

State of Maryland, Department of Health and Mental Hygiene  
 Developmental Disabilities Administration  
 Incident Reporting Form

Was more than one individual involved in this incident?  Yes  No

If Yes, submit a separate Incident report form for each individual involved in space provided below. In order to link all individuals in one incident, please provide the name and social security number for each additional individual. (If more than 3, please go to page EX-1)

If Yes, how many other individuals are involved?

0) this individual

1) name:

2) name:

3) name:

**I) Individual Information**

Name:  SSN:  Gender:  Male  Female

Date of birth:

Date and time incident occurred:   Estimated.

If different, when was incident discovered:

# of individuals present at the time of incident:

# of staff present at time of incident:

Incident occurred at:  Home  Site  Neither

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Is the address where the incident occurred a DDA licensed site/service? :  Yes  No

What type of service is provided for this individual?

**II) Agency Information**

Name:  Provider #:  OHCQ Provider #:

Site Address:  Site #:  OHCQ Site #:

Is this a DDA licensed site?  Yes  No

Agency provides the following services:

Date and time of Initial Report:

## II) Agency Information (cont'd)

### Contact Person

Name (Last, First):	<input type="text"/>		
Title/relationship:	<input type="text"/>		
Address:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
E-mail:	<input type="text"/>		

## III) Type of incident

### Primary incident category that indicates the suspected or known cause of the incident:

- |  |   |
|--|---|
| <input type="radio"/> Abuse  | Answer questions on page Q-I  |
| <input type="radio"/> Choking  | Answer questions on page Q-I  |
| <input type="radio"/> Death  | Answer questions on page Q-I  |
| <input type="radio"/> Fire department  |   |
| <input type="radio"/> Hospital admission / emergency room visit                      | Answer questions on page Q-II   |
| <input type="radio"/> Hospital admission / psychiatric admission                     | Answer questions on page Q-ii   |
| <input type="radio"/> Injury   | Answer questions on page Q-III  |
| <input type="radio"/> Medication error   | Answer questions on page Q-III  |
| <input type="radio"/> Neglect  | Answer questions on page Q-III  |
| <input type="radio"/> Other - not specified  | Answer questions on page Q-III  |
| <input type="radio"/> Other / individual committed a crime                           | Answer questions on page Q-III  |
| <input type="radio"/> Other / outbreak of a communicable disease                     | See <a href="http://www.edep.org">http://www.edep.org</a> regarding further reporting requirements. |
| <input type="radio"/> Other / suicide attempt  | Answer questions on page Q-IV   |
| <input type="radio"/> Other / suicide threat   | Answer questions on page Q-IV   |
| <input type="radio"/> Other / three of a kind  | Answer questions on page Q-IV   |
| <input type="radio"/> Police   | Please answer questions under XII) Law Enforcement.   |
| <input type="radio"/> Restraint - chemical intervention                              |   |
| <input type="radio"/> Restraint - unauthorized/inappropriate use of restraints       | Answer questions on page Q-V  |
| <input type="radio"/> Restraint - use of restraint that result in any type of injury | Answer questions on page Q-V  |
| <input type="radio"/> Theft of individual's property or funds                        | Please answer questions under XII) Law Enforcement.   |
| <input type="radio"/> Unexpected or risky absence / (absent >= 4 hours)              | Answer questions on page Q-V  |
| <input type="radio"/> Unexpected or risky absence / (individual in immediate danger) | Answer questions on page Q-V  |

**IV) Briefly describe the circumstances of the incident:**

**V) Briefly describe status of individual at the time of report:**

**VI) Describe the agency's immediate response to the incident:**

Will a team meeting be held?  Yes  No

**VII) Does this individual have a behavior support plan (BSP)?**  Yes  No  Not relevant to this incident

If yes, list behaviors addressed in the BSP

**VIII) Witnesses to the incident** (go to page Ex-II for more space)

Name	Address	Phone	Interviewed
<div style="border: 1px solid black; height: 20px;"></div>			
<div style="border: 1px solid black; height: 20px;"></div>			
<div style="border: 1px solid black; height: 20px;"></div>			

**IX) Please list all staff on duty at time of incidents:** (go to page Ex-III for more space)

Name	Job Title	Interviewed
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

**X) Skip**

**XI) Please provide any other relevant information**

**XII) Notifications**

Does individual have family or guardian?  Yes  No

Is family/guardian involved with individual?  Yes  No

If family/guardian is involved, when were they notified?  mm/dd/yyyy hh:mi AM

Please write notified family/guardian's name:

Has advocate, other than family/guardian been notified?  Yes  No

If yes, please write advocate's name:  When was advocate notified?

**XII) Law Enforcement**

Was this incident reported to a law enforcement agency?  Yes  No  Not relevant

If yes, write officer's name:  Jurisdiction:  Report #:

Please write other law enforcement information, if available.

If No, Explain why law enforcement was not notified

**List of People to be notified** (go to page Ex-IV for more space)

Name	Relationship/Agency	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

The following must be reported to MDLC: All Deaths, Hospital Visits, Medication Errors, Reportable Restraint Use, Reportable injury and any incident that may be the result of abuse or neglect.  
Incidents must be reported to CPS/APS per: Irregular situation - section 1A and Appendix 2A - Sections 6 & 7 of Other Agency/SRC requirements.

**XIII) Agency/SRC staff person completing this initial report:**

**III) Type of incident (cont'd)**

**Primary incident category: Abuse**

Who was involved? Individual was victim of  Staff  Individual  Non-staff/Non-individual

Indicate Primary Abuse Category  Inhumane treatment  Physical abuse  Psychological abuse

Seclusion  Sexual abuse

Use of aversive technique  Violation of individual rights

How will the safety of the individual be maintained during the investigation? (attach additional pages if more space is needed)

Please answer the following questions, if the primary abuse is "Physical abuse"

If applicable, were APS/CPS notified?  Yes  No (Answer if individual was victim of "non-staff/non-individual")

\* Please answer questions under XII) Law Enforcement.

Please answer the following questions, if the primary abuse is "Psychological Abuse"

Does the individual have a behavior plan(BP) which addresses unsubstantiated allegations of sexual or verbal abuse?  Yes  No

Please answer the following questions, if the primary abuse is "Sexual abuse"

Note: If the sexual activity is consensual, it is not sexual abuse.

If applicable, were APS/CPS notified?  Yes  No (Answer if individual was victim of "non-staff/non-individual")

Does the individual have a behavior plan(BP) which addresses unsubstantiated allegations of sexual or verbal abuse?  Yes  No

\* Please answer questions under XII) Law Enforcement.

**Primary incident category: Choking**

Does the individual have a history of choking or on a specialized diet?  Yes  No

### III) Type of incident (cont'd)

**Primary incident category: Death**

Location of death:

Date of death:

Was the death a result of unusual, suspicious or unnatural causes?:  Yes  No

Was death reported to local law enforcement agency?:  Yes  No

Was hospice involved?:  Yes  No

Has an autopsy been requested?:  Yes  No

Was the death anticipated?:  Yes  No

Was medical examiners office notified?:  Yes  No

Was EMT unit involved?:  Yes  No      If Yes, identify EMT unit:

Did individual have a guardian?  Yes  No

Did the individual have a DNR?  Yes  No

Legal name of the person who signed DNR:

What is the relationship to the person who signed DNR?

**Primary incident category: Hospital Admission / emergency room visit**

Was the individual admitted into the hospital?  Yes  No

Name of hospital:

What was the admitting diagnosis or rule out diagnosis?

**Primary incident category: Hospital Admission / psychiatric admission**

Does the individual have a psychiatric history, psychiatric diagnosis or on psychiatric medications?  Yes  No

Name of hospital:

### III) Type of incident (cont'd)

**Primary incident category: Injury**

- Indicate the injury type?  Dislocation       Eye emergency       Electric shock  
 Fracture       Ingestion of dangerous object or toxic substance  
 Injury with loss of consciousness       Lost of body part  
 Tearing of body part       Third degree burn

Please answer the following question if injury type is "Ingestion of dangerous object or toxic substance"

Does the individual have a history of pica?  Yes  No

Does the individual have a behavior plan (BP) which addresses pica?  Yes  No

**Primary incident category: Medication error**

What medication/treatment was involved?

Was the delegating nurse informed?  Yes  No

**Primary incident category: Neglect**

How will the safety of the individual be maintained during the investigation?

**Primary incident category: Other - Not specified**

Please describe "Other"

**Primary incident category: Other / individual committed a crime**

Location/status of individual?

What is the IP required staffing ratio?

\* Please answer questions under XII) law enforcement.

### III) Type of incident (cont'd)

**Primary incident category: Other / suicide attempt**

Does the individual have a history or family history of suicidal ideation/attempts?  Yes  No

If yes, how is it addressed, i.e. suicidal protocol, behavior plan?

**Primary incident category: Other / suicide threat**

Does the individual have a history or family history of suicidal ideation?  Yes  No

If yes, how is it addressed, i.e. suicidal protocol, behavior plan?

**Primary incident category: Other / three of a kind**

List all 3 minor incidents

- 1)
- 2)
- 3)

Choose from the following list of minor incidents.

- Abuse
- Choking
- Hospital treatment for chronic condition
- Hospital visit
- Injury
- Medication error
- Other internally investigated incident
- Physical aggression
- Planned use of restraint
- Police
- Theft of individuals' property or fund
- Unexpected or risky absence - absent < 4 hours

### III) Type of incident (cont'd)

**Primary incident category: Restraint - Unauthorized/ Inappropriate Use Of Restraints**

Does the individual have a behavior plan(BP) with restraints?  Yes  No

Is the behavior targeted in the BP?  Yes  No

Will the team be convened within 5 calendar days to review the situation & action taken?  Yes  No

Is development of a behavior plan necessary?  Yes  No

What restraint was utilized?

**Primary incident category: Restraint - Use of restraint that result in any kind of injury**

Does the individual have a behavior plan(BP) with restraints?  Yes  No

**Primary incident category: Unexpected or risky absence / (absence >= 4 hours)**

Does the individual have any unsupervised time in the community?  Yes  No

How vulnerable is the individual?

What is IP required staffing ratio?

\* Please answer questions under XII) Law Enforcement.

**Primary incident category: Unexpected or risky absence / (individual in immediate danger)**

What is IP required staffing ratio?

Was this ratio being provided at time of incident?  Yes  No

\* Please answer questions under XII) Law Enforcement.

submit a separate Incident report form for each individual involved in space provided below. In order to link all individuals in one incident, please provide the name and social security number for each additional individual. (Cont'd)

4) name:

5) name:

6) name:

7) name:

8) name:

9) name:

10) name:

11) name:

12) name:

13) name:

14) name:

15) name:

16) name: