

**GREENE COUNTY BOARD OF DD
UNUSUAL INCIDENT REPORT (UIR)**

All UIR's are due in the appropriate Manager's/Director's office no later than 9:00a.m. the day following the incident.

Consumer: _____

Person Reporting: _____

Place of Employment: _____

Phone Number: _____

Program: _____ Four Oaks _____ Greene, Inc. _____ Transportation _____ Other _____

Date of Incident: _____

Time of Incident: _____

Vehicle Number: _____

Driver's Name: _____

Witness: _____

Other Staff: _____

Person(s) in charge of consumer at time of incident: _____

Consumer's condition before the incident: () typical () disoriented () calm () agitated () other _____

Description of incident (theft, damage, fire, vandalism, assault, med error, self abuse, fall; *attach additional pages if necessary*): _____

Program/Follow-up Comments: _____

Service Coordinator Comments: _____

Manager's/Director's Signature Date

Submitter's Signature Date

Service Coordinator's Signature Date

Nurse's Signature Date

Additional Signature & Title Date

Additional Signature & Title Date

GREENE COUNTY DD INJURY REPORT

Consumer: _____

Residential Consumer: Yes No

Reported by: _____
Name & Title

Date Reported: _____

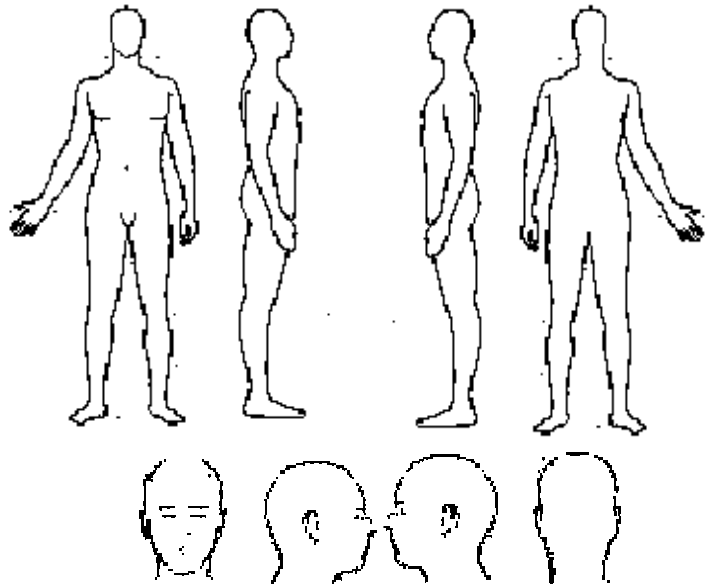
Date & Time of Injury: _____

Where Injury Occurred: _____

Person(s) Notified: _____

Check the appropriate items in each section below. Use **red ink to mark on the figures any bruises, cuts, scratches, or marks that can be seen at time report.*

Type of Injury	Body Parts Injured
<input type="checkbox"/> scratch	<input type="checkbox"/> head/face
<input type="checkbox"/> laceration	<input type="checkbox"/> mouth/teeth
<input type="checkbox"/> bruise	<input type="checkbox"/> hands/arms
<input type="checkbox"/> bite	<input type="checkbox"/> feet/legs
<input type="checkbox"/> swelling	<input type="checkbox"/> neck/chest
<input type="checkbox"/> other	<input type="checkbox"/> abdominal area
<input type="checkbox"/> other	<input type="checkbox"/> back/buttocks
	<input type="checkbox"/> genitals
	<input type="checkbox"/> other



Degree of Injury: severe moderate mild

Detailed Description of Injury: _____

Immediate Action Taken: _____

Nurse's comments: _____

Nurse's Signature **Date**

INSTRUCTIONS FOR COMPLETING UNUSUAL INCIDENT REPORT (UIR) – SIDE 1

Consumer – **PRINT** the name of the consumer/person injured.

Person Reporting – **PRINT** your name here.

Place of Employment – Enter the name of the agency for which you work.

Program – Check in front of the location where the incident occurred.

Date of Incident – Enter the calendar date that the incident occurred.

Time of Incident – Enter the exact or approximate time that the incident occurred.

Vehicle Number – If the incident occurred on a vehicle, enter the vehicle number.

Driver's Name – If the incident occurred on a vehicle, enter the name of the driver on that vehicle, at that time.

Witness – Enter the names of staff members who were witnesses **AND/OR** enter the initials of consumers who were witnesses.

Attendant – If the incident occurred on a vehicle, enter the name of the attendant on that vehicle, at that time.

Person(s) in charge... - Enter the name of the employee who was supervising the consumer at the time of the incident.

Consumers condition... - Check the appropriate option concerning the consumer's disposition/mood before the incident occurred.

Description of Incident – Write a **DETAILED** description of what occurred.

Program/Follow-up – Write a description of the adaptations or changes made to minimize reoccurrence of the incident.

Signatures – As appropriate, staff should sign off indicating receipt of this report and confirmation that follow up was done.

SIDE 2 –

Consumer – **PRINT** the name of the injured consumer/person here.

Residential Consumer – Does this consumer live in a residential facility, or are they supported by a residential services agency?

Reported By – **PRINT** the name of the person who reported the injury to the nurse.

Date Reported – Enter the date that the injury was reported to the nurse.

Date and time of Injury – Enter the date and time that the injury occurred.

Where Injury Occurred – Enter the environmental location in which the injury occurred (in the hall, on the bus...).

Persons Notified – List the individuals that were notified immediately following the occurrence of the incident/injury.

Type of Injury & Body Part Injured – Place a check in front of **any and all** appropriate options.

Diagram of Bodies – Use a **red pen** and mark the physical location of marks on the injured person's body.

Degree of Injury – Given your experience, indicate the severity of this injury.

Detailed Description – Write a thorough and detailed description of the injury. Include enough information so that anyone reading this report will be able to understand the nature of the injury.

Immediate Action Taken – Write a detailed description of what medical attention/treatment was given to this injury.

Nurse's Comments – Enter any additional information that is pertinent to this incident/injury and how it was treated.

Nurse's Signature – The nurse/staff that tended to this injury or was responsible for the treatment of injury should sign here.