

Regulations Regarding ERS Reporting Requirements

Title 28. Health and Safety Part IV, Subpart C, Chapters 201 and 211

§ 201.14. Responsibility of licensee.

(c) The licensee through the administrator shall report to the appropriate Division of Nursing Care Facilities field office serious incidents involving residents. As set forth in § 51.3 (relating to notification). For purposes of this subpart, references to patients in § 51.3 include references to residents.

(d) In addition to the notification requirements in § 51.3, the facility shall report in writing to the appropriate division of nursing care facilities field office:

- (1) Transfers to hospitals as a result of injuries or accidents.
- (2) Admissions to hospitals as a result of injuries or accidents.

(e) The administrator shall notify the appropriate division of nursing care facilities field office as soon as possible, or, at the latest, within 24 hours of the incidents listed in § 51.3 and subsection (d).

(f) Upon receipt of a strike notice, the licensee or administrator shall promptly notify the appropriate Division of Nursing Care Facilities field office and keep the Department apprised of the strike status and the measures being taken to provide resident care during the strike.

§ 211.1. Reportable diseases.

(a) When a resident develops a reportable disease, the administrator shall report the information to the appropriate health agencies and appropriate Division of Nursing Care Facilities field office. Reportable diseases, infections and conditions are listed in § 27.21a (relating to reporting of cases by health care practitioners and health care facilities).

(b) Cases of scabies and lice shall be reported to the appropriate Division of Nursing Care Facilities field office.

(c) Significant nosocomial outbreaks, as determined by the facility's medical director, Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin-Resistant Staphylococcus Aureus (VRSA), Vancomycin-Resistant Enterococci (VRE) and Vancomycin-Resistant Staphylococcus Epidermidis (VRSE) shall be reported to the appropriate Division of Nursing Care Facilities field office.

Chapter 27 of the Administrative Code

§ 27.21a. Reporting of cases by health care practitioners and health care facilities.

(a) Except as set forth in this section or as otherwise set forth in this chapter, a health care practitioner or health care facility is required to report a case of a disease, infection or condition in subsection (b) as specified in § 27.4 (relating to reporting cases), if the health care practitioner or health care facility treats or examines a person who is suffering from, or who the health care practitioner or health care facility suspects, because of symptoms or the appearance of the individual, of having a reportable disease, infection or condition:

(1) A health care practitioner or health care facility is not required to report a case if that health care practitioner or health care facility has reported the case previously.

(2) A health care practitioner or health care facility is not required to report a case of influenza unless the disease is confirmed by laboratory evidence of the causative agent.

(3) A health care practitioner or health care facility is not required to report a case of chlamydia trachomatis infection unless the disease is confirmed by laboratory evidence of the infectious agent.

(4) A health care practitioner or health care facility is not required to report a case of cancer unless the health care practitioner or health care facility provides screening, therapy or diagnostic services to cancer patients.

(5) Only physicians and hospitals are required to report cases of AIDS.

(b) The following diseases, infections and conditions in humans are reportable by health care practitioners and health care facilities within the specified time periods and as otherwise required by this chapter:

(1) The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:

Animal bite.

Anthrax.

Arboviruses.

Botulism.

Cholera.

Diphtheria.

Enterohemorrhagic E. coli.

Food poisoning outbreak.

Haemophilus influenzae invasive disease.

Hantavirus pulmonary syndrome.

Hemorrhagic fever.

Lead poisoning.
Legionellosis.
Measles (rubeola).
Meningococcal invasive disease.
Plague.
Poliomyelitis.
Rabies.
Smallpox.
Typhoid fever.

(2) The following diseases, infections and conditions are reportable within 5 work days after being identified by symptoms, appearance or diagnosis:

AIDS.
Amebiasis.
Brucellosis.
CD4 T-lymphocyte test result with a count of less than 200 cells/ μ L or a CD4 T-lymphocyte percentage of less than 14% of total lymphocytes (effective October 18, 2002).
Campylobacteriosis.
Cancer.
Chancroid.
Chickenpox (varicella) (effective January 26, 2005).
Chlamydia trachomatis infections.
Congenital adrenal hyperplasia (CAH) in children under 5 years of age.
Creutzfeldt-Jakob Disease.
Cryptosporidiosis.
Encephalitis.
Galactosemia in children under 5 years of age.
Giardiasis.
Gonococcal infections.
Granuloma inguinale.
Guillain-Barre syndrome.
HIV (Human Immunodeficiency Virus) (effective October 18, 2002).
Hepatitis, viral, acute and chronic cases.
Histoplasmosis.
Influenza.
Leprosy (Hansen's disease).
Leptospirosis.
Listeriosis.
Lyme disease.
Lymphogranuloma venereum.
Malaria.
Maple syrup urine disease (MSUD) in children under 5 years of age.

Meningitis (All types not caused by invasive Haemophilus influenza or Neisseria meningitis).

Mumps.

Perinatal exposure of a newborn to HIV (effective October 18, 2002).

Pertussis (whooping cough).

Phenylketonuria (PKU) in children under 5 years of age.

Primary congenital hypothyroidism in children under 5 years of age.

Psittacosis (ornithosis).

Rickettsial diseases.

Rubella (German measles) and congenital rubella syndrome.

Salmonellosis.

Shigellosis.

Sickle cell disease in children under 5 years of age.

Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease.

Streptococcal invasive disease (group A).

Streptococcus pneumoniae, drug-resistant invasive disease.

Syphilis (all stages).

Tetanus.

Toxic shock syndrome.

Toxoplasmosis.

Trichinosis.

Tuberculosis, suspected or confirmed active disease (all sites).

Tularemia.

Pennsylvania Department of Health

Health Facility Licensure Regulations

Chapter 51. General Information

Notification

(G) FOR PURPOSES OF SECTIONS (E) AND (F), EVENTS WHICH SERIOUSLY COMPROMISE QUALITY ASSURANCE OR PATIENT SAFETY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

(1) DEATHS DUE TO INJURIES, SUICIDE OR UNUSUAL CIRCUMSTANCES.

(2) DEATHS DUE TO MALNUTRITION, DEHYDRATION OR SEPSIS.

(3) DEATHS OR SERIOUS INJURIES DUE TO A MEDICATION ERROR.

(4) ELOPEMENTS.

(5) TRANSFERS TO A HOSPITAL AS A RESULT OF INJURIES OR ACCIDENTS.

(6) COMPLAINTS OF PATIENT ABUSE, WHETHER OR NOT CONFIRMED BY THE FACILITY.

(7) RAPE.

(8) SURGERY PERFORMED ON THE WRONG PATIENT OR ON THE WRONG BODY PART.

(9) HEMOLYTIC TRANSFUSION REACTION.

(10) INFANT ABDUCTION OR INFANT DISCHARGED TO THE WRONG FAMILY.

(11) SIGNIFICANT DISRUPTION OF SERVICES DUE TO DISASTER SUCH AS FIRE, STORM, FLOOD OR OTHER OCCURRENCE.

(12) NOTIFICATION OF TERMINATION OF ANY SERVICES VITAL TO THE CONTINUED SAFE OPERATION OF THE FACILITY OR THE HEALTH AND SAFETY OF ITS PATIENTS AND PERSONNEL, INCLUDING BUT NOT LIMITED TO THE ANTICIPATED OR ACTUAL TERMINATION OF ELECTRIC, GAS, STEAM HEAT, WATER, SEWER AND LOCAL EXCHANGE TELEPHONE SERVICE.

(13) UNLICENSED PRACTICE OF A REGULATED PROFESSION.

(14) RECEIPT OF A STRIKE NOTICE.