

**FAYETTE COUNTY BEHAVIORAL HEALTH ADMINISTRATION**  
**Policy & Procedures for Reporting a Mental Health Incident**

***Unusual Incident Policy: immediately reportable to the Fayette County Behavioral Health Administration (FCBHA)***

Below is a list of potential incidents that are reportable ***when they occur on the provider premises or during service provision.***

- ◆ Consumer death/impending death;
- ◆ Suicide attempt;
- ◆ Medication/treatment errors;
- ◆ Rape/sexual assault;
- ◆ Abuse or suspected abuse;
- ◆ Self-inflicted harm;
- ◆ Violent/assaultive behavior with physical harm to self or others;
- ◆ Program closure for more than one day not due to weather conditions;
- ◆ Use of police, fire or ambulance services (does not include routine transportation);
- ◆ Individual missing/runaway for more than 24 hours (except if individual is a minor or treatment plan indicates individual's lack of ability to care for self in which case the incident should be reported as soon as the individual is determined to be missing or to have run away);
- ◆ Any major community disturbance or event which may become news worthy (not limited to on-site occurrence);
- ◆ Possession of a deadly weapon while in any facility at all levels of care.
- ◆ Misuse of individual funds;
- ◆ Individual's rights violation(s);
- ◆ Non-psychiatric admission to a hospital due to injury or serious illness (when the episode occurs on premises or during service provision);
- ◆ Outbreak of a serious communicable disease. (see attached list of Reportable Diseases)

**Procedures for reporting unusual incidents:**

1. **Verbal contact** with the FCBHA must be made within 24 hours of the incident occurring. If the incident occurs on a weekend or holiday, the FCBHA must be notified by 9:00 AM the following working day.

2. The following information must be available at the time of the verbal report by the person most closely associated with the incident (i.e. direct staff reporting the incident). Name; age; services the individual currently receiving; date, time and location of occurrence; staff/facility involved; short description of incident; medical treatment (if any); current status of individual/incident.
3. The FCBHA staff will assist the agency in developing a follow-up plan of action and will advise the reporter if we need to contact OMHSAS.
4. A **written report** must be completed and faxed to the FCBHA within 48 hours of the incident occurring (see page 3). The report should be completed in full and addressed to Susan Wilson, using the fax number below.
5. Quarterly review of incidents shall be completed and documented by the individual agency either through U & R or quality assurance review.

**NOTE:** Any incident which may become news-worthy must be reported to FCBHA.

**Any questions related to this policy, or questions regarding the need to report a particular situation, should be directed to:**

**Susan Wilson, MS  
Behavioral Health Program Specialist  
Phone 724-430-1370  
FAX 724-425-2437**

## Unusual Incident Report Form

<b>Provider / Program Name:</b> mh	<b>Phone:</b>
<b>Address:</b>	<b>BSU#</b>
<b>Client Name:</b>	<b>DOB/Sex:</b>
<b>Location of Incident:</b>	<b>Date/Time:</b>
<b>Staff Members Involved:</b>	

**Type of Incident:**

<input type="checkbox"/>	<b>Client Death / Impending Death</b>	<input type="checkbox"/>	<b>Episodes creating a major community disturbance</b>
<input type="checkbox"/>	<b>Suicide Attempt</b>	<input type="checkbox"/>	<b>Fire, Police, disaster rendering site unusable</b>
<input type="checkbox"/>	<b>Rape Sexual Assault</b>	<input type="checkbox"/>	<b>Outbreak of serious communicable disease</b>
<input type="checkbox"/>	<b>Physical Assault/Abuse/Suspected Abuse</b>	<input type="checkbox"/>	Type:
<input type="checkbox"/>	<b>Possession of a deadly weapon</b>	<input type="checkbox"/>	<b>Program Closure due to Weather</b>
<input type="checkbox"/>	<b>Misuse of Client Funds</b>	<input type="checkbox"/>	<b>Other:</b>
<input type="checkbox"/>	<b>Missing Client (runaway)</b>	<input type="checkbox"/>	

**Description of Event:**

**Notifications (Name, Date, Time)**

<input type="checkbox"/>	<b>Relative/Guardian</b>	
<input type="checkbox"/>	<b>Physician / Hospital</b>	
<input type="checkbox"/>	<b>Fire / Police Department</b>	
<input type="checkbox"/>	<b>Fayette County BHA</b>	
<input type="checkbox"/>	<b>Other</b>	

**Further investigation / action to be undertaken:**

<b>Printed Name of Person Reporting:</b>	<b>Title:</b>
<b>Signature / Person Reporting:</b>	<b>Date:</b>
<b>Signature / Agency Director:</b>	<b>Date:</b>

**For FCBHA Use Only:**

<b>Verbal Report date/time to OMHSAS:</b>	<b>By FCBHA Staff:</b>	<b>Spoke with (OMHSAS Representative):</b>
<b>Hard copy date to OMHSAS:</b>	<b>By FCBHA Staff:</b>	
<b>HealthChoices Quality Risk Management:</b>		

Use this space to provide more detail as needed.

## **List of Diseases to be Reported within 24 Hours**

### ***Pennsylvania Department of Health***

*(PA Code, Title 28, Chapter 27)*

1. Animal bite #
2. Anthrax #
3. Arboviruses (includes Colorado tick fever, Crimean-Congo hemorrhagic fever, dengue, Eastern equine encephalitis, St. Louis encephalitis, West Nile virus infection, Yellow fever, et al.) #
4. Botulism (all forms) #
5. Cholera #
6. Diphtheria #
7. Enterohemorrhagic E. coli (shiga toxin-producing E. coli or STEC) # \*
8. Food poisoning outbreak #
9. Haemophilus influenzae invasive disease # \*
10. Hantavirus pulmonary syndrome #
11. Hemorrhagic fever #
12. Lead poisoning #
13. Legionellosis #
14. Measles (Rubeola) #
15. Meningococcal invasive disease # \*
16. Plague #
17. Poliomyelitis #
18. Rabies #
19. Severe Acute Respiratory Syndrome (SARS) #
20. Smallpox #
21. Typhoid fever #

# Healthcare practitioners and healthcare facilities must report within 24 hours.

\$ Clinical laboratories must report within 5 days of obtaining the test result.

\* In addition to reporting, clinical laboratories must also submit isolates to the state Laboratory within 5 work-days of isolation.

^ Hospitals, clinical laboratories, and healthcare facilities must report within 180 days.

Please note that certain broad categories such as Food Poisoning Outbreak should be construed to mean all such illnesses, even if the etiology is either not otherwise listed here, or a specific etiology cannot be determined. Further, all disease outbreaks and/or unusual occurrences of disease are reportable within the Commonwealth. Finally, note that local jurisdictions may require reports of additional conditions not listed here within their jurisdictions.