

Date: June 16, 2006  
To: Vendors/Providers  
From: Risk Assessment Unit  
Re: Revised Special Incident Report Form

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In order to assist the vendors and providers with reporting more detailed and specific information pertaining to special incidents involving consumers, North Los Angeles County Regional Center (NLACRC) has revised its Special Incident Report (SIR) form. NLACRC anticipates the revised SIR form to generate detailed information enabling the Consumer Service Coordinators to enhance their risk assessment and mitigation planning for consumers.

The following is a list of revisions made to the agency's former SIR form:

1. Vendor number: This is an addition to the agency's former SIR form. Considering some vendors/providers have multiple vendor numbers, provision of this information will enable the Risk Assessment Unit to identify the specific facility where the incident occurred.
2. Instructions: This section is an addition to the agency's former SIR form and lists the regulatory 24-hour and 48-hour reporting timelines for vendors/providers to report special incidents to Regional Center. Additionally, this section reminds vendors/providers to notify the appropriate investigative agencies and individuals legally responsible for the consumer of the incident.
3. Incident Types: The incident type section is divided into two subsections:
  - a. Special Incidents listed in Title 17 section 54327, which vendors and providers are required to report to Regional Center.
  - b. Other incidents which vendors and providers are highly encouraged to report to Regional Center in order to enable Regional Center be proactive with risk mitigation.
4. The "Staff Involved" section of the former SIR form has been broken down into two sections. The revised SIR form requires the vendor/provider to identify the staff person(s) responsible for consumer's care and supervision at the time of the incident, and the staff person(s) who responded to the incident.

5. Cause of incident: This new section asks vendors/providers to identify the factors which may have caused the special incident. This information would assist both the vendors/providers and Regional Center with developing appropriate risk mitigation plans, resulting in reduction of risk.
6. The Preventive Action Plan section has been replaced with two sections which question what the vendor can do to prevent the incident and what is the follow-up plan to ensure the prevention plan is implemented.

The revised SIR form is now available on NLACRC's website. The links to access the form in Microsoft Word 2002 and in PDF format are directly above the link to access this memo. First read the instructions that follow below for using and filling out the form. The PDF version can be printed out and manually filled in if you are unable to use the Word version. To use the Word version, simply save a copy to your computer. For your convenience, you can send the completed electronic copy of your special incident reports via Email (as an attachment) to [SIR@nlacrc.org](mailto:SIR@nlacrc.org). The manually completed PDF version can be faxed to the SIR Fax number located at the top of the form.

If you have any questions or need additional clarification, please do not hesitate to contact me at (818) 756-6471.

Thank you,

Stella Dorian  
Risk Assessment Supervisor

If completing the form electronically, either press the "Tab" key to move the cursor to each field or click at the beginning of each input field.

1. List name of your organization.
2. List the vendor number of your facility where the incident occurred.
3. List consumer's first and last name, gender, UCI#, Regional Center diagnosis and date of birth.
4. Specify the date you completed the report.
5. Specify whether consumer is verbal or non-verbal, ambulatory or non-ambulatory.
6. In the first column titled, "Special Incidents (Title 17 54327)," check the type of incident, if applicable.
7. In the column titled, "Other Incidents," check the type of incident, if applicable.
8. List the date, time and location of incident.
9. List the name of the staff person(s) responsible for consumer's care and supervision at the time of incident.
10. List the name of the staff person(s) who responded to the incident.
11. In Section 1, describe the incident in detail. Please include the events leading up to the incident in your description.
12. In Section 2, please list the factors which, in your opinion, may have caused the incident.
13. In Section 3, list action(s) taken by staff in response to the special incident.
14. In Section 4, if medical treatment was necessary in response to the incident, please specify the nature of treatment administered to the consumer and where treatment was administered. Please list the follow-up plan recommended by the treating physician, if any.
15. In Section 5, describe the steps you intend to take to minimize the risk of the same incident from reoccurring.
16. In Section 6, please explain the steps you will take to implement the prevention plan identified in Section 5.