Ohio | Opportunities for Ohioans with Disabilities

Safe and Sound:
Preventing, Addressing, and Reporting Significant Incidents

Summer Youth 2022 Module 5 - SIRF Training

Presented by the Provider & Contract Management Unit

PCMU

Purpose of This Training: Safety First

- Providers support individuals with disabilities in a variety of community settings
- Providers ensure the safety of individuals served in the community, such as at CBA work sites, during Summer Youth Work Experiences, or while providing On-the-Job Supports
- Incident occurrences are rare, but must be addressed with a sense of urgency, communicated timely, and clearly documented
- The Significant Incident Report Form (SIRF) is a helpful tool to ensure consistency

Keeping Participants Safe

- Safe from physical injury or harm
- Safe from verbal, physical, or sexual harassment
- Safe from discrimination or harassment based on race, color, religion, sex, sexual orientation, gender identity, national origin, age, and disability
- Safe from being exposed to inappropriate media or materials
- Providers have a responsibility to create an environment where violations are immediately recognized, addressed, and reported, so they do not reoccur

Significant Incidents

Significant incidents are RARE

Recognized

Addressed

Reported

Extinguished (reduce future risk, prevent reoccurrence)

What is a SIRF?

SIRF: Significant Incident Report Form

A SIRF is a form on which a significant incident is reported to OOD

A significant incident is an unusual incident that potentially impacts an individual's health or safety

Providers may have additional internal reporting requirements, as well as their own agency policy and procedures regarding safety

Why is a SIRF Needed?

- Use to document significant incidents
- Use to determine if it is safe for the individual to continue with services
- Use to determine if a corrective action is needed to reduce risk
- Use to consult with OOD Legal Department
- Use to document other agencies involved in the incident or other individuals who were notified

Who Completes a SIRF?

The Significant Incident Report Form is to be completed by the provider staff working with the individual (e.g., job coach, job developer)

Once the VR Counselor or Contractor receives the SIRF, they should complete the appropriate section on the second page.

When is the Reporting Period?

- The “clock”/timer for reporting starts from when the incident occurs; not from when it is reported to provider management.
- **Provider staff must be trained to recognize, address, and report significant incidents, and to report them to their management in a timely manner**.
- When appropriate reporting has not occurred, there is often a communication breakdown between direct service staff and management. A failure by direct staff to report incidents in a timely manner can result in unaddressed incidents, a reoccurrence of the incident, or a string of incidents rather than a single incident.

Examples of When a SIRF is Needed

- An individual has been injured or has caused injury to someone else
- An individual has reported abuse in their household or place of residence, or a provider staff has observed abusive behavior
- An individual is the target of harassment, or they harass another individual, including allegations of harassment
- An individual sexually harasses another individual or is the recipient of sexual harassment
- A provider lost contact with an individual during service
- Criminal activity is taking place during the service
- An individual has a confirmed COVID-19 diagnosis during VR services

Examples of When a SIRF is Not Needed

- An individual receives a health diagnosis or has a personal matter unrelated to current services being delivered
- An individual refuses to complete work tasks (without accompanying adverse behavior)
- An individual is not performing work at the level of competitive employment
- An individual reports exposure to COVID-19 outside of VR Services

If it is uncertain if a SIRF is required, please consult with VR Staff; it is often better to have documentation of an incident and not need it, then to not fully document and later need the details

One Story- Two Outcomes

Scenario 1

How might the provider staff handle this situation?

Scenario A: “Kids will be kids.” Provider staff dismiss this behavior as part of their youth, or as part of disability-related symptom, and the participant continues in the group Summer Youth service.

What are the risks to this approach?

Scenario B: “Stop and staff.” Provider staff immediately report to referring VR Counselor/Coordinator. A SIRF is received, and there is a staffing with the participant and their family before services can resume. What does this person need? What would be safe for everyone?

Check Your Knowledge

Which of the following incidents would be considered a Significant Incident which would require provider staff to address and report the behavior? (Select one or more)

A. Participant punches a wall during services and makes a threat to harm others

B. Participant states that he would prefer not to work and wishes he would win the lottery

C. Participant slips and falls on a wet floor at a work site; he says his leg hurts

D. Participant "Y" sends inappropriate texts to Participant "Z" while in a group service; Participant "Z" has repeatedly told Participant "Y" they do not want to be contacted, and it was reported to the job coach

Answer:

A, C, and D

While significant incidents do not occur often, the situations noted in A, C, and D would all require a SIRF.

Where to Find Instructions

VR PROVIDER MANUAL

ON THE SIRF

Provider Instructions

- Take immediate steps to ensure individual's health and safety
- Notify the assigned VR Counselor/Contractor via telephone. Leaving a voice message is a not sufficient notification if the incident/issue occurred during business hours. If the VR Staff or VR Contractor cannot be reached during business hours, the Provider shall contact their supervisor or a local OOD office and speak with a supervisor or their OOD Provider Liaison.

  ✸Complete this step no later than 24 hours after the incident
- Provider staff may need to notify other agencies such as the local County Board of DD, children services, or law enforcement
- Provider staff must follow up with a written copy of the SIRF within 24 hours. Email the SIRF via Zix Mail to the VR Counselor/Contractor and cc: pcmu@ood.ohio.gov
- Failure to follow this process may result in the Provider being suspended and/or a Corrective Action Plan (CAP)

VRC Instructions (reference Procedure 80-VR-09-01)

- Upon notification of an incident or issue, the VR Counselor/Contractor shall verify that the provider completed the appropriate steps.
    - Ensured the individual's safety, health and/or welfare (e.g., called 911, provided first aid)
    - Made immediate notification to the assigned VR Counselor/Contractor via telephone

- Leaving a voice message is not a sufficient notification. If the VR Counselor/Contractor was not available, the provider should have called the VR Counselor/Contractor's supervisor or a local OOD office to speak with a supervisor or the OOD Provider Liaison.

- If the incident/issue happened during non-working hours (e.g., evening, weekend, Holiday), the provider should have left a voice mail with the VR Counselor/Contractor and then made telephone contact the morning of the next business day.

VRC Instructions (reference Procedure 80-VR-09-01)

- Depending on the nature of the incident/issue, if appropriate, the provider should have notified other agencies (e.g., local County Board of Developmental Disabilities, Children's Services, law enforcement).
    - If the individual is eligible to receive services from the local County Board of Developmental Disabilities, that local County Board's Major Unusual Incident (MUI) report form should have been completed and submitted by the provider.
- Within 24 hours of the incident/issue the provider should have completed the "Significant Incident Report Form (SIRF)", and submitted, via secure email (i.e., ZixMail), to the VR Counselor/Contractor copying PCMU at pcmu@ood.ohio.gov.
    - If they spoke to someone other than the assigned VR Counselor/Contractor, this person should have also been copied on the email.
    - If PCMU or if applicable, another person, was not copied, forward immediately to pcmu@ood.ohio.gov and that person.

VRC Instructions (reference Procedure 80-VR-09-01)

VR Counselor/Contractor shall:

- Notify their supervisor and the appropriate OOD Provider Liaison.
    - Dependent on the type of incident/issue, the supervisor shall notify their Area Manager.

- Review the SIRF for completeness, including determining if there was any provider responsibility.
    - If necessary, contact the provider and/or other VR Staff or VR Contractors to discuss the incident/issue or obtain additional information.

- If necessary, consult with their supervisor, the Division and Legal Services (DLS), and/or PCMU Staff.

- Complete the OOD portion of the SIRF (e.g., follow up requirements, action plans).

- Upon completion of the SIRF:
    1. forward a copy to their PCMU Staff person;
    2. forward to the Division of Human Resources, Office of Diversity and Inclusion, via email to OOD.diversityandinclusion@ood.ohio.gov to review for potential EEO concerns; and
    3. upload into an AWARE Case Note with the title “Significant Incident Report Form.”

VRC Instructions (reference Procedure 80-VR-09-01)

- If the provider failed to follow incident reporting requirements, notify their assigned PCMU staff, via email, and copy the PCMU supervisor.
- PCMU staff shall contact the provider to ensure they come into compliance with the incident reporting requirements.
- Upon receipt of a SIRF, PCMU staff will review it and if determined necessary, contact the VR Counselor/Contractor, the provider, and/or other appropriate individuals or entities to collect additional information, discuss report details, and/or to provide support and/or management.
- Services may be suspended until any incident/issue is resolved and if appropriate, the provider may be placed on a Corrective Action Plan (CAP).

Considerations Following a Significant Incident

Does the service need to be paused in order to complete it safely or consider next steps?

- Consider changing to an individual service if the incident took place during a group service
- Consider meeting with the individual's support team (e.g. family, counselor, appropriate school contacts, local DD board contact, etc.) to discuss success strategies
- Consider reviewing success strategies from school's IEP or local DD board
- Consider a new work site or work tasks
- Consider developing a behavior plan/agreement with the provider staff, individual, and guardian (if applicable) with clear consequences
- Consider modifying the schedule
- Consider if this is the right time for this service or if the service should be terminated
- Recommend staffing complex cases with Vocational Rehabilitation Supervisor

SIRF- Provider Form 16

Ohio | Opportunities for Ohioans with Disabilities SIGNIFICANT INCIDENT REPORT FORM

Instructions for Significant Incident Report Form (SIRF)

The Significant Incident Report Form (SIRF) is required to document all incidents/issues which affect and/or pose a threat to the safety, health and/or welfare of individuals receiving services from Opportunities for Ohioans with Disabilities (OOD). Examples of reportable significant incidents/issues include, but are not limited to: injuries requiring medical treatment; specific threats of harm to self or others; suspected abuse or neglect; suspected illegal activity; any other non-routine incident that may cause public interest or concern.

If a provider is unsure about whether a SIRF is needed, please contact OOD to report the incident/issue as described below and further direction will be provided about whether or not a SIRF is needed.

Upon learning of a significant incident/issue Providers shall first ensure the safety, health and/or welfare of the OOD individual (e.g., call 911, provide first aid, call law enforcement) and then immediately contact the assigned VR Counselor or VR Contractor, via telephone. Leaving a voice message is a not sufficient notification if the incident/issue occurred during business hours. If the VR Staff or VR Contractor cannot be reached during business hours, the Provider shall contact their supervisor or a local OOD office and speak with a supervisor or their OOD Provider Liaison.

If the incident/issue occurred during non-business hours (i.e., evening, weekend, Holiday), the Provider shall leave a voice message with the assigned VR Staff or VR Contractor and then contact them the morning of the next business day.

Within 24 hours of the incident/issue, the Provider shall complete the SIRF and submit, via secure email (i.e., ZixMail), to the assigned VR Counselor or VR Contractor and copy OOD's Provider and Contractor Management Unit (PCMU) at pcmu@ood.ohio.gov . Note: If the Provider spoke to someone on the telephone other than the assigned VR Counselor/VR Contractor, this person is also to be copied.

The Significant Incident Report Form contains Confidential Personal Information (CPI) and shall only be sent to OOD through secure means (i.e., ZixMail).

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SIRF- Provider Form 16

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SIGNIFICANT INCIDENT REPORT FORM

INFORMATION ABOUT PARTICIPANT INVOLVED IN THE INCIDENT	
FULL NAME:	AGE:
PARENT/GUARDIAN CONTACT *(if applicable)*:	
PHONE NUMBER:	DD ELIGIBLE: ☐ YES ☐ NO
VR Staff or VR Contractor ASSIGNED TO CASE:	

FOR CONFIDENTIALITY, **DO NOT** USE ANOTHER OOD PARTICIPANT'S NAME IN THIS DOCUMENT; USE THE **PID #** INSTEAD

INFORMATION ABOUT THE INCIDENT	
DATE:	TIME:
WORK SITE/LOCATION:	
DESCRIPTION OF INCIDENT (what happened, factors leading to the incident, etc.):	
WAS THE PARTICIPANT INJURED? Describe the injury, the part of the body injured, and any other information known about the resulting injury(ies).	
WERE THERE ANY WITNESSES? ☐ YES ☐ NO If yes, attach separate sheet with names (or PID #), addresses, and phone numbers.	
WAS MEDICAL TREATMENT PROVIDED? ☐ YES ☐ NO If yes, where was treatment provided? ☐ On Site ☐ Urgent Care ☐ Hospital ☐ Other, Indicate Where	
IMMEDIATE ACTION TAKEN TO ENSURE THE SAFETY, HEALTH, AND/OR WELFARE OF PARTICIPANT AND THE OUTCOME:	

REPORTER INFORMATION	
INDIVIDUAL SUBMITTING REPORT:	
JOB TITLE:	
PROVIDER NAME:	
PROVIDER ADDRESS:	
PHONE NUMBER:	EMAIL:
SIGNATURE:	

If law requires other entities to be notified, please document who was contacted below.

ENTITY NOTIFIED	WHO NOTIFIED THIS ENTITY?	DATE

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SIRF- Provider Form 16

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SIGNIFICANT INCIDENT REPORT FORM

NAME OF VR STAFF OR VR CONTRACTOR CONTACTED	DATE	TIME

If the assigned VR Staff or VR Contractor was not reachable, indicate with whom contact was made.

Description	Name	Date
Supervisor		
Area Manager		

If the incident happened during non-working hours (e.g., weekend, evening, holiday), leave a message with the assigned VR Staff or VR Contractor indicated above and contact them first thing the next business morning.

OOD STAFF USE ONLY:	
RECEIVED BY:	
ADDITIONAL ACTION TAKEN (i.e., contact legal department, police, CPS, DD MUI, health check, etc.):	
NEXT STEPS:	
FORWARDED TO HUMAN RESOURCES, OFFICE OF DIVERSITY AND INCLUSION	DATE:
FORWARDED TO SUPERVISOR AND PCMU	DATE:
SIGNATURE:	DATE:

An incident: Start to finish

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Participant: James (25 years old, not DD eligible)

Provider Staff: Marcus

Vocational Rehabilitation Counselor: Kathy

Marcus is James' job coach. James is participating in a Community Based Assessment at ABC Natural Foods Store.

James went outside to retrieve shopping carts from the parking lot. He was following safety protocols when a distracted customer pulled her car out of a parking space and essentially bumped into James.

Marcus witnessed this event and immediately checked on James to make sure he was ok. James was a bit startled but otherwise did not appear to have any injuries. Marcus spoke with the customer in order to obtain her contact information. He then found a store manager and reported the incident.

Marcus then called Kathy and verbally reported the incident. Kathy thanked Marcus for the update. She was happy to hear James did not suffer an injury, and she reminded Marcus to complete a SIRF.

The next day, Marcus completed the OOD SIRF and emailed it via Zix Mail to Kathy and copied the PCMU.

Kathy received the SIRF and called James to follow up on the incident. He explained the store policy on wearing a safety vest and how to watch for traffic while retrieving carts. James also explained that the store manager agreed he did nothing wrong and that the customer was at fault. The store manager completed a store incident report form and felt that it was unnecessary to contact the authorities for such a minor incident where no injury occurred. James feels comfortable returning to the store for another shift.

Kathy documented this conversation in AWARE, she completed her section on the last page of the SIRF, and she uploaded the SIRF into an AWARE case note. Kathy emailed the SIRF to her supervisor and copied PCMU.

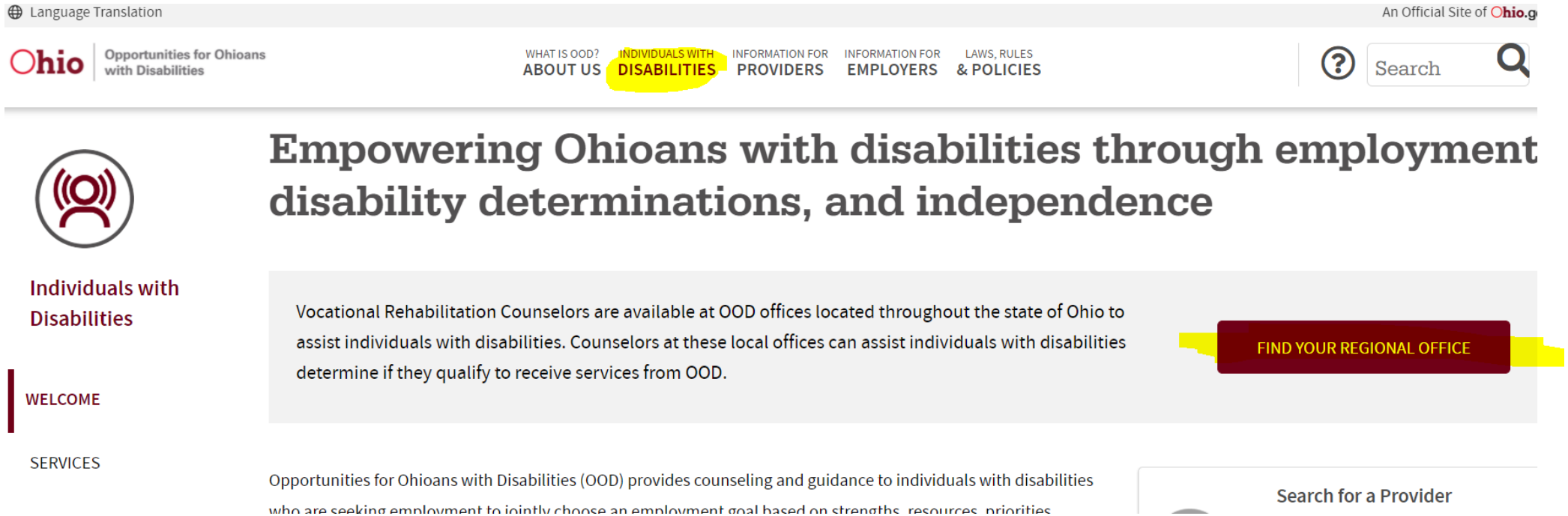
PCMU reviewed the SIRF, found that it was handled appropriately and had no further questions about this incident.

Provider Health and Safety

- Providers should have procedures for ensuring participant safety
- Providers shall provide OOD a copy of their policies and procedures that address participant health and safety within 24 hours of being requested to do so
- Services may not be able to continue until significant incidents have been resolved between the participant, OOD, and the provider
- Providers are responsible to accurately report any significant issues/safety concerns to the participants and/or their parent/legal guardian as appropriate

Resources- OOD offices

The Referral to CRP Form will have the referring VR Staff's phone number. If you need to find the main office phone number for any office, you can find it quickly at ood.ohio.gov.
Click on Individuals with Disabilities and then Find your Regional Office



PCMU

Resources – Board of Developmental Disabilities

www.dodd.ohio.gov
Click on “Supporting You & Your Family”

Click on “Contact your county board”

Report an MUI (Most Unusual Incident) by phone or download the incident report form from the relevant county board.

PCMU

Resources- Children Services

855-O-H-CHILD (855-642-4453) is an automated telephone directory that will link callers directly to a child welfare or law enforcement office in their county.

What information is helpful when making a report?

1. The name and address of the child you suspect is being abused or neglected;
2. The age of the child;
3. The name and address of the parents or caretakers;
4. The name of the person you suspect is abusing or neglecting the child and the address if available;
5. The reason you suspect the child is being abuse and neglected;
6. Any other information which may be helpful to the investigation; and
7. You have the option of giving your name or reporting anonymously. Giving your name can help the investigator clarify information. The agency will not give your name to the person suspected of abusing the child.

Provider and Contract Management Unit

- **PCMU@ood.ohio.gov**
- Northeast: Ronna Woods, 216.310.4017, ronna.woods@ood.ohio.gov
- East Central: Melanie Seckler, 330.203.3670, melanie.seckler@ood.ohio.gov
- Southeast: Jennifer Pollard, 740.517.3635, jennifer.pollard@ood.ohio.gov
- Southwest: Ginger Scaife, 513.453.2707, ginger.scaife@ood.ohio.gov
- Northwest: James Gears, 614.704.6376, james.gears@ood.ohio.gov
- Jay Burns, Supervisor, 614.507.3761, jay.burns@ood.ohio.gov