

The Arc of Prince George's County
Initial - Internally Investigated Incident Report

I) Individual #1 Name:Sex: M F

DOB:

Address:

City:

State:

Zip:

Individual's social security number:

Date and time incident occurred: _____ at AM PM (Check One)If different, when was incident discovered: / / _____ at / AM PM (Check One)

of individuals present at the time of incident: 0 # of staff present at time of incident: 1

Address where incident occurred, if different from individual's address:

Is the address where incident occurred a DDA licensed site/service? Y NWhat program? Community Residential Day - Rehab OCYF Other Transportation SRC FISS Medical day Vocational CSLA IFC**Individual #2 Name:****Social Security Number:** / /**Individual #3 Name:****Social Security Number:** / /**II) Agency Name: The Arc of Prince George Co**

Contact:

Title:

Phone #

Email Address:

Incident reported to contact person:

at am pm**III) Incident Type (Check only the primary incident category that indicates the suspected or known cause of the incident):** Physical Aggression Theft (<\$50) ER visit **not** resulting from a severe injury Injury (moderate) Hospital treatment for chronic condition; Hospital Name: Medication error requiring R.N. consult Leave w/o notification (< 4 hours)**IV) Describe the circumstances and chronology of the incident (Include the individual(s) name(s) and the titles of staff involved, the staff's efforts to respond to the situation, and the individual(s) status at the time):**

Person Completing this Form: _____ Date: _____

Did incident involve blood or other possibly infectious material?

Yes _____ No _____ If yes, notify your direct supervisor immediately, and complete the following steps:

Is it possible that blood/body fluid passed from one person's bloodstream to another? Yes _____ No _____

If yes, exposed employee(s) must be advised to:

a. Complete the "Referral to Medical Consultant" form;

b. Go to physician or local health agency to get a Hepatitis B vaccination within 24 hours;

Employee's signature indicates he/she was advised

Employee's Signature/Date

Supervisor's Signature/Date

(Additional paper, if more space is needed).