Policy # 4622 (CM P&P Reference Number: M133-18)
Applicable To: All Subcontracted D&A Providers
Policy Title: Incident Reporting
Effective Date: July 1, 2005
Last Revision: February 27, 2007 (Adds SCA notification as a new requirement)

POLICY: Unusual Adverse Incidents must be reported to the Department of Health (DOH), Division of Drug and Alcohol Licensing per Licensing Alert 5-97 and copied to the SCA.

PROCEDURE:
The following incidents shall be reported to the Department of Drug and Alcohol Programs Licensing Division and simultaneously copied to the County D&A Office:

1. Death of a client in a residential facility
2. Injury, trauma or illness requiring hospitalization when the individual is at the facility or under the facility supervision
3. Suicide attempt
4. Physical assault by staff or resident
5. Sexual assault by staff or resident
6. Individual who is missing for more than 24 hours or who could be in jeopardy if missing at all
7. Outbreak of a contagious disease or food poisoning among residents
8. Incident requiring the services of a fire department or law enforcement agency
9. A condition that results in closure of the facility for more than one scheduled day of operation (excluding snow or ice condition)
10. Fire or structural damage to the facility
11. Misuse or alleged misuse of client’s funds or property
12. Incident the facility director believes may lead to community concern

The facility shall notify the Division of Licensing within 24 hours by phone at (717-783-8675) for all incidents.

The facility should initiate an investigation and file a written report within 72 hours for incidents #1 through #10, and within 5 working days for incidents #11 and #12. (form attached)

NOTE: FOR DETAILS ON THIS POLICY GO TO THE DDAP WEB SITE FOR LICENSING ALERTS 1997:5-97 Reporting of Unusual Incidents.

Department of Drug and Alcohol Programs
Division of Drug and Alcohol Program Licensure
132 Kline Plaza, Suite A, Harrisburg, PA 17104
Phone: 717-783-8675/ FAX 717-787-3188
Unusual Incident Report

Date of Report: ______________________  Time: __________
Facility Name: ______________________  Facility #: ________
Facility Address: ____________________  Phone Number: ________

Description of Incident (Describe in detail what occurred, including location, date and time of incident. Give ID #, sex, age and admission date of client, where appropriate) Add additional sheets if necessary.

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Action Taken by Facility

________________________________________________________

________________________________________________________

________________________________________________________

Report Completed By:

________________________________________________________

Typed Name  Title

________________________________________________________

Signature  Date