

# SIRS Q&A

## Q: IF CLIENT RECEIVES A SCRAPE OR ANOTHER MINOR INJURY, IS IT REPORTABLE?

- Technically, it is NOT reportable if it did not require assistance beyond first aid. However, it should still be entered as a Sandis SIR because it can help us establish patterns. For example, a history of injuries from falling shows us that the client requires additional supports (i.e. nursing assessment or changes in gait) to prevent future falls.

## Q: IF A CLIENT AWOLS OR HAS SEIZURES MULTIPLE TIMES A DAY, IS A SIR NEEDED EVERYTIME?

- No, a single SIR can be entered for all similar incidents that occur within the same day (i.e. AWOLs, ER visits, Seizures etc). With AWOLs, double check if AWOL tendencies are reflected in the client's Behavioral Plan / IPP as a common occurrence. If a client is AWOLing more than usual, meet with a planning team to address future behavior.

## Q: MY CLIENT'S VENDORED HOME USES THE PORTAL BUT SAYS THAT THEY CAN'T EDIT OR SEE THE SIR THEY SUBMITTED. I CAN SEE THE ONE I SUBMITTED. HOW CAN THEY EDIT THE SIR AND GET A COPY?

- Sometimes an SC will submit a SIR for the same incident before a Vendor. If this occurs, a SIR Coordinator will combine the information from the SC and Vendor SIR to provide a more clear picture of the incident and actions taken. SIR Coordinators are happy to assist if edits need to be made and if a Vendor requires a copy of the SIR.
- We encourage Vendors to: notify SCs when they submit a SIR in the portal, enter SIRs in one sitting so as to prevent it being pulled pre-maturely from the SIR queue, and CC the client's assigned SC if they email a pdf version of the SIR.

## Q: WHAT DO I WRITE FOR THE PREVENTION PLAN IF APS/CPS DOES NOT PROVIDE AN OUTCOME DUE TO CONFIDENTIALITY?

- It is not uncommon for APS/CPS to refuse to provide outcomes of an investigation to an SC. If this occurs, please create a prevention plan centered around what supports SDRC will be providing the client to mitigate risks (i.e. assisting the client with emergency relocation services, IEP meetings with a client's school, wrap services, nursing assessments, establishing a restraining order etc.). "Increased case management" is not an acceptable Prevention Plan.

