

LICENSING ALERT

Molly Raphael
Deputy Secretary for Quality Assurance

May 1997

Division of Drug and Alcohol Program Licensing
Licensing Alert 5-97

Reporting of Unusual Incidents

The Division of Drug and Alcohol Program Licensing has noticed an increase in unusual incidents, and as an extension of regulatory oversight, will now request the reporting of the following incidents to the Division:

- (1) the death of a client in a residential treatment facility**
- (2) an injury, trauma, or illness requiring hospitalization that occurs when the individual is at the facility or under the supervision of the facility**
- (3) suicide attempt**
- (4) physical assault by staff or resident**
- (5) sexual assault by staff or resident**
- (6) an individual who is missing 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) an incident requiring the services of a fire department or law enforcement agency**
- (9) a condition (except snow or ice condition) that results in closure of the facility for more than one scheduled day of operation**
- (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 PROCEDURE TO BE FOLLOWED IN FILING AN UNUSUAL INCIDENT REPORT IS AS FOLLOWS:

- (1) The facility should notify the Division within 24 hours (telephone 717-783-8675 or facsimile 717-787-3188) of those incidents under number 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12, and within 72 hours file a written report using the Division's Unusual Incident Report Form (Form #HD1062F).**
- (2) The facility should initiate an investigation and file an Unusual Incident Report Form on numbers 11 and 12 within five working days of the occurrence.**
- (3) The facility should notify others, including all appropriate officials, of an unusual incident, maintaining client confidentiality.**
- (4) When an unusual incident affects the physical or emotional well being of a client, facility staff should insure that the client is safe from further injury, receives medical and programmatic attention as soon as possible, is sensitive to the emotional needs of the client, and arranges for specialized counseling, if appropriate.**
- (5) The Division shall conduct investigations of unusual incidents when warranted.**

GENERAL RESPONSIBILITIES:

- (1) The Division should maintain a record of unusual incidents reported. (A copy of an incident report will also be maintained in the facility file.) This information will be useful in insuring appropriate follow-up on individual incidents, as needed, and in identifying statewide trends for use in regulation setting, as well as determining the need for increased monitoring visits.**
- (2) Incident identification and reporting will encourage facilities to develop policies and procedures on prevention and management of unusual incidents, including:**
 - (a) in-service for staff in prevention, detection, investigation, and reporting of unusual incidents;**
 - (b) identification of who in the facility should be notified of unusual incidents;**
 - (c) procedures for contacting families, other regulatory entities;**
 - (d) corrective action; and**
 - (e) modification of circumstances or conditions that constitutes a high probability of unusual incidents occurring based on previous experiences.**

THIS PROCEDURE BECOMES EFFECTIVE IMMEDIATELY. Please contact Carol S. Bashore or Arvida L. Wanner at 717-783-8675 if you have any questions.

Attachment

DEPARTMENT OF HEALTH
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 I.D. #, sex, age, and admission date of client, where applicable.) Add additional sheets if necessary.

Action taken by facility:

Report completed by: _____

NAME TYPED

TITLE

SIGNATURE

DATE