PHF 24-Hour UNUSUAL OCCURRENCE REPORT

Name/Title of Person Submitting Report:		Phone Number:		
Name of Facility:		Facility License Number:		Facility Telephone:
Facility Address:		City, State, Zip Code:		
Name of Patient:	DOB:	Sex:	County of Origin:	County Contact:

Description of Unusual Occurrence:
Description includes detailed information, including DATE, TIME, SETTING, DESCRIPTION OF PATIENT PHYSICAL CONDITION, STAFF RESPONSE, PLANNED FOLLOW-UP

Date of Occurrence:	Time of Occurrence:	Setting/Location:

REQUIRED REPORTING PER TITLE 22,
Article 1, Section 77036 (a) (1)-(9); and Article 4, Section 77127 (a) (8) and Section 77137 (a) – (f)
Welfare & Institutions Code 5751.7
PLEASE CHECK OFF INCIDENT CATEGORY BELOW

- ☐ Epidemic Outbreaks
- ☐ Poisonings
- ☐ Fires or Explosions occurring in or on the premises
- ☐ **Serious/major** physical injury requiring medical care by a physician
- ☐ Death of a patient, employee, or visitor ***from unnatural causes***
- ☐ Patient abuse
- ☐ Sexual acts involving patients who are ***non-consenting*** (e.g. patient to patient rape, or staff to patient sexual touching. "Non-consenting" may apply to incidents wherein the alleged perpetrator is a staff person or another patient).
- ☐ Physical assaults (i.e. "battery") on patients, employees or visitors **resulting in serious injuries**, (e.g., fractured or broken bones, sutures, surgery) AND **requiring medical treatment by a physician.**
- ☐ Actual or threatened walkout, or other curtailment of services or interruption of essential services provided by the facility.
- ☐ Admission of a patient where an injury or condition appears to be the result of neglect or abuse based on the facility physician's assessment.
- ☐ All suspected criminal acts in or on the premises by or against patients, employees or visitors

Other serious conditions, events, catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, employees or visitors while in the facility, *including but not limited to the following:*

- ☐ Seclusion/Restraint **resulting in or related to death or serious injury** to a patient, (e.g., fractured or broken bones, sutures, surgery).
- ☐ Significant medication error **resulting in serious adverse outcomes** (e.g., toxicity, serious allergic reaction, ER transfer, death).
- ☐ Attempted suicide **with serious consequences / outcomes**, (e.g., fractured or broken bones, sutures, loss of major body function, surgery).
- ☐ Transfer to a hospital **for serious and emergent medical situation as a result of the services, treatment, (or a lack thereof), and/or lack of supervision provided by the psychiatric facility.**
- ☐ AWOLS **with serious consequences** (e.g., serious injuries or death)
- ☐ Self-Harm **with serious consequences** (e.g., serious injuries or death)
- ☐ Minor on treatment ward with adult in custody of any jailor for a violent crime, is a known sex offender, or has Hx of inappropriate/violent behavior (W&I Code 5751.7).
- ☐ OTHER:

Reference Info from Page 1:	Facility:	Patient Name:
	Date of Occurrence:	Time of Occurrence:
UNUSUAL OCCURRENCE NARRATIVE DESCRIPTION		
FACILITY FINDINGS AND PLANNED FOLLOW-UP		

Report Submitted By:	Contact Phone #:	
Name:	Title:	Date:

Agencies/Individuals Notified (Specify Name, Telephone Number, FAX)

ENTITY	TELEPHONE	FAX/E-MAIL
California Department of Health Care Services Mental Health Services Licensing and Certification Section P.O. Box 997413, MS 2800 Sacramento, CA 95899-7413	**Questions:** (916) 323-1864 **24-Hour UOR Report Line:** (916) 327-8378	**Fax:** (916) 440-5600 **E-Mail:** MHUOR@dhcs.ca.gov
County Mental Health Director (Placing/Host):		
Conservator:		
Relative(s):		
Other (specify):		