	QMRP	Nurse	Supervisor	Other:
Computer Entry:				