GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT ON DISABILITY SERVICES DEVELOPMENTAL DISABILITIES ADMINISTRATION



Immediate Safety Assessment & Monitoring Form

Purpose of this assessment: To assure that people who continue to live or work in a setting where another person has died, suddenly or unexpectedly, are safe and free from harm.

Objective of this assessment: To determine apparent risk factors associated with a sudden/unexpected death and assure that actions are taken to eliminate all apparent risk factors.

Name of Deceased:
Address:
Type of Sudden/Unexpected Death (check as applicable):
☐ Death that was not expected or anticipated according to any previously known terminal medical diagnosis
☐ Death that was the result of an accident (e.g., car accident, fall, choking, etc.), even if the person has a known terminal condition
☐ Death that was due to a suspected/alleged homicide or suicide
☐ Death suspected or alleged to be due to abuse or neglect Yes
Location of Death:
Date and time of Death:
Date and time DDS/DDA was notified of Death:
Name of Safety Assessment Monitor:
Date and time of this Assessment:

Safety Assessment Monitor:

- Assess the circumstances of the death (e.g., sources of information may include documentation associated with the circumstances surrounding the death, interviews with individuals familiar with the circumstances surrounding the death).
- Describe the circumstances surrounding the death: List the Apparent Risk Factors you have identified with the death and associated circumstances.
- Describe actions taken to assure people's safety for each Apparent Risk Factor listed. For each Apparent Risk Factor, in your judgment, has corrective action been taken to assure safety of other individuals?
- If any Apparent Risk Factors, in your judgment, have not been sufficiently corrected, what steps have you immediately taken to assure safety (e.g., through communication with community emergency personnel (911), Deputy Director for DDA, etc.)?

(If space on this form is insufficient for complete reporting, attach additional sheets.)
Date completed and given to the Deputy Director for DDA:
Signature of Safety Assessment Monitor: