

Individual Name:

Incident #

**DMHDDAS Incident Report and Injury of Unknown Source Investigation Review
Audit Tool**

Date of Incident	Date of Review	Reviewer	Investigator / Team Leader	Facility

Instructions: **All** information to complete the Incident Report Investigation Review is obtained from the **Incident Report and Injury of Unknown Source Investigation Review**.

For further information related to the Standards, see the DMHDDAS Facility Risk Management Protocol (FRMP) effective November 1, 2008

Standard for Facility Responsibility Incident Report		Yes	No	Comments <i>Section may be used to clarify a response given, but may not be used as a stand-alone response.</i>
1.	All applicable areas on Page 1 of the Incident Report are completed correctly.			
2.	All applicable areas on Page 2 of the Incident Report are completed correctly.			
3.	All applicable areas on Page 3 of the Incident Report are completed correctly.			
4.	All applicable areas on Page 5 of the Incident Report are completed correctly.			
Standard for Facility Responsibility Injury of Unknown Source Investigation				Comments <i>This section may be used to clarify a response given, but may not be used as a stand-alone response.</i>
5.	All applicable areas on Page 1 of the Injury of Unknown Source Investigation Report are completed correctly.			
6.	All applicable areas on Page 2 of the Injury of Unknown Source Investigation Report are completed correctly.			
7.	All applicable areas on Page 3 of the Injury of Unknown Source Investigation Report are completed correctly.			

Standard for Supervisor Responsibility:

Any "blank" blocks (having zero information in the Investigation should be marked as "NO, does not meet the standard" in this audit tool.

<i>Standard for Supervisor Responsibility Injury of Unknown Source Investigation</i>		<i>Yes</i>	<i>No</i>	<i>Comments</i> <i>This section may be used to clarify a response given, but may not be used as a stand-alone response.</i>
1.	Immediate steps to SECURE THE SCENE are recorded.			
2.	State the investigatory question.			
3.	Describe how the injury was discovered.			
4.	Describe the sequence of protections implemented to eliminate potential, immediate and future harm.			
5.	Review nursing notes for past 24 hours. Record information that assists in identifying cause of injury.			
6.	Review home logs for the past 24 hours. Record information that assists in identifying cause of injury.			
7.	List the names of the "witnesses" interviewed, including the date and time they were interviewed, list in the order interviewed. Attach Witness Statements			
8.	List documents gathered in the course of the investigation. Attach documents			

<i>Standard for Risk Manager/Investigator Responsibility Injury of Unknown Source Form</i>		<i>Yes</i>	<i>No</i>	<i>Comments</i> <i>This section may be used to clarify a response given, but may not be used as a stand-alone response.</i>
1.	Analysis and Findings are recorded.			

<i>Standard for Risk Manager/Investigator Responsibility Injury of Unknown Source Form</i>		<i>Yes</i>	<i>No</i>	<i>Comments</i> <i>This section may be used to clarify a response given, but may not be used as a stand-alone response.</i>
2.	Facility Follow-up is recorded.			

<i>Standard for Team Leader Responsibility Injury of Unknown Source Form</i>		<i>Yes</i>	<i>No</i>	<i>Comments</i> <i>This section may be used to clarify a response given, but may not be used as a stand-alone response.</i>
1.	A description of how the incident affected the individual is recorded.			
2.	If the YES block is checked, indicating additional follow-up is needed - additional follow-up is recorded.			