SIGNIFICANT INCIDENT REPORTS
Frequently Asked Questions
June 22, 2017

Timely Filing

1. **If the staff person on center who is responsible for submitting the Significant Incident Report (SIR) does not become aware of it as a result of being on vacation or is not informed timely by other staff, could that be taken into consideration when determining whether the SIR was timely filed?**

   No. SIRs are required to be submitted within 6 hours of the center being made aware of an active student or on-duty staff death, and within 24 hours of the center being made aware of all other reportable incidents. Once the center is made aware of the incident, it is the center's responsibility to ensure that the information is provided to the individual responsible for submitting the SIR in a timely manner. If that individual is out of the office for vacation or other reason, the center must arrange for proper staff coverage to ensure that SIRs are submitted within the required timeframes. Additionally, centers must have at least two advanced users who can enter, approve, and submit an SIR.

2. **If a supplemental report is provided 2 weeks after the incident occurred, are centers required to submit another supplemental SIR 30 days from the *previous supplemental report* or 30 days from the *initial* report?**

   Until a report is submitted as final, a supplemental SIR is required to be submitted *every 30 days following* the submission of the initial report. Therefore, if a supplemental SIR is submitted 2 weeks after the initial report, centers must submit, at a minimum, all additional supplemental reports within 30 days from the submission of their *previous* supplemental report. A final report should be submitted shortly after all outstanding follow-up information is obtained.

3. **If there is a fire, do centers need to submit a follow-up SIR?**

   If key relevant information is outstanding, then a supplemental SIR is required to be submitted every 30 days until a final report that contains the outstanding information has been submitted. In the case of a fire, it is reasonable to expect that one or more supplemental SIRs would be submitted, since all of the key information needed about the incident will not likely be known at the time of the fire.

4. **Are there plans to add a function that will alert centers when a supplemental SIR is due (i.e., the 30-day mark)?**

   No. A supplemental SIR may not be needed for every incident. In some cases, the initial SIR may be submitted as both the initial and final if the final resolution occurred within the required timeframe.

5. **What is the timeframe for submitting a final SIR?**

   A final report should be submitted shortly after all outstanding follow-up information is obtained and final disciplinary action is taken. If all key, relevant follow-up information is obtained and final disciplinary action has been taken at the time of the initial submission of the SIR, Centers may submit an SIR that is both initial and final.

6. **In the case of students who are separated due to a health/medical condition, is the final report due when the student returns to the Center?**

   Once a student is separated from the center due to a health/medical condition, a final SIR can be submitted.

Incidents that Require a SIR

7. **Can you speak a little more about reporting wellness visits, providing treatments, and submitting SIRs for such occasions?**

   Section 5.5 of the Policy and Requirements Handbook (PRH) provides a list of significant incidents that must be reported to the National and Regional offices. If any of these incidents occur and the student or staff member is treated by the center's Health-and-Wellness staff, the SIR narrative should reflect that medical treatment was provided by the center. If the student or staff member is sent to the hospital or other medical facility to receive further evaluation or treatment, the SIR narrative should reflect that as well. The center should also select the appropriate response from the "Medical Status" drop-down menu in the SIR.

8. **If an SIR is submitted for an incident in Section 5.5 of the PRH that results in minimal first aid (e.g., bandage, cleaning a scrape, etc.) being administered by staff who are not part of the Wellness Center, does this count as medical treatment?**

   Yes. Administering first aid also counts as medical treatment and this should be reflected in the SIR narrative and appropriate drop-down item.

9. **Is an SIR required for all visits to the emergency room even if it is for further evaluation after the center physician has determined that the student requires more than the basic services provided in the wellness center?**

It depends. According to Section 5.5, R1(b) of the PRH, SIRs must be submitted for serious illness or serious injury. "Emergency room treatment requiring hospital admission or surgery" is provided as one example of when an illness or injury might be determined serious. Therefore, if the emergency room visit results in the student or staff member's admission to the hospital or surgery, an SIR is required.

10. **If a student calls the police and meets the police off-center regarding a center issue, is an SIR required?**

If the issue is one that meets any of the reportable events criteria listed in Section 5.5, R1 of the PRH, once the Center becomes aware of it, then an SIR must be submitted.

11. **Is suspicion of drug use reportable if the center is not certain an infraction has been committed?**

Suspicion of drug use by itself is not a reportable significant incident. According to Exhibit 3-1 of the PRH, drug use *as evidenced by a positive drug test* is a reportable significant incident and an SIR must be submitted in the SIR system. This includes testing positive on a drug test administered on suspicion.

Limiting PII in SIRs

12. **If an incident occurs which involves law enforcement, should we include the name of the police officers in the SIR narrative?**

While we certainly want centers to record the names and badge numbers of the police officers involved in an incident in their center files, we prefer that centers not use names in the SIR narrative. If centers wish to include other identifying information in the SIR about the police officers involved, they should use badge numbers.

13. **Are centers permitted to use *any* names in the SIR narrative?**

It is best that centers avoid using *any* names in the SIR narrative. Staff members involved should be referred to by their title (e.g., Center Director), and in the case of the students, the narrative should, continue to identify the student as the *perpetrator* or *victim*, as applicable. If the center thinks sharing specific identifying information is necessary, then that information can be transmitted to the Regional or National Office in a private e-mail.

14. **Can centers include the age of the student or staff involved in the incident in the SIR narrative?**

   Yes, centers can include the student's age in the SIR narrative, or alternatively, refer to the student as a "minor" or an "adult."

Corrective Action

15. **Is it realistic for centers to do an in-depth analysis of an incident in 24 hours, and be able to provide corrective action?**

   Centers are expected to explain in the appropriate section of the SIR the corrective action planned or already taken to address the root cause of the issue and reduce recurrence to the maximum extent possible. If a center is not able to provide this in-depth corrective action within 24 hours of the incident, the center should indicate in the initial SIR that it is in the process of determining the most effective corrective action and the anticipated date by which the corrective action will be submitted in a supplemental SIR.

16. **What would be the corrective action for an SIR that was submitted due to a student being hospitalized for appendicitis?**

   It depends on the circumstances. For example, if the student was complaining of pain and staff did not take the appropriate steps and the student was later rushed to the hospital, the center would need to describe in its corrective action the steps it plans to take to reduce recurrence and ensure that staff take the appropriate steps in the future. However, if center staff did take appropriate steps, there may be no plausible corrective action that can be taken and this should be noted in the Corrective Action section of the SIR. The center should note in the SIR Narrative Incident Description as part of its planned center actions that it will monitor the student's progress and submit supplemental reports, as appropriate.

Multiple Infractions – Single Incidents

17. **If multiple infractions are involved in a single incident, can both be included in one SIR, and, if so, which code takes precedence?**

   When multiple infractions are involved in the same incident, generally, a single SIR should be submitted and the most egregious infraction should be reflected in the primary code item. Lesser infractions involved should be noted in the narrative. In determining which infraction is the most egregious, centers should take into account the following items in Exhibit 3-1: the infraction level, required Center Action, and the Re-admit Eligibility, in addition to the specifics of the incident.

After taking these things into account, if some infractions are equally egregious, centers should select one infraction as the primary, and describe in the narrative the other equally egregious infractions. In the interim, we will work on determining whether the SIR system can be modified to allow centers to select more than one infraction as the primary.

18. **What do I do if there are different perpetrators with different infractions in the same incident? Should an SIR be submitted for each perpetrator?**

One SIR should be filed for the incident, but the narrative should describe the various infractions associated with each perpetrator. To determine which infraction should be coded as primary, please see the response to the previous question.

19. **What about SIRs that involve multiple deaths in the same incident?**

Generally, if there are multiple victims involved in a single incident, one SIR should be filed for the incident and the narrative should describe what happened to each victim. However, there is an exception to this when the incident involves multiple deaths. In cases involving multiple deaths that occur in a single incident (e.g., multiple fatalities in a car accident that occurs under center supervision), the proper way to record those would be to enter an SIR for each individual, and include in the incident description narrative of each SIR that this single incident resulted in multiple deaths.

Law Enforcement Involvement

20. **If the police come out to a center but decide not to generate a police report, should the center still reflect in the SIR that law enforcement was involved?**

Yes. If law enforcement was contacted, the SIR should reflect that involvement regardless of whether or not the police came to the center, arrested the individual, or generated a police report.

21. **A student is off-center and shoplifts, and law enforcement is contacted. Is this considered law enforcement involvement?**

Yes. Any significant incident in which law enforcement is contacted is considered law-enforcement involvement. Additionally, according to Section 5.5 R1(f) and (g), an incident requiring law-enforcement involvement or one that involves illegal activity is considered to be a reportable significant incident.

RAP-C Format

22. **Do we need to use the RAP-C format in all SIR incident descriptions?**

    Yes. Going forward, all SIR description narratives and the corresponding corrective actions should be written using the **R**eason, **A**ssessment, **P**lanned Center Actions, and **C**orrective Action (RAP-C) format covered in the SIRs training delivered April 26 and 27, 2017. We plan to include this new component in the SIR Technical Guide.

Miscellaneous

23. **We are aware that students age 21 and older may drink alcohol when off-center, as long as the student is not in a center-supervised activity. However, if the student returns to the center intoxicated, what option should we select in the drop-down menu?**

    Intoxication on center or under center supervision is a Level II infraction. In the SIR, centers should select *Alcohol-Related* incident as the primary code and public intoxication as the secondary code. In the incident narrative description, centers should provide details of the incident (in accordance with the RAP-C format), and include the fact that the student was intoxicated. Corrective actions that were or will be taken by the center to reduce recurrence should be clearly explained in the Corrective-Action narrative section of the SIR.

24. **When does Job Corps consider an individual intoxicated?**

    In accordance with the definition in Exhibit 3-1, we consider an individual intoxicated when they exhibit a state in which their capacity to act or reason normally has been inhibited by the ingestion of a substance with the intent to cause such a state. Suspected intoxication from use of alcohol may be confirmed by a breathalyzer test. However, this definition includes intoxication as a result of substances other than alcohol, so a negative breathalyzer does not preclude a student from being charged with an intoxication infraction.

25. **If a student has something from a Career Technical Training area that could be used as a weapon, should centers automatically consider it a weapon?**

    If the item is not something whose *primary* use is to inflict bodily harm then generally, no, it should not be automatically considered a weapon unless the individual uses it or clearly intends to use it for that purpose. However, this does not mean that disciplinary action should not be taken. In Exhibit 3-1, possession of potentially dangerous items that

could readily be used to inflict bodily harm such as trade tools, is considered a Level II infraction, and requires the student to go before a Fact-Finding Board.

26. **If assault is the primary infraction, but use of drugs is confirmed and the center separates the student for use, how should we account for use of drugs in the incident if the assault was subsequently determined to be unfounded?**

    If the primary infraction for which the SIR was submitted is determined to be unfounded, but the center discovers the student committed a separate infraction as part of the same incident on the same date, then the center should submit a supplemental SIR revising the primary code from assault, and provide an explanation in the narrative regarding the reason for the change. If the separate infraction (drug use) is not a part of the first incident and occurred on a different date, then a new SIR must be submitted.

27. **If the SIR Technical Guide and the PRH are not congruent, which document takes precedence?**

    The PRH is the prevailing document. However, the National Office of Job Corps strives to ensure consistency between the two documents. If there are areas that appear to be incongruent, please raise it to the National Office's attention at mcgee.erin@dol.gov.

28. **What is the proper procedure if there is a significant incident with medical involvement, but the center does not have the Employees Compensation Operation and Management Portal (ECOMP) number yet?**

    In those instances, the SIR should be submitted as an initial SIR (not initial and final), the appropriate "ECOMP/OWCP Status" selected, and a "0" should be entered as a placeholder number. Once the center obtains the ECOMP number, a supplemental SIR should be submitted with that number. Be aware, not all significant incidents with medical involvement require ECOMP entry. Refer to PRH Section 5.18 for further information about the types of injuries and occupational illnesses you are required to document in ECOMP.

29. **In the SIR, some of the categories (primary, secondary codes) are not specific enough to allow for more accurate selections. Are the categories going to be updated to be more specific?**

    We are aware of this need, and are currently exploring updating the categories.

30. **Will the drop-down choices in the SIR be set to the match the disciplinary options in the Center Information System (CIS)?**

    The SIR and CIS systems were designed for different purposes. CIS was designed for centers to help them manage and record both positive and negative student conduct. The SIR system was designed to help Federal staff monitor compliance with policy and regulations pertaining to serious incidents. Because of the differences in purpose, it might not be helpful in every case for the drop-down choices in the SIR system to mirror the disciplinary options in CIS. However, we will explore those areas where that match would be beneficial to all parties, and make those system modifications in the future.

31. **In which CIS module should the center refer to the SIR?**

    When a conduct incident in CIS is linked to an SIR, a log number will populate in the Log No. column in *Pending Incidents*. To access *Pending Incidents*, go to *Menu>Student Conduct>Reports>Pending Incidents.*

32. **Is there anything that can be corrected within the SIR reporting system to notify the user that they have "timed out?" Currently, there is no notification so the user is entering information and does not know that the information will not be saved.**

    The system is set to timeout at 30 minutes of inactivity. It is a good practice to click **Save** periodically when entering information. When the system times out, if the user clicks on anything the login screen will appear, which is how users are made aware that they have "timed out." If this is not occurring, users should contact the Job Corps Technical Assistance Center (TAC) at 800-598-5008 (Select Option 3 - Applications) or at helpdesk@jobcorps.org.

33. **Do the staff members in the Regional and National Offices involved in reviewing SIRs have access to the comprehensive SIRs in the SIRs system that is part of the Career Development Services System (CDSS) suite of applications, or does the staff only have access to the truncated SIRs that are sent via e-mail?**

    Staff in the Regional Offices and the National Office responsible for reviewing SIRs have access to both the SIRs sent via e-mail and the SIRs in CDSS.