PHILADELPHIA DEPARTMENT OF BEHAVIORAL HEALTH
SIGNIFICANT INCIDENT REPORT
Fax to Department of Behavioral Health (DBH) at 215-413-7132 within 24 hours

1. Type of Service: Adult - Mental Health ☐ Adult - Substance Abuse ☐ Level:_____ Children's ☐ Other☐

2. Location of Incident: Residential ☐ type (e.g. LTSR, RTF) _____ Outpatient. ☐ Inpatient ☐ Partial Hospital Program ☐

Other Day Program ☐ type (e.g. clubhouse) _____ Other ☐ type (e.g. TCM, private residence) _____

3. Member Name	**4. Date of Birth:** _____/_____/_____ **SS# or CIS#:** _____
5. Member Address	**6. Date of Incident :** _____/_____/_____ **Time:** _____ AM/PM
7. CBH Provider #	**8. Name, Title, Address (agency), and Phone # (of person filing report)**
7a. Name of Reporting Agency:	
9. Agency/program where incident occurred (if different from box 7a)	**10. Location/address where incident occurred (if different from box 9)**

11. Other witnesses to the incident:

12. Indicate type of incident (check all that apply)

☐ Death of a member
☐ Homicide committed by member who is receiving services or has been discharged within 30 days
☐ Suicide attempt (with or without medical attention)
☐ Act of violence requiring medical intervention (includes intervention provided by staff nurse or physician), by or to a member
☐ Alleged or suspected abuse (physical, sexual, financial or verbal) of or by a member
☐ Adverse reaction to medication and/or medication error administered by a provider
☐ Neglect resulting in injury or hospital treatment
☐ Any sexual contact involving a minor (includes peer to peer contact)
☐ Restraints (physical, mechanical, and/or chemical)
☐ Seclusion
☐ Police involvement or arrest (excludes involuntary commitments)
☐ Fire, flood, or serious property damage at a site where behavioral health services are delivered or a facility where members reside.
☐ Any physical ailment or injury that requires non-routine medical attention at a hospital on an emergency, outpatient or inpatient basis (including visits to urgent care).
☐ Contraband found on facility premises (illicit substances or synthetic cannabinoids)
☐ All non-routine discharges from inpatient, residential rehab (D&A), children's residential, detoxification, or Medication Assisted Treatment - e.g., administrative/involuntary discharges or leaving a facility against medical or facility advice (AMA, AFA, AWOL)
☐ Infectious disease outbreak at a provider site
☐ Elopement from facility: ***Adults***: A member who is out of contact with staff without prior arrangement or who may be considered to be in "immediate jeopardy" based on his/her personal history; any time the police are contacted about a missing person or the police independently find and return the member regardless of the time he or she was missing. ***Children/adolescents:*** A member who is absent from the facility premises without the approval of staff; any time the police are contacted about a missing person.
☐ Other:

13. Summarize the incident. Include precipitating factors, current status, and a description of any injuries, medical condition, (if applicable):

14. Describe any corrective actions taken to prevent reoccurrence:

Pending investigation? ☐Yes ☐No **All pending investigations (internal) should be completed & written findings reported to DBH within 14 days of event.**

15. Which of the following persons were notified by telephone?

	Person & Phone #		Person & Phone #
☐ Psychiatrist		☐ Police	
☐ Family/Significant Other		☐ Fire Dept.	
Case Mgr. ☐ICM ☐RC ☐D&A		☐ DHS/ChildLine	
☐ Community Treatment Team		☐ BHSI	
☐ Mental Health Delegates		☐ Other agency	

16. Signature of person completing report: _____ Date: _____

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