**Vendor/Long-Term care Facility Name:**

* Provide the name of the agency/organization that you work for.

**Vendor Number:**

* Provide the vendor number of the agency/organization, if vendored by any Regional Center. Long-Term Health Care Facilities do not need to complete this section.

**Address:**

* Provide the physical address of the Vendor/Long-term Health Care facility.

**Agency Phone #:**

* Provide the phone number of the Vendor/Long-term Health Care facility.

**Client Legal Name:**

* Provide the name of the client involved in the incident. Please be sure to indicate client’s name on each page of the SIR to avoid problems when faxing. If a nickname for the client will be used in the narrative, be sure to include it in the client name section, i.e. James “Scooter” Doe.

**Date of Birth:**

* Provide the client’s date of birth.

**UCI#:**

* Provide the client’s UCI#.

**Check Applicable:**

* Check all that apply – male, female, verbal, non-verbal, ambulatory, non-ambulatory, conserved (yes or no)

**Date of Incident:**

* Provide the date that the incident occurred. Check the definite box if you know precisely when the incident occurred or the approximate box when you are aware of the approximate date of occurrence.

**Location of Incident:**

* Provide an exact description of the location of the incident. The address may be included.

**Time of Incident:**

* Provide the actual time or time frame the incident occurred. Check the definite box if you know precisely when the incident occurred or the approximate box when you are aware of the approximate time of occurrence.

**Date of Report:**

* Provide the date you are completing this special incident report.

**Requirements:**

* The incident report shall be submitted to the RC by telephone or FAX immediately, but not more than 24 hours after learning of the occurrence of the special incident. A written report of the special incident shall be submitted to the RC within 48 hours after the occurrence of the special incident, unless a written report was previously provided as the initial notification. The written report may be submitted to RCRC by FAX or hand delivered to the RC. If you have submitted the special incident report via fax, you do not need to send another hard copy.
* Note that timelines are stated in hours, not working days. SIRs that occur on Saturday need to be reported by Sunday. Please do not delay submission of a special incident report while waiting for additional information. Make sure reports are submitted within timelines and then updated as needed. Regular mail is not advised for sending incident reports as it is less likely that timelines will be met.

**Type of Incident:**

* Check the box that applies to the type of incident that occurred. In some instances, you will check more than one box. For “other” and “victim of crime” you will need to specify what occurred. See attachments #1 and #2 for [Supplemental Reporting Requirements for Regional Center](Supplemental%20Reporting%20Requirements%20for%20Regional%20Center.doc#supplementalreportingrequirements) and Title 17 regulations regarding SIRs.

**Other Persons/Entities Notified:**

* Check all the applicable boxes. You must document notification of applicable agencies and responsible parties. Include names of persons contacted, contact dates, phone numbers, and report or case numbers if applicable (i.e. Adult Protective Services -APS, Child Welfare Services -CWS).
* If you are a Community Care (CCL) or Department of Health Services (DHS) licensed vendor, you must report to your licensing agency according to their reporting requirements.
* In cases of reported or suspected abuse, you are a mandated reporter and must make reports to APS or CWS as indicated.

**Description of Incident (section 1):**

* Describe conditions that occurred prior to the actual incident, as well as the incident itself. Note any significant changes in health, behavior, environment etc. that may have bearing on the incident. Describe the conditions surrounding how, when and why the incident occurred,and who was involved. Provide information about what you heard, said, did and/or observed. You may also include what you know about this client that might explain the cause of the incident.
* If other clients are involved in this incident, a separate special incident report will need to be completed and submitted for each affected client. When mentioning other clients in the special incident report used only their initials.
* All staff members or other non-clients should be identified with full name and title or description of relationship to client (i.e. mother, girlfriend, landlord, etc.).
* A competent recorder consistently writes a complete report in emotionally neutral language. The information should be well organized, concise and without ambiguous language. Do not write as if you witnessed the incident unless you did. Document what witnesses reported. Avoid making assumptions. Don't draw conclusions or make judgments.

**Medical Care/Treatment Required (section 2):**

* Check the appropriate box. If yes, complete entire section. Make sure to complete this section in cases of client death or medical treatment was involved or sought. Be sure to include the name of the hospital and physician who provided care.

**Specific action taken or planned to prevent re-occurrence of incident (section 3):**

* This is one of the most important parts of the special incident report. Identify either a requirement for further action or follow-up, or a voluntary plan for follow-up. Thisis the section to show that you are concerned about the incident, and do not simply accept it asinevitable. Develop a plan to reduce the likelihood of reoccurrence of the incident. Look at what factors contributed to the incident, what barriers were present, and how it could have been prevented.

**Other comments or information (section 4):**

* List any additional information that will help the reader understand thecircumstances surrounding this incident. (i.e. description of the alleged perpetrator (s); name(s) & addresses of any witnesses. Other RCRC clients should be referred to by initials only.

**Describe the** **circumstances of client’s death (section 5):**

* Explain the circumstances that led up to client’s death. Include known health conditions, and any circumstances were changes in condition prior to the client death.
* Then explain theactual cause of death if known. Also provide the name of the client’s ongoing primary care provider (M.D., nurse practitioner, or physician assistant etc.), their phone number, and date of last medical appointment. Information about the attending physician at the time of death should be included in section 2.

**Name/Title of person writing report:**

* Provide the name and title of the person completing the report.

**Name/Title of person reviewing report:**

* Provide name and title of supervisor, or person reviewing report (if applicable).

**Date Incident Report to RCRC:**

* Provide date RCRC was informed via telephone or fax.

**Date Hard Copy Sent to RCRC:**

* Provide date actual copy of written report was faxed or mailed to RCRC. Please note that if you fax the special incident report, you do not need to send a hard copy. You do need to insure that the faxed special incident report was received by the service coordinator, however, so you may want to follow up your fax with a phone call to the service coordinator. When in doubt it is okay to go ahead and send the hard copy.