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? 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 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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): | | | | | | | | | |

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

**DESCRIPTION OF INCIDENT AND PROGRAM RESPONSE:**