A **SIROF** shall include a thorough review of the serious incident and relevant findings and interventions/recommendations. The Report of Findings shall be submitted within 30 days of the reported incident. If a RCA was completed, then complete the RCA section only.

Program Name:       COR:

Client Name:       Client Case Number:       Date of Incident:

RCA Required? [ ]  YES [ ]  NO Date RCA Completed:

Was the person in custody within the last 30 days? [ ]  YES [ ]  NO

For Serious Incident Reports related to an **Overdose**, the following is required:

1. Substance involved in the overdose: Select One.
2. If Opioid was involved, was the client receiving Mediation Assisted Treatment (MAT) services:

 [ ]  Yes [ ]  No

1. If #2 is No, was the client referred to MAT:

[ ]  Yes, referred to:

[ ]  Client declined referral

[ ]  No/Other

1. If #3 is Declined/No/Other, please explain:
2. Was Naloxone/Narcan administered? [ ]  YES [ ]  NO If yes, by Whom:
3. Was fentanyl specific testing included in all client’s urine drug screens? [ ]  YES [ ]  NO

Date and result of most recent fentanyl specific test:

1. Was the client given health education about Naloxone/Narcan for overdose prevention as part of treatment plan prior to incident (i.e., intake)? [ ]  YES [ ]  NO
2. Was Naloxone/Narcan kit prescribed or given to the patient for overdose prevention prior to the incident (not including any staff administration of naloxone)? [ ]  YES [ ]  NO
3. Serious Incident Summary of Findings: (Document the results of your investigation and analysis of the Serious Incident).

1. Recommendations/Planned Improvements: (Document a summary of quality/system improvements as a result of the analysis of the Serious Incident)

A **Root Cause Analysis (RCA)** is required for any serious incident that results in 1) a death by suicide, 2) alleged homicide committed by client, or 3) as requested by QM. The RCA shall be completed within 30 days of the reported incident. Please complete the section below **only** if you have completed an RCA.

1. Was a root cause identified? [ ]  YES [ ]  NO
2. RCA Summary of Findings:

1. RCA Summary of Action Items:

Was the SIROF sent to QM within 30 days of the reported incident? [ ]  YES [ ]  NO

If no, why?

Report Completed By:

**This section to be completed by the Program Manager or Designee Only**

Program Manager or Designee’s Email:

Program Manager or Designee’s Phone:

Program Manager or Designee’s Name:       Date: