

LICENSING ALERT 02-2018

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Deputy Secretary
Department of Drug and Alcohol Programs

December 24, 2018

Division of Accountability and Program Improvement
Licensing Alert 02-2018

Replaces Alert 05-97

Reporting of Unusual Incidents

Purpose: To provide clarification and guidance regarding reporting of unusual incidents required by all facilities as outlined in 28 Pa. Code § 709.34 (c). Additionally, all narcotic treatment programs must also comply with 28 Pa. Code § 715.28 (c).

§ 709.34. Reporting of unusual incidents.

(c) To the extent permitted by State and Federal confidentiality laws, the project shall file a written unusual incident report with the Department within 3 business days following an unusual incident involving:

- (1) Physical or sexual assault by staff or a client.
- (2) Death or serious injury due to trauma, suicide, medication error or unusual circumstances.
- (3) Significant disruption of services due to a disaster such as a fire, storm, flood or other occurrence that results in the closure of a facility for more than 1 day.
- (4) Event at the facility requiring the presence of police, fire or ambulance personnel.
- (5) Outbreak of a contagious disease requiring CDC notification.

§ 715.28. Unusual incidents.

(c) A narcotic treatment program shall file a written Unusual Incident Report with the Department within 48 hours following an unusual incident including the following:

- (1) Complaints of patient abuse (physical, verbal, sexual and emotional).



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DEPARTMENT OF DRUG AND
ALCOHOL PROGRAMS

- (2) Death or serious injury due to trauma, suicide, medication error or unusual circumstances.
- (3) Significant disruption of services due to a disaster such as a fire, storm, flood or other occurrence.
- (4) Incidents with potential for negative community reaction or which the facility director believes may lead to community concern.
- (5) Drug related hospitalization of a patient.

The Department of Drug and Alcohol Programs (Department) has received an increased number of incident reports from licensed facilities over the past year. This appears to be due to a misinterpretation of 28 Pa. Code §§ 709.34 (c) and 715.28 (c). As a result, many of the reports received by the Department involve issues or incidents that are not required by regulation to be reported. The Department requests that facilities refrain from sending incidents that do not qualify as reportable incidents. Examples of incidents that should not be reported, include but are not limited to:

- 1) A client was referred to urgent care or emergency room for cold, fever, coughs and other minor illnesses that did not require the presence of police, fire or ambulance personnel.
- 2) A client left the facility against facility and/or medical advice.
- 3) A client came to the facility intoxicated that did not require the presence of police, fire or ambulance personnel.
- 4) Clients engaging in intimate relationships determined to be with mutual consent.
- 5) Involuntary discharge from treatment services.
- 6) Incidents not listed in 28 Pa. Code §§ 709.34 (c) and 715.28(c).

To ensure compliance with the applicable regulations, facilities must complete the attached updated form(s). Email or fax the form(s) to the attention of Accountability and Program Improvement Division. In addition to reporting unusual incidents, licensed facilities must also investigate all unusual incidents that occur within the facility and maintain a copy of the appropriate unusual incident reporting form in the facility file.

Email: RA-DAAPI_Division@pa.gov

Fax: [\(717\) 265-8308](tel:(717)265-8308).

Direct all questions regarding this alert to the Accountability and Program Improvement Division.

Telephone: (717) 783-8675

Email: RA-DAAPI_Division@pa.gov

Attachment

UNUSUAL INCIDENT REPORTING FORM NON-NARCOTIC TREATMENT PROGRAM

Facility Name: _____ **Facility #** _____

Contact Person: _____ **Phone #** _____

Facility Address: _____

Date of Incident _____ **Time of Incident:** _____

Nature of Incident : _____

Client(s) Involved (use client I.D. #): _____

Employee(s) Involved: _____

Witnesses (use client I.D. #, if applicable): _____

Detailed description of the incident: (Must include the location of the incident and if applicable, provide the client(s) I.D. # sex, age, and admission date of client(s), where applicable).

Staff Response/Action(s) Taken by Facility:

**UNUSUAL INCIDENT REPORTING FORM
NON-NTP**

Detailed description of injuries sustained by staff and/or client(s) and any medical attention provided:

**Staff completing
form:** _____

Title: _____

Signature

Date

**PLEASE SEND UNUSUAL INCIDENT REPORT AND ANY RELATED CORRESPONDENCE TO:
EMAIL: RA-DAAPI_DIVISION@PA.GOV | FAX: (717) 265-8308**

UNUSUAL INCIDENT REPORTING FORM NARCOTIC TREATMENT PROGRAM

Facility Name: _____ **Facility #** _____

Contact Person: _____ **Phone #** _____

Facility Address: _____

Date of Incident _____ **Time of Incident:** _____

Nature of Incident : _____

Client(s) Involved (use client I.D. #): _____

Employee(s) Involved: _____

Witnesses (use client I.D. #, if applicable): _____

Detailed description of the incident: (Must include the location of the incident and if applicable, provide the client(s) I.D.# sex, age, and admission date of client(s), where applicable).

Staff Response/Action(s) Taken by Facility:

**UNUSUAL INCIDENT REPORTING FORM
NARCOTIC TREATMENT PROGRAMS**

Detailed description of injuries sustained by staff and/or client(s) and any medical attention provided:

**Staff completing
form:** _____

Title: _____

Signature

Date

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