

NOTICE OF UNUSUAL EVENT

(This report is to be used to notify the Service Coordinator or the Safety Committee of unusual events that involve people receiving services. DO NOT USE THIS FORM IF YOU BELIEVE THAT THE EVENT INVOLVED ABUSE, NEGLECT, EXPLOITATION, DEATH OR A SERIOUS INCIDENT. CALL Adult/Child Protective Services at (305) 841-9500 and Division of Health Improvement at 1-800-445-6242 and complete the DHI Incident Report.)

(1) Please check the category that best indicates the type of incident:

In any of the following incidents occur, call the Service Coordinator or on-call administrative staff within 24 hours of the incident:

General Events (must be entered into Therap within 48 hours)

- | | |
|--|--|
| <input type="checkbox"/> Choking Person | <input type="checkbox"/> Restraint Related to Behavior |
| <input type="checkbox"/> Missing Person/Elopement/AWOL | <input type="checkbox"/> Medication Error |
| <input type="checkbox"/> Skin Breakdown | <input type="checkbox"/> Serious Injury |
| <input type="checkbox"/> Suicide Attempt or Threat | <input type="checkbox"/> Minor Fall |
| <input type="checkbox"/> Out of Home Placement | <input type="checkbox"/> Infection |

OTHER (please describe type of incident):

(2) Tell us who you are:

Name: _____ Phone No. _____ Title: _____

(3) List all person(s) receiving support from Advantage Communications, Inc. and staff who were involved in this incident?

Name _____ Phone No. _____
Name _____ Phone No. _____
Name _____ Phone No. _____
Name _____ Phone No. _____

(4) Who else was present at the time of the incident?

<u>Name</u>	<u>Telephone No.</u>	<u>Name</u>	<u>Telephone No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(5) What happened?

Time of Incident _____ Location of Incident _____ Date _____

Description of Incident (What happened? How did it happen? Why do you think it happened?) _____

(7) **What did you do?** (Describe what you did to protect or treat the person. Did you go to the hospital or call 911? How did you prevent the incident from continuing?) _____

(8) **Who did you call?**

<u>Name of Person Notified</u>	<u>Agency</u>	<u>Date/Time</u>	<u>Method of Notification</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(9) **Other information that you think may be relevant:**

Signature of Reporter: _____ Date: _____

REVIEW BY INCIDENT MANAGEMENT COORDINATOR:

Signature of IMC: _____ Date: _____