Massachusetts Department of Public Health
Bureau of Substance Addiction Services
**HEALTH AND SAFETY REQUIRED NOTIFICATION REPORTING FORM**Please fax the completed form (no cover sheet is necessary) to the secure eFax: 617-887-8787

The Bureau of Substance Addiction Services requires all Licensed or Approved Providers to notify the Department per 105 CMR 164.035.

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| **License(s)/ Approval(s) #:** | Date of Report: |
| Agency Name: | Program Name: |
| Program Address: |
| Reporter Name & Title: | Reporter Contact: |

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| Date of Incident (if known) | Did the incident cause any service interruptions?[ ] Yes [ ]  No | Who was involved in the incident?[ ] Patient/Resident [ ] Staff [ ] Other |
| Time of Incident (if known) | Did the incident occur onsite?[ ] Yes [ ] No | Was the individual admitted to the program?[ ] Yes [ ] No |

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| It is important to include any internal investigations/reports that the program has conducted, even if preliminary, and indicate if there is an active police investigation. If the internal investigation/report is still being conducted provide a timeline of when BSAS can expect the information.[ ] Injury and/or medical event |
| [ ] No transfer to an off-site medical facility | [ ] Transfer to an off-site medical facility  | [ ] Suspect Non-Fatal Overdoses |
| [ ] Fire alarm at the program with no threat to patient health or safety |
| [ ] Condition at the program posing a threat to patient health or safety |
| [ ] Damage to the program caused by serious incidents, accidents, fire[ ] Data breach/cyber attack | [ ] Limits on access to the site (i.e., elevator/ramp inaccessible)[ ] Loss of essential services  | [ ] Weather/Disaster Related[ ] Contraband/drug use | [ ] Verbal threats[ ] Confirmed case of communicable disease |
| [ ] Alleged misconduct, abuse, neglect, and/or assault |
| [ ] Child (51A) [ ] Elder (19A) [ ] Disabled Individual (19C)[ ] Breach of Confidentiality/HIPPA/42 CFR | [ ] Ethical Boundary Violation (i.e., purchasing drugs, friending patients online)[ ] Staff under the influence at work | [ ] Sexual and/or Physical Boundary Violation[ ] Racial Abuse |
| [ ] Restraint Use (for adolescents please complete the restraint use reporting form and attach it) |
| [ ] Elopement (adolescents, secure facilities, and individuals under section 35) |
| [ ] Program Changes (capacity changes, voluntary and involuntary closure, suspension of admissions, change to hours of operations, holiday closure, changes to service delivery including participation in pilot and/or research projects, transfer of ownership) |
| [ ] Civil action or criminal charge against program or employee(s) relating to the delivery of service |
| [ ] Law enforcement present on program property unsolicited (i.e., to execute a warrant) |
| [ ] Medication Errors & Events |
| [ ] Wrong Time [ ] Wrong Person [ ] Wrong Route [ ] Wrong Dose [ ] Wrong Medication  | [ ] Accident [ ] Diversion [ ] Unaccounted for Count Discrepancy |  |
|  |
| [ ] Other events per 164.035 (specify type): |

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| Notified Agencies: |
| [ ]  DCF | [ ]  DCP or DEA | [ ]  Police | [ ] Other (specify):  |
| [ ]  DMH | [ ]  HCQ | [ ]  CSAT/SAMHSA |

**DESCRIPTION OF INCIDENT AND PROGRAM RESPONSE:**