

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 HAS SEIZURES OR LEAVES UNEXPECTEDLY MULTIPLE TIMES A DAY, IS A SIR NEEDED EVERY TIME?

- No, a single SIR can be entered for all similar incidents occurring within the same day (i.e. ER visits, Seizures, unexpected leave, etc). If a client routinely leaves unexpectedly, double-check if these tendencies are reflected in the client's Behavioral Plan / IPP as a common occurrence. If a client is leaving unexpectedly more than usual, meet with a planning team to address any recent changes in behavior.

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.

