

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Addiction Prevention and Recovery Administration



Substance Abuse Treatment Facility/Program Unusual Incident Report Form

As the single state authority for substance abuse services, it is the role of the Addiction Prevention and Recovery Administration (APRA) to continuously improve the substance abuse services provided in the District of Columbia. Substance abuse treatment facilities and programs are required to adhere to District of Columbia laws and regulations governing substance abuse treatment and APRA is charged with enforcing those laws and regulations. Addressing unusual incidents and investigating them in a timely and thorough manner helps reduce risk by providing the basis for corrective action to avoid similar situations in the future and helps monitor and record losses that occur at the facility/program. There are three steps that must be followed when addressing unusual incidents: (1) recording, (2) reporting, and (3) investigating.

A substance abuse treatment facility or program must report any allegations of abuse, neglect, sexual assault, suspicious physical injuries or deaths of a patient, visitor or staff, alleged incidents of a criminal nature, or any threats to health or safety within 24 hours of the incident or within 24 hours of the program director becoming aware of the incident. The investigation must be initiated within 24 hours of reporting of the incident and must be completed within 10 calendar days.

Please answer all questions below and provide as many details as possible. APRA will investigate the reported unusual incident based on the information that you provide. Upon completion, you may email, fax, mail, or hand deliver the unusual incident report to:

Keela S. Seales, Esq.
Risk Manager and Privacy Officer
Addiction Prevention and Recovery Administration
1300 First Street NE, Suite 315
Washington, DC 20002
202-727-9569 phone
202-727-1763 confidential fax
keela.seales@dc.gov

The investigation of a complaint or unusual incident is confidential and the investigation report will not be made public.

**Addiction Prevention and Recovery Administration
Substance Abuse Treatment Facility/Program Unusual Incident Report Form**

Please type or print legibly in black or blue ink.

Part I- Reported By:	
Agency/Program: _____	
a. Address: _____	
b. Contact Information: _____	
Person Reporting Incident: _____	
a. Title/Position: _____	b. Phone Number: _____
c. Date Reported: _____	d. Time Reported: _____

Part II-Type of Incident	
Please check one of the following:	
Death Physical Injury (Check One) Accident Abuse/Neglect Altercation/Fight Other Medical Emergency Verbal Altercation/Threat Trespassing/Harassment Theft/Vandalism Arrest	Facilities (Check One) Pests/Vermin Power/Heat/Water, etc Safety Hazard Disability Access Breach of Client Confidentiality Improper Discharge Quality of Services Billing Other

Part III-Briefly describe the incident (use additional space if necessary) Include dates and times, persons involved, witnesses to incident and contact information, and description of what happened. Include attachments, if appropriate.
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Part IV: Action(s) Taken and By Whom:

Part IV: For APRA Risk Management Use

1. Person Receiving Report (if not Risk Manager): _____

a. Title/Position: _____ b. Phone Number: _____

c. Date Reported: _____ d. Time Reported: _____

2. Reported to: _____

a. Date Reported: _____ b. Time Reported: _____