



CANADIAN INCIDENT ANALYSIS FRAMEWORK

Team Management Checklist

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For additional information or to provide feedback please contact analysis@cps-icsp.ca

A. TEAM MANAGEMENT CHECKLIST

TEAM MANAGEMENT CHECKLIST	
PLANNING	
<input type="checkbox"/>	Team members identified and confirmed
<input type="checkbox"/>	Room booked
<input type="checkbox"/>	Refreshments ordered
PREPARATION	
<input type="checkbox"/>	Confidentiality agreement
<input type="checkbox"/>	Project charter
<input type="checkbox"/>	Health record
<input type="checkbox"/>	Related policies and procedures
<input type="checkbox"/>	Incident timeline (copies numbered 1/10, 2/10, etc)
<input type="checkbox"/>	Flip charts, sticky notes, markers
<input type="checkbox"/>	Agenda and goals; pre-reading if required
<input type="checkbox"/>	Ground rules
FOLLOW-UP	
<input type="checkbox"/>	Additional meeting(s) scheduled: _____
<input type="checkbox"/>	Report preparation delegated to: _____ Target date: _____
<input type="checkbox"/>	Documents collected