

## **SERIOUS OCCURRENCE REPORTING AND FOLLOW-UP - AD-I-7**

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### **POLICY:**

It is the responsibility of each Supervisor/Manager/Director to follow up on any potential Serious Occurrences (S.O's). Any such occurrence shall be verbally communicated by the Supervisor/Manager to their Director or to the Manager on call immediately, and a report in writing shall be forwarded by the Supervisor/Manager as soon as possible following the occurrence.

### **PURPOSE:**

To protect the best interests of all individuals supported by OPTIONS NORTHWEST, employees, students and volunteers.

To ensure prompt notification to the Executive Director or designate in the case of a Serious Occurrence.

To provide a procedure for the investigation of an incident of serious, extraordinary or unusual nature in compliance with legislative requirements and the Ministry of Children, Community and Social Services (MCCSS) Serious Occurrence Reporting Guidelines.

### **Serious Occurrence Defined:**

MCCSS has provided 9 categories of a Serious Occurrence to be reported by the service provider of the Ministry. Service providers are required to report S.O's to the Ministry as this allows service providers to manage incidents as they occur, make record of the incidents and monitor actions taken in response to incidents to prevent and mitigate further incidents.

When the S.O. involves an individual and the individual may be in receipt of services from more than one service provider and/or be involved with more than one MCCSS region or program area, where this is the case, the service provider with primary responsibility for the individual at the time of the S.O. will lead the S.O. submission. Where appropriate, other service providers can be notified of the S.O. Report and be provided a copy of the report.

A Serious Occurrence is an incident that requires or may require intervention and/or investigation by a service provider, MCCSS and/or applicable parties (i.e. Police) and falls within one or more of the following categories:

1. Death
2. Serious injury
3. Serious illness
4. Serious individual action
5. Restrictive intervention
6. Abuse or mistreatment
7. Error or omission
8. Serious complaint
9. Disturbance, service disruption, emergency situation or disaster

Based on the type of incident, the S.O. is designated as either a Level 1 or Level 2. The level indicates the time frame in which the S.O. must be reported to MCCSS.

#### Level 1

Serious Occurrence requires immediate notification to MCCSS and submission of a Serious Occurrence Report (S.O.R) within 1 hour of becoming aware of the S.O. or deeming the incident an S.O.

#### Level 2

Serious Occurrence requires submission of the S.O.R as soon as possible but no later than 24 hours of becoming aware of the S.O. or deeming the incident an S.O.

MCCSS S.O. Reporting Guidelines 2019 Categories & Subcategories Definitions and Timeframes for reporting are as follows:

#### Death

- The death of an individual occurs while receiving a service; or
- A child dies where the child, or their family received services from a society at any time within the 12 months prior to the child's death.
- All deaths are Level 1 S.Os.

### Serious Injury

- An individual receiving a service incurs a serious injury which requires unscheduled medical attention from a regulated health professional and/or unplanned hospitalization.
- A life threatening injury or any injury caused by a service provider or an injury requiring emergency medical services is a Level 1 S.O.
- All other serious injuries are a Level 2 S.O.

### Serious Illness

- An individual receiving a service incurs a serious illness or has an existing serious illness which requires scheduled medical attention from a regular health professional and/or unplanned hospitalization.
- A life threatening illness or an illness requiring emergency medical services is a Level 1 S.O.
- All other serious illnesses are a Level 2 S.O.

### Serious Individual Action

- Suicidal Behaviour:
  - An individual receiving a service attempts suicide, utters suicidal threat of a serious nature or utters a suicidal threat that results in the individual being placed on suicide watch.
- Alleged, witnessed, or suspected assault:
  - An individual receiving a service is assaulted or is accused of assaulting someone.
- Contraband/safety risk:
  - An individual receiving a service is suspected to be, or is discovered to be in possession of a substance or object that: a) is prohibited by legislation or policies and procedures, b) has the potential to cause injury or death, and/or c) is deemed by the service provider to be a significant danger or concern.
- Inappropriate/unauthorized use of information technology (IT):
  - an individual receiving a service uses IT in an inappropriate and/or unauthorized way that: a) has or could result in criminal charges, and/or b) is or could be a threat to the health, safety or well-being of the individual, other individuals or the public.
- Unusual, suspicious or unauthorized individual absence:
  - an individual receiving a service is discovered to be absent and their absence is unauthorized, or the individual is missing/absent without permission which includes;
    - A young person who has escaped lawful custody.
    - A young person who is unlawfully at large (UAL).
    - An individual who is missing/absent without permission or is missing/absent under unusual or suspicious circumstances.

- Serious charges:
  - An individual receiving services incurs serious charges.
  
- Relinquishment of care/threat of relinquishment of care:
  - a) the family/primary caregiver of an adult with a developmental disability receiving a service relinquishes care of the individual, b) the family/primary caregiver of an adult with a developmental disability receiving a service threatens to relinquish care, or c) another individual (e.g. an employee, volunteer, etc.) suspects that relinquishment of care may occur.
  - All of the above are a Level 1 S.O.R. All other service individual action S.O's are a Level 2.

### Serious Intervention

- Physical Restraint
  - A physical restraint is used on a child or young person who is receiving a service. Any use of a physical restraint on a child or young person while receiving a service is to be reported as an S.O.
  - A physical restraint is used on an adult with a developmental disability who is receiving a service in circumstances where:
    - The physical restraint was used with an adult with a developmental disability to address a crisis situation when positive interventions have proven to be ineffective where;
      - A person with a developmental disability is displaying a challenging behaviour that has been displayed in the past and the person lacks a behaviour support plan that would address the behaviour, or the behaviour intervention strategies that are outlined in the person's behaviour support plan do not effectively address the challenging behaviour,
      - The challenging behaviour places the person at immediate risk of harming themselves or others or causing property damage, and;
      - Attempts to de-escalate the situation have been ineffective.
    - The physical restraint was used with an adult with a developmental disability who was displaying challenging behaviour (either as part of the person's behaviour support plan or in a crisis situation) and the physical restraints resulted in an injury to the individual who was restrained, and/or the employee who employed the use of the physical restraint, and/or anyone else in the vicinity where the physical restraint took place; or
    - The physical restraint was used with an adult with a developmental disability who was displaying challenging behaviour (either as part of their behaviour support plan or in a crisis situation) and the physical restraint resulted in allegation of abuse.

- **Mechanical restraint:**
  - A mechanical restraint is used on a young person detained in a youth justice secure custody/detention facility.
  - A mechanical restraint is used on a child in a secure treatment program.
  - Where there is a plan of treatment or a plan for the use of a Personal Assistant Service Device (PASD) for the use of a mechanical restraint on a child or young person, and the mechanical restraint is used contrary to or outside the purpose of such plan.
  - A mechanical restraint is used on an adult with a developmental disability contrary to the individual's behaviour support plan, the provisions of the Ontario Regulation 299 under the SIPDDA and/or the policy directives (2.0 – Supporting People with Challenging Behaviour) under the SIPDDA.
- **Secure de-escalation (or secure isolation/confinement time-out):**
  - An individual receiving a service is placed in a secure de-escalation (or secure isolation/confinement time-out) room. Any placement in such setting is to be reported as an S.O.
  - Any restrictive intervention that contravenes MCCSS legislation, regulations and/or policy, results in physical impairment/injury and/or emotional harm of the individual, results in treatment by a regulated health professional, requiring emergency medical services or was administered by an unauthorized person is a Level 1 S.O.R. All other restrictive interventions are a Level 2 S.O.R.

Abuse or mistreatment:

- There are allegations of abuse or mistreatment, abuse or mistreatment (witnessed or otherwise) or suspected abuse or mistreatment of an individual receiving a service which occurred, or is alleged to have occurred, while the individual was receiving a service; or
- There are new allegations of historical abuse or neglect of a child or young person receiving a service.
- All allegations of witnessed, suspected abuse or mistreatment where; there is an immediate threat to the health, safety or wellbeing of the individuals or others; a current service provider employee, volunteer is implicated in the alleged, witnessed or suspected abuse or mistreatment of an individual or the individual or the individual is receiving threats or harassment from a human trafficker are considered Level 1 S.O.R.
- All other alleged, witnessed or suspected abuse or mistreatment S.O.s are Level 2.

Error or Omission:

- There is a medication error involving the prescribed, transcribing, dispensing administration and/or distribution of medication(s) to an individual receiving service.
- A young person who is receiving a service improperly detained in or released from a youth justice custody/detention facility (i.e. contrary to a court order or contrary to the proper administration of applicable legislation).

- A child who is receiving a service is improperly committed or released from a secure treatment program.
- There is a breach or potential breach of privacy and/or confidentiality, including any instance/suspected instance when personal information of an individual who is receiving a service has been collected, used, stolen, lost or disclosed without authority that and/or other, or is contravention of the YCJA.
- A complaint is made about the operational, physical or safety standards of the services received by an individual.
- Medication errors that resulted or may result in physical or psychological impairment of the individual or may threaten the individual's health or safety requiring immediate medical attention, all instances of improper detainment/release and breach/potential breach of privacy or confidentiality is a Level 1 S.O.R.
- All other errors or omissions are considered a Level 2 S.O.R.

Serious Complaint:

- A complaint is made by or on behalf of an individual who is receiving a service regarding the alleged violation of their rights (e.g. under the Canadian Human Rights Act, Canadian Charter of Rights and Freedoms, Ontario Human Rights Code, CYFSA, etc).
- A complaint is made by or on behalf of an individual receiving a service regarding a violation of their privacy rights (i.e. improper collection, use or disclosure of the individual's personal information).
- A complaint is made by or about an individual who is receiving a service that the service provider considers to be a serious nature.
- If the service complaint is about a service provider employee, director or owner being charged or arrested for a crime that may affect or has affected an individual or individuals receiving a service, this is a Level 1 S.O.R.
- All other serious complaints are a Level 2 S.O.R.

Disturbance, service disruption, emergency situation or disaster:

- The disturbance, service disruption, emergency situation, or disaster occurs on the service provider premises or in the case of residential care, the place where residential care is provided, or within close proximity of where the service is provided, and it interferes with the service provider or foster parent's ability to provide routine services.
- If the continuity of operations plan or businesses continuity plan was activated in response to an incident that threatened the health or safety of individuals or others, or the incident is or was perceived to be a significant danger to or a concern of the community or there was a site evacuation or lockdown of this incident or police intervention was required, this is a Level 1 S.O.R.
- All other disturbances, service disruptions, emergency situations or disasters are a Level 2 S.O.R.

**PROCEDURE:**

1. The Supervisor/Manager/Director, upon being notified of a potential Serious Occurrence shall:
  - a. first ensure that employees have attended to the well-being of any individuals affected and that there is no continued risk to anyone.
  - b. in the case of the sexual assault of an individual, ensure that the employees do not remove or rearrange the individual's clothing in any manner, and do not bath or wash the individual.
  - c. in a case of an individual's death, follow Policy # R-VI-13, Death of an Individual.
  - d. in the case of a disaster such as fire, ensure that relevant procedures are followed.
2. The employee who has knowledge of a potential S.O. will report their findings to their immediate Supervisor/Manager or Manager on Call/Director/Executive Director who will confirm whether or not the incident is to be considered an S.O.
3. Once an incident is identified as an S.O., the Supervisor/Manager/Director will determine which category or categories the S.O. should be reported under in the S.O.R Level outline tool.
4. If an incident is identified as an S.O. after hours and is processed by a Supervisor On-Call, the next business day the S.O. follow up and any and all further follow up will be the responsibility of the appropriate area Supervisor/Designate. The Manager On-Call will ensure this is completed.
5. All persons having knowledge of the occurrence shall remain on-duty until they are excused by the Supervisor/Manager/Director conducting the inquiry.
6. The Supervisor/Manager/Director shall ensure that the person who originally reported the occurrence has completed an Incident Report (Appendix B) prior to going off shift the same day as the incident, in accordance with policy AD-I-6 Incident Reporting.
7. The Supervisor/Manager/Director shall promptly relay any additional information to the Director and to the Executive Director/designee, and shall ensure that the parent, guardian or next of kin is contacted as appropriate.
8. In the case of alleged, suspected, historical or witnessed abuse of an individual supported with a developmental disability and it may constitute a criminal offence, contact police immediately (Refer to Policy AD-III-1 Abuse.)
9. The S.O. will be completed by the Supervisor/Manager/Director on the S.O. Portal providing as much detail as possible in the specified data fields. Level 1 S.O's should

provide a brief description of the incident, including type, approximate date and time of the incident, approximate number of individuals involved, whether there are immediate health and safety needs and what the service provider is doing to address them, who has been notified, whether any initial actions have been taken by the service provider and if the incident received media attention. When the S.O. involved an individual's service provider, it should include the individual's view/perspective of the S.O. and it should be in their own words. If unable to provide the individual's viewpoint, the writer should include an explanation as to why.

10. The Manual Serious Occurrence Report (S.O.R) is to be used by the service provider to submit a S.O.R to the Ministry when S.O.R.-RL is temporarily offline, unavailable or inoperative (Appendix C). The service provider must make reasonable efforts to inform their Program Supervisor and/or designated FOI Issues Management Analyst S.O.R Lead.
  - a. Service providers are to submit their Manual SOR Reports by:  
Email: AskNorthRegionSORRL@ontario.ca Or via Fax: 1-705-805-4666
11. The person who prepared the S.O.R. (Supervisors/Managers/Directors/Executive Director) must sign off on the S.O.R stating their name and position. The name of the on-call Manager who approved the S.O.R must be added in before submitting.
12. Once MCCSS receives the initial S.O.R. from the service provider, it will be reviewed and may contact the service provider to seek clarification, request information to be corrected, request additional information and/or request or direct that additional action be taken by the service provider.
13. Until MCCSS deems that no further action is required from the service provider with respect to the S.O., service providers are expected to provide an update as new information becomes available and completed no later than 7 business days after submitting the initial S.O.

Updates are requested at a minimum of every 7 business days thereafter while MCCSS deems further action is required. MCCSS may request updates at any time.

### **Training**

All OPTIONS NORTHWEST employees will be trained on the S.O.R. requirements for reporting and will annually review the Initial S.O. Reporting Policy.

All information collected through the S.O.R process will remain confidential as per OPTIONS NORTHWEST's Confidentiality Policy HR-II-2 and Consent/Decision Making Policy AD-1-9.

The annual review and analysis of all S.O.R's for the calendar year will identify any issues, trends or patterns and detail actions planned or undertaken in response to any



**POLICY: AD-I-7**  
**DEPARTMENT:** Administration  
**CATEGORY:** General  
**EFFECTIVE DATE:** November 2019  
**SUPERSEDES VERSION DATE:** August 2013  
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issues or concerning trends/patterns uncovered through the annual review and analysis. OPTIONS NORTHWEST will maintain a record of the annual review and analysis which will be made available to MCCSS. Any significant issues or concerning trends/patterns that arise from the review and analysis of S.O.R's shall be communicated to MCCSS designated contacts and shall include strategies to address the issue.

The Annual Report is reviewed by the Regional Office, noting any patterns that suggest a need for training or support and steps to address these needs. The Regional Office may also identify possible issues or action that could require follow-up by the service provider. If follow-up action is requested, the service provider is required to submit an outcome report to the Regional Office, once the necessary action has been taken.

The "Annual Summary and Analysis Report" is also a means of identifying more general information that could affect ongoing ministry policy work.

**RECOMMENDED BY:** Administration

**APPENDICES:** 2

**OPERATIONAL ACCOUNTABILITY:** Administration, Finance, Human Resources, Community Services Administration, Community Services (all), Students, Volunteers, Board of Directors

**ORIGINAL POLICY DATE:** May 1993

**AUTHORIZED BY:** Executive Director **SIGNATURE:**





**- OPTIONS NORTHWEST -  
INCIDENT REPORT**

LOCATION: \_\_\_\_\_

<b>BOX A</b>	<b>TYPE OF INCIDENT</b> (CHECK ALL THAT APPLY)		
	<b>Immediately call Supervisor/On-Call for any of the following:</b>		
<input type="checkbox"/> DEATH	<input type="checkbox"/> SERIOUS INJURY	<input type="checkbox"/> SERIOUS ILLNESS	
<input type="checkbox"/> SUICIDAL BEHAVIOUR	<input type="checkbox"/> ALLEGED/SUSPECTED ASSAULT	<input type="checkbox"/> MISSING PERSON	
<input type="checkbox"/> INAPPROPRIATE USE OF TECHNOLOGY	<input type="checkbox"/> SERIOUS CHARGES	<input type="checkbox"/> RESTRICTIVE INTERVENTION	
<input type="checkbox"/> ALLEGED/SUSPECTED ABUSE	<input type="checkbox"/> MEDICATION ERROR	<input type="checkbox"/> SERIOUS COMPLAINT	
<input type="checkbox"/> EMERGENCY/DISASTER	<input type="checkbox"/> BREACH OF CONFIDENTIALITY	<input type="checkbox"/> CONTRABAND/SAFETY RISK	

<b>BOX B</b>	<b>TYPE OF INCIDENT</b> (CHECK ALL THAT APPLY)		
	<input type="checkbox"/> PRN ADMINISTRATION	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> BEHAVIOUR
<input type="checkbox"/>	OTHER – I.E. HAZARDOUS SITUATION		
<input type="checkbox"/>	SPECIFY _____		

DATE & TIME OF INCIDENT: \_\_\_\_\_

NOTIFICATION PROVIDED TO:

Supervisor/On Call: _____	DATE & TIME _____
Janzens by Phone: <input type="checkbox"/> _____	DATE & TIME _____
Janzens by Fax: <input type="checkbox"/> _____	DATE & TIME _____
_____	DATE & TIME _____
_____	DATE & TIME _____

PERSON/PEOPLE SUPPORTED INVOLVED: \_\_\_\_\_

OTHERS INVOLVED: (include witnesses) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTRIBUTING FACTORS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF INCIDENT:      ADDITIONAL REPORT ATTACHED & SIGNED:      YES       NO

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FOR BEHAVIOURAL INCIDENT IS BEHAVIOUR SUPPORT PLAN IN PLACE?      Yes       No       N/A

DEBRIEFING/ACTION TAKEN AND RESULTS:

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DETAILS OF INCIDENT AND ACTION TAKEN/DEBRIEFING DOCUMENTED IN PERSONAL BINDER

Yes       N/A

REPORTER'S NAME  
(PRINT)

SIGNATURE

DATE & TIME

RECOMMENDATIONS FOR PREVENTION:

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**SUPERVISOR'S FOLLOW-UP:**

**ADDITIONAL REPORT ATTACHED & SIGNED:**

Yes

No

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**SERIOUS OCCURRENCE REPORT DONE:**

Yes

No

**FORWARDED TO:**

HUMAN RESOURCES

CRT

FINANCE

PHARMACY (FAXED)

**TOTAL ATTACHMENTS:** \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

**DIRECTOR/MANAGER REVIEW**

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\_\_\_\_\_  
DIRECTOR/MANAGER

\_\_\_\_\_  
DATE

**COPY OF MEDICATION INCIDENT TO COMPLIANCE REVIEW FOLDER:**

Yes

No

**EXECUTIVE DIRECTOR'S REVIEW**

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\_\_\_\_\_  
EXECUTIVE DIRECTOR

\_\_\_\_\_  
DATE

**UPDATES:**

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## Manual Serious Occurrence Report (Manual SOR)

### Section 1: Context

Please indicate the reason for submitting the Manual SOR to the ministry rather than reporting the Serious Occurrence through the SOR-RL online tool, including any actions taken.

- New SOR
- Update to existing Manual SOR
- Update to existing SOR submitted through SOR-RL (SO ID #, if known: \_\_\_\_\_ )

If submitted outside of the required reporting timelines, please indicate the reasons why:

#### 1a. Site Information

<b>Region:</b> <input type="checkbox"/> Central <input type="checkbox"/> East <input type="checkbox"/> North <input type="checkbox"/> Toronto <input type="checkbox"/> West <input type="checkbox"/> Youth Justice Directly Operated Facility <input type="checkbox"/> Probation Office
<b>Legal Name of Service Agency:</b>
<b>Program Site Name of the Service Agency:</b>
<b>Program Site Address Line 1:</b>
<b>Program Site Address Line 2:</b>
<b>TPR# (Transfer Payment Recipient number from the service contract):</b>
<b>Licence ID (for licensed children's residences and foster care programs):</b>

#### 1b. Serious Occurrence Details

##### Level of SOR:

To determine SOR levels, refer to the *MCCSS Serious Occurrence Reporting Guidelines* for definitions and reporting requirements.

- Level 1 (report to Ministry within 1 hour)       Level 2 (report to Ministry within 24 hours)

**Date and Time of Serious Occurrence:**

<b>Date (yyyy/mm/dd):</b>	
<b>Time (hh:mm xm):</b>	

**Date and Time of becoming aware of the SO/incident being deemed an SO:**

<b>Date (yyyy/mm/dd):</b>	
<b>Time (hh:mm xm):</b>	

**Date and Time of Notification (by phone or email) to Ministry (if applicable):**

<b>Date (yyyy/mm/dd):</b>	
<b>Time (hh:mm xm):</b>	
<b>Ministry contact:</b>	



**Section 2: Individuals Involved**

Provide a numeric value for each involved individual and all related details. Attach additional pages as needed. Please refer to the *Manual SOR Business Process Glossary of Terms*.

Additional pages for Section 2 attached

Number of individuals involved in the occurrence

SO does not involve individuals (e.g. an SO relating to a site only)

<b>Individual(s)</b> (if applicable)  Provide each individual with a number (i.e. Individual #1, etc.). Do not include names or initials.	<b>Age</b> (do not include date of birth)	<b>Program at time of serious occurrence</b>	<b>Identifier (if applicable)</b> (ex. CPIN #, DSCIS #, YOTIS #)	<b>Legal Guardian Status</b> (include all that apply)	<b>Youth Justice YP Identifying Factors</b> (if applicable)	<b>Placing Agency</b> (if applicable)
Individual # (e.g. Individual #1)						
Individual #						
Individual #						

**Section 3: Serious Occurrence Categories**

List each individual involved in the SO and identify all SO categories and subcategories applicable for each. Refer to the *MCCSS Serious Occurrence Reporting Guidelines*. Attach additional pages as needed.

Additional pages for Section 3 attached

SO does not involve individuals (e.g. an SO relating to a site only)

<b>Individual(s) (if applicable)</b>  Please include all individuals (with their corresponding number) from section 2	<b>SO Category(s) and Subcategory(ies)</b>  Please list all categories and subcategories applicable to the individual(s), according to the <i>MCCSS Serious Occurrence Reporting Guidelines, 2019 or Manual SOR Business Process Appendix A</i> .
Individual #	
Individual #	
Individual #	

**Section 4: Current Condition and Notifications**

Please indicate the current condition with respect to circumstances of each individual involved in the SO and all notifications made related to the individual. Attach additional pages as needed.

Additional pages for Section 4 attached

SO does not involve individuals (e.g. an SO relating to a site only)

<b>Individual(s) (if applicable)</b>  Please include all individuals (with their corresponding number) from section 2	<b>Current Condition of Individual</b>	<b>Notifications</b>  Please indicate all notifications made as a result of the serious occurrence.  Reporting requirements and notifications vary by SOR category. Please refer to the <i>MCCSS Serious Occurrence Reporting Guidelines</i> .
Individual #		
Individual #		
Individual #		

## **Section 5: Description, Updates, Further Details and Sign-Off**

### **Serious Occurrence Description and Further Details**

Refer to the *MCCSS SOR Guidelines* to determine the specific information required, including SOR Categories and subcategories, and the description for each type of SO, as these requirements vary depending on the SO category/subcategory.

Do not include full names or initials of individuals involved in the occurrence, including staff persons, guardians, or other individuals who would be identifiable through the inclusion of their personal information in this document. Please refer to individuals with non-identifying terms, such as parent, sibling, staff A, staff B, YSO #1, YSM, etc.

Minimum required information to include:

- What happened and where in chronological order
- Precipitating factors
- If incident involved an alleged criminal offence
- Current condition of the individual(s)
- Service Provider action; if applicable
- Any media attention

Additional pages for Section 5 attached (attach additional pages as needed)

SO has received, or is expected to receive, media attention (specify in the description below)

**5a. Description of serious occurrence (see minimum requirements above)**

**5b. Further action proposed by Service Provider:** (Include what steps you plan to take to respond to the serious occurrence and any follow up)

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**5c. Direction, if any, provided by Ministry:** Include any direction provided by the ministry including the ministry staff name and method of contact

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**5d. Supporting Documents, if any (Please list):**

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**Section 6: Sign-Off**

**Reported by:**

<b>Name:</b>
<b>Position:</b>
<b>Phone:</b>
<b>Email:</b>

**Approved by:**

<b>Name:</b>
<b>Position:</b>
<b>Phone:</b>
<b>Email:</b>

