

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.

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

Date of Incident (if known)	Did the incident cause any service interruptions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who was involved in the incident? <input type="checkbox"/> Patient/Resident <input type="checkbox"/> Staff <input type="checkbox"/> Other
Time of Incident (if known)	Did the incident occur onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the individual admitted to the program? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 ☐ Accident ☐ Diversion
☐ Wrong Dose ☐ Wrong Medication ☐ Unaccounted for Count Discrepancy
- ☐ Other events per 164.035 (specify type):

Notified Agencies:			
<input type="checkbox"/> DCF	<input type="checkbox"/> DCP or DEA	<input type="checkbox"/> Police	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> DMH	<input type="checkbox"/> HCQ	<input type="checkbox"/> CSAT/SAMHSA	

DESCRIPTION OF INCIDENT AND PROGRAM RESPONSE: