

HCDDS PREVENTION PLAN FORM
Handout #3

Check the incident type which this prevention plan aims to address and then move to the prevention plan section and complete:

☐ **UI**

Please review the incident and work collaboratively with the guardian, individual and involved team members to develop a preventative plan (below) that will reasonably reduce recurrence of the incident. Reflect those preventative steps in the My Plan, addendum and/or behavior plan as appropriate.

☐ **MUI**

(SF MUST RETURN PREVENTATIVE PLAN WITHIN REQUESTED TIME. FAILURE TO DO SO MAY RESULT IN A CITATION FOR HCDDS. DODD will not close an investigation until the plan is developed and Implemented. IF there is good reason why it cannot be completed within that time call the Investigator to problem solve.

Please review the MUI incident sent via ISIS. Then **fully complete the prevention plan below**. The primary aim is to reduce the incident (and associated risks/harm to the individual) from recurring.

IF MUI, it is due back to MUIP (for ODODD/ITS Report):

Individual Name:

ODMRDD Case Number (if MUI): 2009-031-

Category of MUI:

SF Name:

Investigator: ☐ Jennie Flowers 240-8830 jennie.flowers@hamiltondds.org
☐ Aaron Keininger 240-7303 aaron.keininger@hamiltondds.org
☐ Holly Mott 373-6016 holly.mott@hamiltondds.org
☐ Chris Murphy 373-1612 chris.murphy@hamiltondds.org
☐ Chris Taylor 332-7814 chris.taylor@hamiltondds.org
☐ Jennifer Waters 240-8050 jennifer.waters@hamiltondds.org

PREVENTION PLAN (Helpful Tips at bottom of this form):

Please specify the primary cause of the incident:

1.

Please indicate other things contributed to that incident occurring:

a.
b.

Please **identify clear, reasonable, “action steps”** that will **prevent the incident from happening again** OR at the least, **“reduce that likelihood”**. Generally 2-5 steps are identified. The important thing is that they clearly meet the need.

1.
2.
3.
4.
5.

SF: Please check the box below, and include your name and title where requested to verify that you have collaborated with appropriate team members (guardian, individual and relevant providers, etc.) to identify and implement the preventative steps above. This collaboration need not be sophisticated and may be done by phone, email, in person or as part of a team meeting as long as it effectively informs and represents the people who should be involved. Remember, this form is essentially part of the My Plan. The collaboration ensures that the parties implementing it have agreed to do so.

☐ **Name&Title of SF:**

RETURN: For MUIs-please return to the appropriate investigator via Gatekeeper Email.

For UIs-SF need not send to MUIP unless SF desires consult or is meeting a specific MUIP request.

HELPFUL TIPS:

Start right away. Keep realistic. Make sure the steps can and will be carried out. Make sure the parties are clear about their role. Identify the “risks” and the services made available to reduce those risks.

Make the steps **action oriented wherever possible and time specific rather than simple observation, reporting or general.** Do not use the term “will monitor”. DODD has made it clear that that phrase is too generic.

Call the Investigator (IA) for consult as needed.