Pike County Board of DD
Incident Form

❑UI ❑MUI ❑Behavior Doc.

Name: _____ Location: _____ Incident Date/Time_____

Address: _____

Other persons involved: _____ Relationship: _____ Observed by: _____

Describe Incident:

A. **Causes and Contributing Factors:** What was happening before the unusual incident occurred? Include environmental conditions, actions of individual, actions of others, activities/task going on etc.

_____

_____

_____

_____

B. What happened during the unusual incident? Actions of individual and others involved (include all verbal/physical interventions used, if manual restraint/ escort used complete restraint form).

_____

_____

_____

_____

_____

_____

_____

_____

C. **Preventative Measures:** What happened after the unusual incident to ensure health and safety? Include preventive actions taken, conversation with individual.

_____

_____

_____

Individual Behavior Plan: ❒ Yes ❒ No Incident addressed in IBSP ❒ Yes ❒ No IBSP Implemented: ❒ Yes ❒ No

Manual Restraint: ❒ Yes ❒ No

Signature of Staff Completing Form: _____ Date: _____

TO BE COMPLETED FOR INJURY/ILLNESS

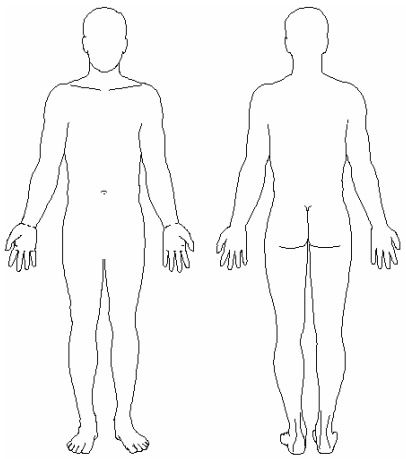
Injury: ❒ Illness: ❒

Describe:

_____

_____

_____



Please mark injury area

Signature: _____ Date: _____

Notifications:

Guardian/Family.....	❒ Yes ❒ No	Date: _____	Time: _____	Attn: _____
Provider.....❒ Yes	❒ No	Date: _____	Time: _____	Attn: _____
SSA/QMRP.....	❒ Yes ❒ No	Date: _____	Time: _____	Attn: _____
Behavior Support Spec..	❒ Yes ❒ No	Date: _____	Time: _____	Attn: _____
Law Enforcement.....	❒ Yes ❒ No	Date: _____	Time: _____	Attn: _____
Children Services.....	❒ Yes ❒ No	Date: _____	Time: _____	Attn: _____
CB MUI Staff.....	❒ Yes ❒ No	Date: _____	Time: _____	Attn: _____
Administration.....	❒ Yes ❒ No	Date: _____	Time: _____	Attn: _____
Other: _____.	❒ Yes ❒ No	Date: _____	Time: _____	Attn: _____

REQUIRED: REVIEWS AND FOLLOW –UP ACTIONS

A/C Supervisor:

_____
_____
_____

Signature/ Date/Time: _____

Nursing:

_____
_____
_____

Signature/Date/Time: _____

Agency Supervisor:

_____
_____
_____

Signature/Date/Time: _____

SSA/MUI Staff:

_____
_____
_____

Signature/Date/Time: _____

Additional Comments:

_____
_____
_____
_____
_____

Sign/Date

For MUI Only:

PPI: _____ Relationship to individual: _____

Immediate action taken to ensure health & safety:

_____
_____

Administrative Action:

_____
_____

If death occurred:
Date: _____ Time: _____ ❒AM ❒PM
Location: _____
Coroner notified: ❒ Yes ❒ No Date: _____ Time: _____ Reported to: _____

Law Enforcement:
Law Enforcement: ❒ Yes ❒ No Date: _____ Time: _____
Law Enforcement Agency: _____ Reported to/Officer: _____