

## Incident Response Checklist

The following steps will assist you to respond when a report of a special incident is received. The steps on the left are intended to guide you through the process. The strategies on the right are suggested guidelines for completing each step. The strategies are generic. Not all will be applicable in every situation. Strategies should be coded Y = Yes; N = No; NA = Not Applicable.

Response Steps	Strategies										
<b>Insure</b> the safety of the consumer	<input type="checkbox"/> Is the consumer safe now? <input type="checkbox"/> Is medical treatment being provided? Needed? <input type="checkbox"/> Are further risks evident (fire or safety hazard, lack of adequate food or shelter, broken equipment, etc.) <input type="checkbox"/> What interim measures have been taken to protect the consumer? Other consumers?										
<b>Notify</b> legally required entities (as appropriate)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> CCL</td> <td style="width: 50%; border: none;"><input type="checkbox"/> APS</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> CPS</td> <td style="border: none;"><input type="checkbox"/> Family/Guardian/Conservator</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Police</td> <td style="border: none;"><input type="checkbox"/> LTC Ombudsman</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> DHS Licensing</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Coroner</td> <td></td> </tr> </table>	<input type="checkbox"/> CCL	<input type="checkbox"/> APS	<input type="checkbox"/> CPS	<input type="checkbox"/> Family/Guardian/Conservator	<input type="checkbox"/> Police	<input type="checkbox"/> LTC Ombudsman	<input type="checkbox"/> DHS Licensing		<input type="checkbox"/> Coroner	
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<b>Check</b> for completeness of information	<input type="checkbox"/> Have the "who", "what", "when", and "where" questions been answered? <input type="checkbox"/> Is the type of incident reported consistent with the information and circumstances reported? <input type="checkbox"/> What may have contributed to the incident? <input type="checkbox"/> What aspects of the incident need to be further explored?										
<b>Inquire</b> into inconsistencies	<input type="checkbox"/> Are there unanswered questions about this incident? <input type="checkbox"/> When there are multiple reporters, are conflicts evident among reporters (e.g., family, consumer, direct service provider) from the various incident descriptions? <input type="checkbox"/> What additional information is needed to clarify these conflicts?										
<b>Document</b> details (NOTE: If reportable incident, the SIR must be transmitted to DDS within 48 hours.)	<input type="checkbox"/> Has the SIR been completed? <input type="checkbox"/> Has a preventative action plan been developed, if needed?										
<b>Explore</b> causes of the incident	<input type="checkbox"/> Have all "why" questions been answered? <input type="checkbox"/> Has the consumer had other incidents? <input type="checkbox"/> Should others be involved in analyzing this incident (e.g., nurse, PT, Behavior Analyst)? <input type="checkbox"/> Have significant changes in the person's life been explored? <input type="checkbox"/> Have some preventative actions already been implemented? <input type="checkbox"/> What is the status of preventative action? <input type="checkbox"/> Has long-range planning been conducted to eliminate or minimize risk to this individual or others?										
<b>Note</b> necessary additions or corrections to the SIR	<input type="checkbox"/> Are any updates needed to the SIR?										
<b>Track</b> SIR for follow-up and completion	<input type="checkbox"/> Do you have a tracking system for ensuring follow-up actions are completed on time? <input type="checkbox"/> How will effectiveness of preventative actions be determined? When? By Whom? Who will monitor?										