

**LAKE COUNTY BOARD OF DD/DEEPWOOD**

**Administrative Procedure**

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David Miller, UIRC Chairperson

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Elfriede Roman, Superintendent

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Date

**I. SUBJECT: UI/MUI REPORTING FORM INSTRUCTIONS**

**II. PURPOSE:**

To provide written instruction regarding proper completion of the UI/MUI Reporting Form.

**III. POLICY REFERENCE:**

Lake County Board of DD/Deepwood Policy A-10, Reporting and Handling of Major Unusual Incidents/Unusual Incidents

**IV. APPLICATION:**

All programs operated, funded, or under contract with the Lake County Board of DD/Deepwood

**V. PROCEDURE:**

Listed below are instructions for the completion of the UI/MUI Reporting Form. This form is to be used to record all situations which are out of the ordinary for the individual.

**PAGE ONE**

**Individual Name**

The employee writing the report fills in the complete individual name as it appears on his/her file. Do not use nicknames.

**Reporting Provider:**

Insert agency/program's name that discovered and is reporting the UI/MUI even if the incident did not occur while this agency/program was providing service to the individual.

**Individual Address** –

Record the address where the individual resides (e.g., 123 Main St, Madison, 44158).

**PART I** **Completed by employee who discovered the incident**

The employee who discovered the incident or to whom it was first reported completes an incident report for each individual involved in the unusual incident.

**A. Date of Incident** –

Fill in the date the incident occurred. If it is being reported to the employee after the fact, use the date the incident is being reported on this line. (Example; individual reports an incident to staff in the morning that actually occurred the night before. The morning date is recorded in this section. The last night date is noted in the narrative.)

**B. Time** –

Record time incident occurred in military time (see Attachment B - military time). If it is an incident being reported after the fact, record the time of the report to the employee, in military style.

**C. Day of the Week** –

Circle/mark the day the incident occurred. If it is being reported after the fact, circle day it is being reported.

**D. Witnessed** –

Circle/mark Y (Yes) – if the author actually saw the incident happen.

Circle/mark N (No) - if the author came upon the scene after the incident or it was reported to the author.

**E. Others Involved** –

If there are victims and individual aggressors involved in the incident use this section, otherwise, leave it blank. List the ODODD#(s). (Other individuals are referred to as Individual #1 and Individual #2 in narrative.) If several individuals are involved in an incident but not as victims or aggressors, e.g., a bus accident, do not use these lines.

Specific Location - Insert program name, cluster, room, etc., and address where incident occurred. If it is being reported to you, but happened elsewhere, write in where it allegedly occurred. Be specific. For example, “ARC, lab girl’s restroom of b wing;” “JS bedroom @ARC c-wing;” or “In Men’s restroom at Red Lobster.”

**F. Describe incident in detail including preceding or contributing events/actions, identification of parties (use staff names) involved in the incident, as well as resolution of the incident** –

1. Before incident – describe situation immediately prior to incident, including any precipitating factors, antecedents.

2. During the incident – describe specifically what happened during the incident, including staff member (name included) response. Do not use vague terms like “aggresed.” Instead use

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descriptive words like, “Individual 1 used a closed fist to punch Joe in the shoulder with force enough that Joe was knocked into the wall.”

3. After the incident - describe resolution.

If more room is needed to complete 1, 2 and/or 3, use the “Supplemental Incident Reporting Form” to continue completing the applicable part(s) of Section F.

*Only use the name of the individual this report is about in this report. Use the coding “Individual 1” and “Individual 2” for any others involved. Do not use actual individual names for other individuals involved due to confidentiality. Use complete staff names of all staff involved in the incident.*

Review for completeness and accuracy. Keep emotions and assumptions out of the written account and stick to the basic facts. Provide any facts that might be helpful in establishing the cause of the incident. For example, Sally tells you that her mother was angry with her in the morning, because she would not get out of bed to go to the workshop. It would not be a fact to write, “Sally was slapped by her mother, because she would not get out of bed.” However, it would be a fact to write, “Sally told me that she was slapped in the head by her mother...” and to write, “Sally said, ‘My mother was angry with me, because I would not get out of bed today.’ ”

DO NOT .....

...Collaborate – Each staff person should independently complete an incident report.

...Withhold information – This can have serious consequences for the individual and staff.

Note: Unreadable incident reports are useless. If handwriting is illegible (as judged by others), then print or type the incident report (or use the electronic version).

4. Were there witnesses?

Circle/mark Y (Yes) - if any witnesses.

Circle/mark N (No) - if no witnesses.

If any witnesses, insert name(s) and title(s).

If there was only one witness, that person would complete a UI/MUI Reporting Form. If there was more than one witness, the other witnesses would each complete a “Supplemental Incident Reporting Form.”

If an individual served witnessed the incident, use their ODODD# instead of their name.

5. Signature

The author signs their legal signature.

6. Date Completed

Write in the date (mm/dd/yy) the author completed this form.

7. Time

Write in the time report is written in military style (see Attachment B).

8. Print Name

Print neatly and legibly the name of the author whose signature is immediately above.

9. Title

Print the job title of the author. Do not abbreviate.

10. Notification

This section names the people notified by the author of this part of the report.

11. Manager: (Name)

List complete name of the manager incident was reported to. If a message is left, also write in the phone number where message was left.

12. Date

Fill in date, mm/dd/yy, the notification was made to this named manager.

13. Time

Note time in military style that notification was made to this manager

14. Med. Pers: (Name)

List complete name of the nurse incident was reported to. If a message is left, also write in phone number where the message was left. If no nurse is available or nurse was not notified, leave blank.

15. Date

Fill in date, mm/dd/yy, the notification was made to this nurse.

16. Time

Note time in military style that notification was made to this nurse.

## **PART II**

### **SECTIONS G-L**

Completed by nurse who sees the individual. If there is no nurse available, these sections are **completed by direct care/other staff member responding to the incident.**

#### **G. Nature of Injury** –

Please circle/mark #1-14 as appropriate. (See attachment A for definitions.) If unsure, ask supervisor for direction.

#### **H. Severity of Injury** –

Please circle/mark one item between #1-5. (See attachment A for definitions.) Please be objective at the time of the assessment. Do not predict what the outcome will be.

#### **I. First Aid/Treatment given by** –

Circle/mark #1-5 as appropriate. If #5 applies, specify who “other” is.

#### **J. Required Emergency Services** =

Circle/mark Y (Yes) – if the individual received services from an EMS, urgent care or hospital.

Circle/mark N (No) - if treatment is provided by staff.

**K. For Medication/Treatment Errors –**

Only complete this section if the incident is related to a medication error.

Please circle/mark #1-9 as appropriate.

**PAGE TWO**

Print Individual first and last name on the top line.

**L. Treatment Given/Recommendations –**

Describe your involvement with this incident by following these guidelines;

1. Assess for injury and describe in complete objective terms. Do not speculate. Document assessment methods used (e.g.: “no tenderness, redness or swelling noted, full range of motion”). **Use layman terms rather than abbreviations that only medical personnel will understand.**
2. Describe any treatment performed (ex: washed with soap and water, antibiotic cream applied)
3. Make recommendation for need for further treatment (ex: refer to emergency room)
4. Provide staff with any directions for monitoring or care.

**Body Grid**

Depict location and shape of injury on body graph.

**Signature of nurse or staff completing Sections G-L**

**Date Completed** \_\_\_/\_\_\_/\_\_\_:

Fill in date, mm/dd/yy, the notification was made.

**Time:** \_\_\_\_\_ (Military)

Fill in the time the notification was made, use military style.

**Print Name**

Print neatly and legibly the name of the author whose signature is immediately above.

**Title**

Print/type the job title of the person who assessed the individual and completed this section.

**PART III**

**M. Notification**

This section names the person(s) notified by the direct care staff, nurse and/or manager(s). List name of person(s) spoken to (if message left - list phone number). Insert date and military time of each notification as specified on form. For Residential Provider and Day Program, please also list the title of the person notified.

**Date Completed** \_\_\_/\_\_\_/\_\_\_:

Fill in date, mm/dd/yy, the notification was made.

**Time:** \_\_\_\_\_ **(Military)**

Fill in the time the notification was made, use military style.

**Notified by:**

Print the name of the person who notified each party.

**PART IV – Completed by Manager**

For some providers this section will be completed by the Administrator, while for some larger providers it may be completed by the supervisor on duty or other designee.

**Potential Major Unusual Incident (Yes/No)**

Circle/mark “yes” if incident appears to meet any of the criteria of a MUI. Do NOT wait until the Investigative Agents (IAs) make a MUI/UI determination. This box is for the manager’s initial impression of what may be a MUI. If you are not reporting this incident as a potential MUI, then check “No”. Any time you note “Yes” the incident must be reported to the MUI Reporting Line (440-350-5253 [LAKE]) followed by a fax to 440- 350-5143 or e-mail to [IA@lakebdd.org](mailto:IA@lakebdd.org).

**N. Type of Incident – (COMPLETED BY MANAGER)**

**Write/type in one or more of the following types of unusual or major unusual incidents that apply:** (If none apply, explain on the attached line.)

- Accidental or Suspicious Death
- Attempted Suicide
- Death (that is not accidental or suspicious)
- Exploitation
- Fire
- Found on Ground
- Individual Aggression (toward non-peer)
- Individual charged with crime or arrested
- Ingestion of Foreign Object (PICA, etc.)
- Known Cause Injury (specify cause)
- Medical Emergency (life-saving interventions)
- Medication Error
- Medication Refusal
- Misappropriation
- Missing Individual
- Neglect
- Peer to Peer Physical Act
- Peer to Peer Sexual Act
- Peer to Peer Verbal Act
- Physical Abuse (non-peer to individual served)
- Prohibited Sexual Relations (staff having sexual relations with an individual served)
- Property Destruction (by individual)

- Rights Violation
- Sent to ER or Urgent Care
- Sexual Abuse (non-peer to individual served)
- Sexually Explicit Behavior (by individual that is not abuse)
- Slips/Falls without injury
- Suicidal Threat without actual attempt
- Unapproved Behavioral Support method
- Unknown Cause Injury
- Unanticipated Hospital Admission
- Verbal Abuse (non-peer to individual)

**O. One sentence summary of incident**

Provide brief one sentence summary of the incident and the outcome for the individual.

**P. Immediate actions taken to ensure health/welfare**

List **actions** (not notifications) **taken** e.g., removed staff from duty; assessed individual for injuries, sent individual to ER.

**Q. Possible Causes and Contributing Factors for the Incident:**

The manager writes/types in what he and/or other team members believe caused or contributed to the incident taking place. It is okay to make reasonable speculations in this section based upon known facts and history of the involved parties.

**R. Preventative Measures**

The manager specifies what actions have been taken and/or will be taken by which specific people to try and prevent the incident from repeating itself. If any of the actions have not taken place yet, include the target date for the prevention measures.

Manager Signature

The manager completing the report signs their legal signature.

Date Completed

Fill in the date (mm/dd/yy) the manager completed this form.

Time

Fill in the time report is written in military style (see Attachment B)

Print Name

Print neatly and legibly (or type) the name of the manager whose signature is immediately above.

Title

Print/type the job title of the manager. Do not use abbreviations.

**V. DISTRIBUTION:**

All Management Staff

All Staff via Directors

LEADD President

All Providers via Provider Resource Coordinator

**VI. REVIEWED**

2/19; 4/18

**Attachments:**

**A: Injury Definitions**

**B: Military Time**



**Attachment A Injury Definitions (re: sections G and H)**

Nature of Injury

None – Incident does not involve any injury.

Abrasion – Scrapes, rug burns

Airway obstruction – Throat, nose, mouth blocked by object or injury

Bite – Human or animal

Burn – As a result heat or chemical

Exposure – Body temperature affected by extreme heat or cold

Eye injury

Fracture – As diagnosed by physician

Head injury – More serious than a simple abrasion or laceration

Laceration – Deep cut in skin

Puncture – Hole thru skin into tissue

Skin irritation – Rash, closed blisters, other marks

Sprains – Injury to muscles, tendons or ligaments

Teeth injury – Lose or broken

Unable to determine – any injury that is not readily identifiable

Severity of injury

1. No apparent injury- An incident requiring nursing notification and assessment. Upon assessment, there is no apparent injury found.
2. Minor – Upon assessment there is a change in condition noted; bruise, superficial scratch or abrasion. This either requires no treatment or minimal one-time treatment. Does not affect day to day activities.
3. Moderate – An injury or illness is noted that requires more than one time treatment.  
Example: Deeper scratches or abrasions needing monitoring or treatment to prevent infection.
4. Severe – Serious injury or illness requiring immediate treatment and referral to physician, physician assistant, nurse practitioner or hospital.

**Attachment B Military time**

Translation of Standard to Military

1:00 a.m.= 0100	1:00 p.m.=1300
2:00 a.m.=0200	2:00 p.m.=1400
3:00 a.m.=0300	3:00 p.m.=1500
4:00 a.m.=0400	4:00 p.m.=1600
5:00 a.m.=0500	5:00 p.m.=1700
6:00 a.m.=0600	6:00 p.m.=1800
7:00 a.m.=0700	7:00 p.m.=1900
8:00 a.m.=0800	8:00 p.m.=2000
9:00 a.m.=0900	9:00 p.m.=2100
10:00 a.m.=1000	10:00 p.m.=2200
11:00 a.m.=1100	11:00 p.m.=2300
12:00 Noon=1200	12:00 Midnight=2400

Examples translating time -

3:22 a.m.	03:22
7:03 a.m.	07:03
9:54 a.m.	09:54
2:32 p.m.	14:32
6:15 p.m.	18:15
10:35 p.m.	22:35
11:50 p.m.	23:50