



## FAYETTE COUNTY BEHAVIORAL HEALTH ADMINISTRATION

### Policy & Procedures for Reportable Events

#### ***Reportable Events Policy: immediately reportable to the Fayette County Behavioral Health Administration (FCBHA)***

Below is a list of potential reportable events that are to be reported ***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 series (does not include routine transportation);
- ❖ Individual missing/runaway for more than 24 ours (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 (newspaper, news, internet etc.- 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 provision);
- ❖ Outbreak of a serious communicable disease (see attached list of Reportable Diseases)

Reportable Events procedure:

1. **Verbal contact** with the FCBHA must be made within 24 hours of the reportable event occurring. If the event occurs on a weekend or holiday, the FCBHA must be notified by 9:00AM 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 event (i.e. direct staff making the report). Name; age; services the individual currently receiving; date, time and
3. location of occurrence; staff/facility involved; short description of the event; medical treatment (if any); current status of the individual/reportable event.
4. 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.
5. A **written report** must be completed and faxed to the FCBHA within 48 hours of the reportable event occurring (see page 3). The report should be completed in full and addressed to Susan Wilson using the fax number below.
6. Quarterly review of reportable events shall be completed and documented by the individual agency either through U&R or Quality Assurance Review.

**NOTE:** Any event that 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: 7241-430-1370**  
**Fax: 724-425-2437**

<b>Reporter Information</b>		<b>Reportable Event Information</b>	
Date of Report:	Date of Event:		
Reporter Name:	Level of Care at time of event:		
Organization Name:	Provider Name:		
Reporter Phone:	Provider Address:		
Reporter Email:	Provider Phone:		
<b>MEMBER INFORMATION</b>			
Member Name:	County of Residence:		
MA ID#:	Self-Identified Gender:		
Date of Birth:	Age:		
ICD 10 MH Diagnosis:	Medical Diagnosis:		
ICD 10 SUD Diagnosis:	Other Pertinent Conditions/Accommodations:		
<b>REPORTABLE EVENTS (SELECT ONE)</b>			
<input type="checkbox"/> 1. Suicide Attempt	<input type="checkbox"/> 12. Adverse reactions to medication/treatment		
<input type="checkbox"/> 2. Completed or Attempted Homicide	<input type="checkbox"/> 13a. Fire Setting or property damage		
<input type="checkbox"/> 3. Death by any cause	<input type="checkbox"/> 13b. Emergency Services summoned to facility other than false alarms		
<input type="checkbox"/> 4. Allegations of sexual or physical abuse/neglect/exploitation	<input type="checkbox"/> 14. Temporary closure of facility		
<input type="checkbox"/> 5. Assault within a facility or at a provider site	<input type="checkbox"/> 15. Possession of a deadly weapon with the <i>threat of use</i> by member at the provider site		
<input type="checkbox"/> 6. Absent without leave for longer than 2 hours	<input type="checkbox"/> 16. Outbreak of a serious communicable disease TYPE:		
<input type="checkbox"/> 7. Undesirable events inconsistent with routine patient care	<input type="checkbox"/> 17. Other Member Safety Concern (Specify)		
<input type="checkbox"/> 8. Breach of Confidentiality	<input type="checkbox"/> 18. Any real or threatened litigation in a case against a provider or FCBHA		
<input type="checkbox"/> 9a. Parent/Guardian taking child AMA from residential setting with child at risk	<input type="checkbox"/> 19. Administrative Discharge		
<input type="checkbox"/> 9b. Adult leaving treatment voluntarily while at serious risk.	<input type="checkbox"/> 20. Restraint		
<input type="checkbox"/> 10. Accidental injuries at a provider site requiring medical treatment more than first aid	<input type="checkbox"/> 21. Self-Injurious Behavior		
<input type="checkbox"/> 11. Medical/Treatment errors.	<input type="checkbox"/> 22. Media Contact		
<p><b>Depending on the nature of the incident, a mandated report to Childline, Police and/or APS may be required</b></p> <p><b>DESCRIPTION OF INCIDENT</b> (please include status of member and immediate steps taken following event):</p>     			
<b>Select actions already taken:</b>			
<input type="checkbox"/> ChildLine contacted	<input type="checkbox"/> Adult Protective Services Contacted		
<input type="checkbox"/> Guardian contacted	<input type="checkbox"/> OMHSAS/DDAP notified		
<input type="checkbox"/> Police notified	<input type="checkbox"/> Other (Specify):		

## FCBHA Reportable Event Table

The following table describes FCBHA's reportable events in more detail:

	<b>Serious Reportable Events (SREs)</b>	<b>Trending Events (TEs)</b>
1	Attempted suicide while inpatient (or at any provider site) or if needed emergent care and last discharge was within 7 days	Attempted suicide at any other level of care than inpatient with no apparent provider culpability
2	Completed homicide while in any level of treatment	Attempted homicide in any level of care with no apparent provider culpability
3	Death by suicide at any level of care, death by any cause while inpatient for psychiatric /substance use treatment, or death by an unknown cause while in any other level of care  Death of any consumer while at a provider site.	Death by any cause while in any other level of care
4	Allegations of sexual or physical abuse/neglect/exploitation by a provider or non-consensual sex between consumers while at a provider site or where services are rendered  Rape, abuse, or assault by staff that is considered founded (witnessed by staff or other consumers, involving an admission by the perpetrator, involving clinical evidence, etc.) regardless of whether or not our member was involved or present	Allegations of sexual or physical abuse/ neglect/exploitation by non-provider (occurring at a provider site or within the member's home) and consensual sex between consumers at a provider site or where services are rendered
5	Assaults while in a facility that require serious medical treatment (urgent/emergent care, such as Emergency Department or Urgent Care visit)	Assaults while in a facility that require minor or no medical treatment (such as first aid, assessment/monitoring by on-site medical staff)
6	Absent without leave from residential provider for longer than two (2) hours and at risk to self or others	Absent without leave from a residential provider for longer than two (2) hours with no apparent serious risk and did not return with any contraband, illicit substances, etc. This does not include adults leaving voluntary residential treatment if they have been assessed to not be at risk to self or others.
7	Undesirable events inconsistent with routine patient care of a serious nature (adverse medical complications, inebriation, etc.)	Undesirable events inconsistent with routine patient care of a moderate nature
8	Breach of Confidentiality	
9	Parents or guardian taking child AMA from any inpatient setting with child at risk due to AMA (kidnapping, etc.) or adult leaving treatment voluntarily while at serious risk for incarceration or hospitalization (such as demonstrating suicidal ideation or unstable mental or physical health status).	
10	Serious accidental injuries either in a facility or a provider site (wherever services are rendered) requiring urgent/emergent life-saving care or skilled nursing (such as Emergency Department or Urgent Care visit)	Non-serious accidental injuries either in a facility or at a provider site (wherever services are rendered) requiring medical treatment more than first aid (First aid includes

		assessing a condition, cleaning a wound, applying topical medications, and applying simple bandages)
11	Medication /treatment errors causing severe or potentially severe harm or distress to the member	Medication/treatment errors not resulting in severe or potentially severe harm or distress to the member
12	Adverse reactions to medication/treatment causing severe or potentially severe harm or distress to member (NMS, etc.)	Adverse reactions to medication/treatment of a moderate or minor nature
13	Any time emergency services (fire department, police, EMS, etc.) are summoned to a facility for any reason, such as fire setting, property damage, commitment of a crime, etc.	Fire setting or property damage that does not result in summoning emergency services but does require immediate action or repairs to ensure member safety. False alarms are not reportable.
14	Any condition that results in temporary closure of a facility, regardless of whether or not our members are affected by the closure	
15	Possession of a deadly weapon and the threat of use of the weapon by member while in any facility, at a provider site, or wherever services are rendered	
16	Outbreak of a serious communicable disease, regardless of whether or not one of our members were present at the time of notification.	
17	Other	Other
18	ANY real or threatened litigation in a case against FCBHA, Beacon or a provider involving a member or member's family	Any real or threatened litigation against a provider not involving a FCBHA or Beacon member/family
19		Administrative Discharge
20	Restraint while in a facility or at a provider site (or wherever services are rendered) that requires serious medical treatment (urgent/emergent care, such as Emergency Department or Urgent Care visit) OR restraint that is unauthorized/used improperly/applied incorrectly. A restraint not approved in the individual support plan or one that is not a part of an agency's emergency restraint procedure is considered unauthorized.	Restraint while in a facility that requires minor or no medical treatment (such as first aid, assessment/monitoring by on-site medical staff)
21	Self-Injurious Behavior that occurs at a provider site (or wherever services are rendered) and is potentially life threatening or requires serious medical treatment (urgent/emergent care, such as Emergency Department or Urgent Care visit)	Self-Injurious Behavior that occurs at a provider site (or wherever services are rendered) requiring medical treatment more than first aid (First aid includes assessing a condition, cleaning a wound, applying topical medications, and applying simple bandages)  Or, SIB that demonstrates a new behavioral pattern of concern
22	An occurrence that involves contact with the media: presence or inquiry by newspaper, news station, media outlet, etc. with the possibility that a public communication will be distributed.	

## **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. Covid 19 #
7. Diphtheria#
8. Enterohemorrhagic E. coli (shiga toxin-producing E. coli or STEC) # \*
9. Food poisoning outbreak #
10. Haemophilus influenzae invasive disease # \*
11. Hantavirus pulmonary syndrome #
12. Hemorrhagic fever #
13. Lead poisoning #
14. Legionellosis #
15. Measles (Rubeola) #
16. Meningococcal invasive disease # \*
17. Plague #
18. Poliomyelitis #
19. Rabies #
20. Severe Acute Respiratory Syndrome (SARS) #
21. Smallpox #
22. Typhoid fever #

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

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

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 with their jurisdictions.