

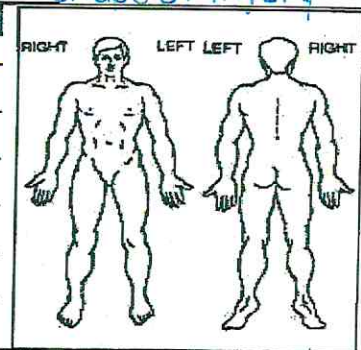
COMPLETE ALL SECTIONS OF REPORT

INDIVIDUAL NAME: Individual's Name

Depict location and shape of injury

PART II Contd. Completed by LPN, RN or STAFF if no nurse available.

L. Assessment/Treatment Time: : (Military) time of assessment/
 Describe involvement with incident/treatment.
 Complete in objective terms. Do not speculate.
 Document assessment methods used. Use laymans terms. Describe any treatment given, any recommendation for further treatment and any directions for monitoring or care.



Signature: Signature of person completing Part II Date completed: / / Time: : (Military) Date and time part II completed

Print Name: Name of person completing Part II Title: Title of person completing Part II

PART III M. NOTIFICATION:

| LIST NAME OF PERSON SPOKEN TO (IF MESSAGE LEFT-LIST PHONE NUMBER) | DATE | TIME | Notified by: Print Name |
|---|------|--------------|--|
| Superintendent Reporting Line (Board operated programs only x5113) | / / | : (military) | |
| Physician: | / / | : (military) | |
| Director of Nursing: | / / | : (military) | |
| <input type="checkbox"/> Family <input type="checkbox"/> Guardian (Check all that apply): | / / | : (military) | Name of person who made the notification |
| MUI Reporting Line (350-5253): | / / | : (military) | |
| Residential Provider: Use the program/provider name | / / | : (military) | |
| Day Program: AND name of person notified | / / | : (military) | |
| Child Protective Services (350-4000): if individual is under 21 and an allegation of abuse or neglect | / / | : (military) | |
| Law Enforcement: if an alleged criminal act | / / | : (military) | |
| SSA: (e-mail UIR@lakebdd.org) | / / | : (military) | |
| Other: | / / | : (military) | |
| Fax 350-5143 or e-mail: IA@lakebdd.org (FOR MUIs ONLY) | / / | : (military) | |

PART IV Completed by Manager

Potential Major Unusual Incident Yes No
 All potential MUIs require notification to the MUI reporting line 440-350-5253 (LAKE)

N. Type of incident (See procedure): page 16/17 of LCBDD procedure

C. One sentence summary of incident:
 Brief summary of incident and outcome for the individual

P. Immediate actions taken to ensure health/welfare (e.g. removed staff from duty, sent individual to ER):
 List actions taken (not notifications)

Q. Possible causes and contributing factors for the incident:
 What is believed to have caused or contributed to the incident. Can make reasonable speculations based on known facts and history of the involved parties

R. Preventative Measures (Specific actions, by whom):
 What actions have/will be taken to try and prevent the incident from repeating itself. if a future action, include the target date

Signature: Signature of manager completing Date Completed: / / Time: : (Military) date and time manager completed

Print Name: Name of manager completing Title: Title of manager completing