

Addressing Major Unusual Incidents (MUI's) and Unusual Incidents (UI's) to Ensure Health, Welfare, and Continuous Quality Improvement

- A.** All Brown County Board of Developmental Disabilities (BCBDD) employees and Providers serving individuals must report Major Unusual incidents (MUI's) and Unusual Incidents (UI's) in accordance with policy 4.02, these procedures, and with 5123-17-02 of the Ohio Administrative Code (OAC).
- B.** The BCBDD has a contractual agreement with the Southern Ohio Council of Governments (SOCOG) to provide an Investigative Agent who will investigate all Major Unusual Incidents (MUI's) per the requirements set forth in 5123-17-02 of the Ohio Administrative Code (OAC). This agreement is available at the BCBDD Administrative Office and the SOCOG Administrative Office, with renewals as indicated via terms specified in the contractual agreement.
- C. Reporting Requirements for Major Unusual Incidents (MUI's):**
 - 1. All Providers will contact the Service and Support Office to report all Major Unusual Incidents (MUI's). Reports of Major Unusual Incidents (MUI's) may be made by:
 - a) Phone: (937) 378-4891
 - b) Emailing the report to: thammonds@browncbdd.org
 - c) Faxing the report to: (937) 378-3585
 - d) After Hours: (937) 725-0686
 - 2. The after-hours on-call SSA, upon receiving the initial verbal Major Unusual Incident (MUI) notification, will document all applicable information on the incident report on Brittco, forward to SSA Director, MUI Coordinator and UI Coordinator by 9 am.
 - 3. Reports regarding all Major Unusual Incidents (MUI's) involving an individual who resides in an intermediate care facility or who receives around-the-clock waiver services will be filed and the requirements of OAC 5123-17-02 followed regardless of where the incident occurred:
 - a) Attempted suicide;
 - b) Death other than unexplained or unanticipated death;
 - c) Emotional abuse;
 - d) Exploitation;
 - e) Failure to report;
 - f) Law enforcement;
 - g) Misappropriation;
 - h) Missing individual;
 - i) Neglect;
 - j) Peer-to-peer act;
 - k) Physical abuse;
 - l) Prohibited sexual relations;

- m) Sexual abuse; and
 - n) Unexplained or unanticipated death.
4. Reports regarding the following Major Unusual Incidents (MUI's) will be filed and the requirements of OAC 5123-17-02 followed only when the incident occurs in a program operated by the BCBDD or when the individual is being served by a licensed or certified provider:
 - a) Medical emergency;
 - b) Rights code violation;
 - c) Significant injury;
 - d) Unanticipated hospitalization; and
 - e) Unapproved behavioral support.
 5. Upon receipt of an Incident Report, the Service and Support Director/MUI Coordinator will review the information to determine if the incident meets the criteria of a Major Unusual Incident (MUI).
 6. Immediately upon identification or notification of a Major Unusual Incident (MUI), the BCBDD and/or the Provider will take all reasonable measures to ensure the health and welfare of at-risk individuals.
 7. For all Major Unusual Incidents (MUI's), BCBDD employees and/or the provider will submit a written/electronic incident report to the BCBDD SSA Director/MUI Coordinator **by three p.m. on the first working day** following the day the BCBDD employee and/or provider becomes aware of a potential or determined Major Unusual Incident (MUI). The report will be submitted in a format prescribed by the department.
 8. The BCBDD will enter preliminary information regarding the Major Unusual Incident (MUI) in the Incident Tracking and Monitoring System (ITMS) and in the manner prescribed by the department **by five p.m. on the first working day** following the day the BCBDD receives notification from a BCBDD employee, a provider and/or otherwise becomes aware of the Major Unusual Incident (MUI).
 9. Except when law enforcement or the public children's services agency is conducting the investigation, the SOCOG investigative agent will conduct all interviews for MUI's unless the investigative agent determines the need for assistance with interviewing an individual.
 10. All major unusual incidents in category C require an administrative review using the applicable administrative review form in appendix C, appendix D, or appendix E to this rule. The applicable administrative review form will be submitted by an individual's provider and completed by an investigative agent in collaboration with the individual's team.

D. Review, Prevention, and Closure of MUI's:

1. For all Major Unusual Incidents (MUI's), BCBDD employees and/or the provider will submit a written/electronic incident report to the BCBDD SSA Director/MUI Coordinator **by three p.m. on the first working day** following the day the BCBDD employee and/or provider becomes aware of a potential or determined Major Unusual Incident (MUI). The report will be submitted in a format prescribed by the department.
 - a) For any potential or determined MUI, BCBDD employees will notify the SSA Director/MUI Coordinator or UI Coordinator immediately and submit an incident report in Brittco.
 - b) For incidents not reported by SSA: The SSA Director/MUI Coordinator will review the incident report submitted by the provider to thammonds@browncbdd.org email address immediately for any potential or determined MUI's and within 24 hours for UI's to lmcnown@browncbdd.org e-mail address.
 - c) If an incident occurs after hours, BCBDD employees, providers, and families will call the on-call cell phone at (937) 725-0686.
 - d) All incident reports sent to the thammonds@browncbdd.org email address will be reviewed the same day by the SSA Director/MUI Coordinator and/or UI Coordinator.
 - e) SSA's will notify the SSA Director/MUI Coordinator immediately for any suspected or potential MUI.
 - f) All incidents received from Providers or witnessed by BCBDD employees regardless of type will be entered into the incident log in Brittco.
 - g) The BCBDD SSA Director/UI Coordinator will receive an alert when an incident has been entered into Brittco.
 - h) The BCBDD SSA Director will review all incidents in Brittco to ensure reporting requirements have been met and that immediate action has been taken.
1. Members of an individual's team will ensure that risks associated with MUI's are addressed in the Ohio Individual Service Plan of each individual affected and collaborate on the development of preventive measures to address the causes and contributing factors to the MUI.
2. The BCBDD SSA Director will receive the final MUI report from the SOCOG Investigative Agent for review and approval.
 - a) The BCBDD SSA Director will send an email to the SOCOG Investigative Agent as to whether or not the report and any recommendations made by the SOCOG investigative agent are being accepted.

- b) If the BCBDD accepts the report, the SOCOG will add/upload the report to the department's Ohio Incident Tracking and Monitoring System (OHITMS).
 - c) If the BCBDD does not accept the report, the SSA Director will notify the SOCOG Investigative Agent why the report has not been accepted and collaborate with the Investigative Agent on changes needed.
 - d) Once the final investigative report is accepted, the BCBDD SSA Director will obtain the final prevention plan from the team, add it to the department's Ohio Incident Tracking and Monitoring System (OHITMS) under the prevention plan tab and close or recommend the MUI for closure to the department.
3. Analysis of major unusual incident trends and patterns
- a) An agency provider will conduct, for each county in which the agency provider delivered services, an in-depth review and analysis of trends and patterns of major unusual incidents occurring during the preceding calendar year and compile an annual review which contains:
 - i. Date of review;
 - ii. Name of person completing review;
 - iii. Time period of review;
 - iv. Comparison of data for previous three years;
 - v. Explanation of data;
 - vi. Data for review by major unusual incident category type;
 - vii. Specific individuals involved in established trends and patterns (i.e., five major unusual incidents of any kinds within six months, ten major unusual incidents of any kind within a year, or other pattern identified by the individuals team);
4. A county board that provides specialized services will send the annual report to the department for all programs operated by the county board by February twenty-eighth of each year. The department will review the annual report to ensure all issues have been reasonably addressed to prevent recurrence of major unusual incidents.
5. The committee will be made up of a reasonable representation of the county board(s), providers, individuals who receive services and their families, and other stakeholders deemed appropriate by the committee.
- a) The role of the committee is to review and share the county board or council of government aggregate data prepared by the county board or council of governments to identify trends, patterns, or areas for improving the quality of life for individuals served in the county.
 - b) The committee will meet each March to review and analyze data for the preceding calendar year. The county board or council of governments will send the aggregate data prepared for the meeting to all participants at least ten calendar days in advance of the meetings.

- c) The county board of council of governments will record and maintain minutes of each meeting, distribute the minutes to members of the committee, and make the minutes available to any person upon request.
- d) The county board will ensure follow-up actions identified by the committee have been implemented.

E. Requirements for Unusual Incidents (UI's):

1. An Unusual incident is an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the Individual Service Plan, but is not a major unusual incident. "Unusual incident" includes, but is not limited to:
 - a) Dental injury that does not require treatment by a dentist;
 - b) Fall;
 - c) An injury that is not a significant injury;
 - d) Medication error without a likely risk to health and welfare;
 - e) Overnight relocation of an individual due to a fire, natural disaster, or mechanical failure;
 - f) An incident involving two individuals served that is not a peer-to-peer act major unusual incident but does involve:
 - 1) A physical altercation; or
 - 2) The use of actions, words, gestures, or other communicative means to purposefully threaten, coerce, or intimidate when there is the opportunity and ability to carry out the threat;
 - g) Rights code violation or unapproved behavioral support without a likely risk to health and welfare;
 - h) Emergency room or urgent care treatment center visit;
 - i) An unplanned hospital admission or hospital stay that is not a major unusual incident as defined in paragraph (C)(16)(c)(ii) of rule 5123-17-02;
 - j) A situation where an individual's whereabouts are unknown for longer than the period of time specified in the individual service plan that does not result in imminent risk of harm to the individual or others and is not a major unusual incident as defined in paragraph (C)(16)(b)(iv) or (C)(16)(c)(i) of rule 5123-17-02;

- k) Program implementation incident.
- 2. Unusual Incidents (UI's) will be reported and investigated by the BCBDD and all providers.
- 3. All BCBDD employees will report Unusual Incidents (UI's) to the SSA Director/MUI Coordinator and/or UI Coordinator.
- 4. All Providers will complete an UI report, notify the individual's guardian or other person whom the individual has identified, and/or other providers of services as necessary to ensure continuity of care and support for the individual, as applicable, and forward the UI report to BCBDD on the **first working day following the day the Unusual Incident (UI) is discovered by:**
 - 1) Delivering the report to the SSA office, or
 - 2) Emailing the report to: thammonds@browncbdd.org
 - 3) Faxing the report to: (937) 378-3585
- 5. The UI Coordinator will ensure that all Unusual Incident (UI) reports are sent to the assigned SSA for review upon receipt via paper or electronic means.
 - a) For incident reports that are faxed or dropped off to the SSA office, the SSA will date and time stamp the report prior to routing. For incidents submitted thammonds@browncbdd.org email or via fax the date and time stamp of receipt is noted in the email/fax upon receipt.
 - b) The assigned SSA will review the UI Report, investigate/gather any additional information needed, ensure immediate action has been taken, ensure applicable notifications have been made, identify/address the cause and contributing factors when applicable, and ensure preventive measures have been implemented to protect the health and welfare of any at-risk individuals.
 - c) After addressing any concerns/follow-up on the UI report, the SSA will ensure the UI has been entered into the Brittco following the receipt of the UI.
 - d) When a report is received for an individual who does not have an assigned SSA; the SSA Director/MUI Coordinator or the UI Coordinator will enter the incident into Brittco the same day notified of incident.
 - 1) The UI log will contain all of the information required for UI's per the BCBDD policy 4.02 and OAC 5123-17-02.
 - 2) The UI log will be maintained by the UI coordinator for all UI's reported by BCBDD employees.
 - 3) The log will be made available to the department upon request.

- e) The SSA Director/UI Coordinator will review the Unusual Incident (UI) report in Brittco, note any additional concerns or follow-up that is needed, ensure the Unusual Incident (UI) is properly coded, ensure that the incident does not meet the criteria of a Major Unusual Incident (MUI).
 - f) After all parties have reviewed the Unusual Incident (UI) report internally, the assigned SSA will address any additional administrative concerns noted on the electronic Unusual Incident (UI) report in Brittco
 - g) Any follow-up notes/reports will be attached to the original Unusual Incident (UI) report. If an incident becomes, or is related to a Major Unusual Incident (MUI), it will be filed with the applicable Major Unusual Incident (MUI).
6. The multi-level process noted above for reviewing incidents will be conducted for all reports received by the SSA Director/UI Coordinator.
 7. The BCBDD, will review all Unusual Incidents (UI's) as necessary, but **no less than monthly**, to ensure appropriate preventive measures have been implemented and to ensure any trends and/or patterns are identified and addressed as appropriate.
 8. The BCBDD Unusual Incident (UI) Log review will be a review of each Unusual Incident (UI) reported by the BCBDD employees.
 9. In addition to reviewing each Unusual Incident (UI) report the following will occur:
 - a) The UI Coordinator will review the UI logs and identify if there are any trends and/or patterns specific to an individual (**i.e., three (3) similar UI's in one week, five (5) similar UI's within one month**), or other pattern identified by the individual's team. They will be reviewed monthly.
 - b) If trends and/or patterns are identified for an individual, the SSA will follow up with the team and note in the Ohio Incident Tracking System any additional preventive measures that have been implemented to address the trends and/or patterns.
 - c) The SSA will ensure that if any trends and/or patterns are identified for an individual that an Individual Service Plan addendum is completed within **thirty (30) calendar days** to add the trends and/or patterns discovered and the preventive measures implemented to address the incidents and/or to prevent recurrence.
 - d) The BCBDD Unusual Incident (UI) log will be made available to the department for review upon request.
 10. All members of an individual's team are responsible for ensuring that risks associated with Unusual Incidents (UI's) are addressed in the Individual Service Plan of each individual affected.

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5123-17-02

APPENDIX C

Page 1 of 2

ADMINISTRATIVE REVIEW FORM FOR LAW ENFORCEMENT

Individual's Name:

Date of Law Enforcement:

Major Unusual Incident Number:

Date Form Initiated:

Name of Person Initiating Form:

Title of Person Initiating Form:

Contact Information for Person Initiating Form:

Provider Name:

PART 1 - TO BE COMPLETED BY THE INDIVIDUAL'S PROVIDER

DESCRIPTION - Describe the incident in detail.

HISTORY/ANTECEDENTS - Explain what led to the individual being tased, arrested, charged, or incarcerated. Provide a history of law enforcement involvement.

CRIMINAL CASE INFORMATION

Law Enforcement Entity:

Contact Information for Arresting Officer:

Incarceration Location:

SUPERVISION LEVEL - Did the individual have a supervision requirement? If so, describe the supervision level.

INJURIES/MEDICAL NEEDS - Were there any injuries to the individual or anyone else involved in the law enforcement major unusual incident? Did the individual receive timely medical attention? Are the individual's medical needs

5123-17-02

APPENDIX C

Page 2 of 2

(e.g., medications, special diet, or assistive equipment) known and addressed, especially if the individual is incarcerated?

PART 2 - TO BE COMPLETED BY THE INVESTIGATIVE AGENT IN
COLLABORATION WITH THE INDIVIDUAL'S TEAM

CAUSES AND CONTRIBUTING FACTORS

- ☐ Supervision not met
- ☐ Peer aggression
- ☐ Peer or other outside influence
- ☐ Control issues - staff/family/peers
- ☐ Medication change/refusal
- ☐ Individual service plan/behavioral support strategy not followed
- ☐ Domestic dispute
- ☐ Lack of resources led to shoplifting or theft
- ☐ Unmet health needs
- ☐ Substance abuse
- ☐ Other:

ADMINISTRATIVE REVIEW SUMMARY AND CONCLUSION

PREVENTION PLAN - Describe the prevention plan being implemented to address causes and contributing factors (e.g., environmental change, staff training, medication changes, or level of supervision).

Name of Investigative Agent Completing Form:

Date Form Completed:

ACTION: Refiled

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Appendix
5123-17-02

5123-17-02

APPENDIX D

Page 1 of 3

ADMINISTRATIVE REVIEW FORM
FOR UNANTICIPATED HOSPITALIZATION

Individual's Name:

Date of Unanticipated Hospitalization:

Major Unusual Incident Number:

Date Form Initiated:

Name of Person Initiating Form:

Title of Person Initiating Form:

Contact Information for Person Initiating Form:

Provider Name:

PART 1 - TO BE COMPLETED BY THE INDIVIDUAL'S PROVIDER

DESCRIPTION - Indicate which situation applies.

- ☐ Hospital admission lasting 48 hours or longer due to one or more of the specified diagnoses (i.e., aspiration pneumonia, bowel obstruction, dehydration, medication error, seizure, or sepsis)
- ☐ Hospital re-admission lasting 48 hours or longer due to any diagnosis that is the same diagnosis as a prior hospital admission lasting 48 hours or longer within the past 30 calendar days

HISTORY/ANTECEDENTS - Explain what led to the unanticipated hospitalization. Describe the medical history of the individual. Have there been recent similar illnesses? What was the health of the individual in the 72 hours leading up to the hospitalization? Did the individual complain of feeling unwell or deviate from routine (e.g., change in behavior, eating, sleeping, or bathroom habits)?

SYMPTOMS AND RESPONSE - What were the individual's symptoms (e.g., fever, rash, bloody stool, or trouble breathing) and over what length of time? What actions did the provider take to address the symptoms?

5123-17-02

APPENDIX D

Page 2 of 3

PART 2 - TO BE COMPLETED BY THE INVESTIGATIVE AGENT IN
COLLABORATION WITH THE INDIVIDUAL'S TEAM

DETAILS OF HOSPITALIZATION

Date of admission:

Date of discharge:

WHEN UNANTICIPATED HOSPITALIZATION IS BASED ON A
HOSPITAL ADMISSION LASTING 48 HOURS OR LONGER DUE
TO ONE OR MORE OF THE FOLLOWING DIAGNOSES

Indicate which apply.

- ☐ Aspiration Pneumonia
- ☐ Bowel Obstruction
- ☐ Dehydration
- ☐ Medication Error
- ☐ Seizure
- ☐ Sepsis

WHEN UNANTICIPATED HOSPITALIZATION IS BASED ON A
HOSPITAL RE-ADMISSION LASTING 48 HOURS OR LONGER DUE
TO
ANY DIAGNOSIS THAT IS THE SAME DIAGNOSIS AS A PRIOR
HOSPITAL ADMISSION LASTING 48 HOURS OR LONGER WITHIN
THE PAST 30 CALENDAR DAYS

Indicate the diagnosis of the hospitalizations.

Provide the dates of the prior hospital admission and discharge.

DISCHARGE SUMMARY - Attach discharge summary.

5123-17-02

APPENDIX D

Page 3 of 3

FOLLOW-UP APPOINTMENTS/CHANGES TO MEDICATION/

CONTINUING CARE - List the changes and the continuing needs of the individual along with the person responsible for these. Confirm follow-up appointments have been made.

CAUSES AND CONTRIBUTING FACTORS

- ☐ Medication change
- ☐ Medication error
- ☐ Aspiration due to improper diet texture
- ☐ Refusal to follow diet
- ☐ Insufficient fluid intake
- ☐ Failure to monitor input/output of fluids
- ☐ Failure to follow bowel protocol
- ☐ Failure to monitor urination and/or bowel movements
- ☐ Failure to provide timely medical care
- ☐ Chronic medical diagnosis that places individual at higher risk
- ☐ Refusal of staff assistance
- ☐ Lack of health care coordination
- ☐ Other:

ADMINISTRATIVE REVIEW SUMMARY AND CONCLUSION

PREVENTION PLAN - Describe the prevention plan being implemented to address causes and contributing factors (e.g., environmental change, staff training, medication changes, or diet change).

Name of Investigative Agent Completing Form: _____ Date
Form Completed: _____

ACTION: Refiled

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5123-17-02

APPENDIX E

Page 1 of 4

ADMINISTRATIVE REVIEW FORM
FOR UNAPPROVED BEHAVIORAL SUPPORT

Individual's Name:

Date of Unapproved Behavioral Support:

Major Unusual Incident Number:

Date Form Initiated:

Name of Person Initiating Form:

Title of Person Initiating Form:

Contact Information for Person Initiating Form:

Provider Name:

PART 1 - TO BE COMPLETED BY THE INDIVIDUAL'S PROVIDER

DESCRIPTION - Describe the intervention/support in detail and the reason used. How was the intervention/support necessary for the health and welfare of the individual or other individuals? List the staff involved.

How many times was the intervention/support used?

How long (total) was the individual restrained?

HISTORY/ANTECEDENTS - Does the individual have a history of the behavior? If so, describe history.

TYPE OF UNAPPROVED BEHAVIORAL SUPPORT

☐ Physical Restraint

☐ Basket Hold

☐ Multiple Person Carry

☐ Multiple Person Escort

☐ One Person Carry

☐ Physically Prompted Hands Down With Resistance ☐ Prone ☐ Restraint of Multiple Appendages ☐ Restraint of One Appendage ☐ Seated Restraint ☐ Side Restraint ☐ Standing Restraint ☐ Supine ☐ Time-Out ☐ Other: ☐ Chemical Restraint ☐ Anti-Anxiety ☐ Anticonvulsant ☐ Antidepressant ☐ Antipsychotic ☐ Mood Stabilizer ☐ Other: ☐ Mechanical Restraint ☐ Full Body - Papoose Board Wrap ☐ Full Body - Seated Position ☐ Full Body - Supine Position ☐ Gait Belt ☐ Helmet ☐ Locked Seatbelt/Vest - During Transportation ☐ Locked Seatbelt/Vest - Not During Transportation ☐ Mitts ☐ Splints or Tethers ☐ Wheelchair Controls Disabled ☐ Wheelchair for Individual Who Does Not Use Normally ☐ Other:

BEHAVIORAL SUPPORT STRATEGIES - Did the individual's service plan outline behavioral support strategies? Did the staff know about the behavioral support strategies? Were staff trained on implementation of the behavioral support strategies?

INJURIES - Were there any injuries to the individual or anyone else involved in the unapproved behavioral support? Did the individual receive timely medical attention?

PART 2 - TO BE COMPLETED BY THE INVESTIGATIVE AGENT IN
COLLABORATION WITH THE INDIVIDUAL'S TEAM

CAUSES AND CONTRIBUTING FACTORS

- ☐ Supervision not met
- ☐ Staff ratio was not appropriate
- ☐ 1:1 attention unavailable
- ☐ Change in routine or schedule
- ☐ Excessive sensory input
- ☐ Control issues - staff/family/peers
- ☐ Medication change
- ☐ Illness
- ☐ Loss of important relationship
- ☐ Individual service plan/behavioral support strategy not followed
- ☐ Engaging in self-harm
- ☐ Initiating harm to others
- ☐ Other:

ADMINISTRATIVE REVIEW SUMMARY AND CONCLUSION

5123-17-02

APPENDIX E

Page 4 of 4

PREVENTION PLAN - Describe the prevention plan being implemented to address causes and contributing factors (e.g., environmental change, staff training, medication changes, or level of supervision).

Name of Investigative Agent Completing Form:

Date Form Completed:

Reference: ORC Chapters 2911 and 2913, ORC 2907.01, ORC 149.43, ORC 5123.51, 5123.52, 5123:61, 5123.62, 5123.613, & 5126.044
OAC 5123-17-02, 5123-17-03; 5123-2-06; 5123-2-08 & 5123-2-09

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