

**Department of Health, IMB
Abuse/Neglect/Exploitation
Immediate Action and Safety Plan**



HEALTH CARE
AUTHORITY

Responsible Provider:

Alleged Victim(s) (include birthdate or social security number):

Accused Person(s): Relationship to Alleged victim(s):

Date of Incident: Time of incident:

Did the incident create concern for the safety of consumer(s) served?

Yes No

Immediate Action and Safety Plan drafted by (Name and title):

<p>Section 1. - Required</p> <p>Describe the identified Safety Risk(s) When describing the safety risk, be sure to name the consumer(s).</p>	<p>Section 2. - Required</p> <p>Action to address risk What action has or will be taken to protect the consumer(s) from the identified safety risks(s)?</p>	<p>Section 3. - Required</p> <p>Plan Management How will the plan be managed? Who is responsible for implementing the plan? Who is responsible for communicating the plan?</p>
Empty space for Section 1	Empty space for Section 2	Empty space for Section 3

Signatures and Dates for Immediate Action and Safety Plan

To the best of my knowledge the attached Immediate Action and Safety has been implemented as described and all those who are responsible for carrying out the Immediate Action and Safety Plan have been alerted to the plan and have agreed to the implementation.

Author of Plan (Name and title): _____ Phone Number: _____

Signature: _____ Date: _____