

Massachusetts Department of Public Health
Bureau of Substance Addiction Services / Quality Assurance and Licensing

HEALTH AND SAFETY REQUIRED NOTIFICATIONS REPORTING FORM (105 CMR 164.035)

Please fax the completed form (no cover sheet is necessary) to QAAL 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.

Reporter Name & Title:	Date of Report:
Reporter Email*:	License(s) #/Approval(s) #:
Reporter Phone:	Program Name:
Service Setting:	

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 under the care of 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 Limits on access to the site (i.e., elevator/ramp inaccessible) Weather/Disaster Related Verbal threats
 - Data breach/cyber attack Loss of essential services Contraband/drug use Confirmed case of communicable disease
- Alleged misconduct, abuse, neglect, and/or assault
 - Child (51A) Elder (19A) Ethical Boundary Violation (i.e., purchasing drugs, friending patients online) Sexual and/or Physical Boundary Violation
 - Disabled Individual (19C) Staff under the influence at work Racial Abuse
 - Breach of Confidentiality/HIPPA/42 CFR
- Restraint Use (for adolescents please complete the restraint use reporting form and attach it)
- Elopement (adolescents, secure facilities, and individuals under section 35)
- Involuntary Closure not due to an action by DPH/BSAS
- Program Changes (capacity changes, voluntary 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:

- DCF
- DCP or HCQ
- Police
- District Attorney's Office
- Other
- DMH
- DEA
- CSAT/SAMHSA
- DYS

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DESCRIPTION OF INCIDENT AND PROGRAM RESPONSE: