

**Ohio Department of Mental Health**  
**Community Mental Health Agency Notification of Incident**  
Standards Development & Administrative Rules

Provider Generated Incident No.:	Date Submitted to ODMH:	Date of Discovery:	Date of Incident:	Time of Incident:
Provider/Agency Name:			Certification Number: _____	
Provider/Agency Address (street, city, state, zip):				
Name of Agency Contact:		Phone Number:	Email Address:	
Name of Person Completing Report, if different than Agency Contact:				
<b>Notifications Made:</b> <input type="checkbox"/> ADAMH/CMH Board (list names): _____ <input type="checkbox"/> Children Services Board <input type="checkbox"/> ODMH <input type="checkbox"/> Other: _____ <input type="checkbox"/> Family/Guardian <input type="checkbox"/> Other Protective Agency				
<b>Type of Incident (check all that apply)</b>				
<b>Abuse and Neglect by Staff (including allegations):</b> <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Verbal <input type="checkbox"/> Neglect <input type="checkbox"/> Defraud		<b>Seclusion or Restraint Related Injury to Client</b> <input type="checkbox"/> Injury requiring first aid <input type="checkbox"/> Injury requiring emergency/unplanned medical intervention <input type="checkbox"/> Injury requiring hospitalization		
<b>Death of Client:</b> <input type="checkbox"/> Suicide <input type="checkbox"/> Accidental and on grounds or during the provision of care or treatment <input type="checkbox"/> Homicide of Client <input type="checkbox"/> Homicide by Client		<b>Seclusion or Restraint Related Injury to Staff</b> <input type="checkbox"/> Injury requiring first aid <input type="checkbox"/> Injury requiring emergency/unplanned medical intervention <input type="checkbox"/> Injury requiring hospitalization		
<b>Seclusion or Restraint Death</b> <input type="checkbox"/> Death during seclusion or restraint <input type="checkbox"/> Death within twenty-four hours of seclusion or restraint <input type="checkbox"/> Death related to or result of seclusion or restraint		<b>Inappropriate Use of Seclusion or Restraint</b> <input type="checkbox"/> Seclusion <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Mechanical Restraint <input type="checkbox"/> Transitional Hold		
<input type="checkbox"/> Involuntary Termination of Treatment by Agency without Appropriate Client Involvement, i.e., without informing client, providing a reason, and offering a referral		<input type="checkbox"/> Sexual Assault by Non-Staff, Including Visitor, Client, or Other (rape, sexual battery, etc.)		
<b>Medication (resulting in permanent client harm, hospitalization, or death)</b> <input type="checkbox"/> Error <input type="checkbox"/> Adverse Drug Reaction		<input type="checkbox"/> Physical Assault Injury by Non-Staff, including Visitor, Client, or Other when Emergency/Unplanned Medical Intervention or Hospitalization is required		
<input type="checkbox"/> Medical Events Impacting Agency Operations				
<b>Temporary Closure of One or More Agency Sites for more than seven consecutive calendar days:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Failure/Malfunction (Gas leak, power outage, etc.) <input type="checkbox"/> Natural Disaster (Flood, explosion, excluding snow/ice) <input type="checkbox"/> Other, (please specify) _____				
<b>Inappropriate Use of Restraint Technique or Other Use of Force (Prohibited in OAC 5122-26-16(D)(2))</b> <input type="checkbox"/> Behavior management interventions that employ unpleasant or aversive stimuli <input type="checkbox"/> A drug or medication that is used as a restraint and is not a standard treatment or dosage <input type="checkbox"/> Any technique that restricts communication <input type="checkbox"/> The use of handcuffs or weapons <input type="checkbox"/> Any technique that obstructs vision <input type="checkbox"/> Use of mechanical restraint on a client under age 18 <input type="checkbox"/> Any technique that obstructs the airway or impairs breathing				
<b>In regard to the selected incident, was seclusion or restraint (as defined in OAC 5122-26-16) used and/or involved?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select all that apply.				
<input type="checkbox"/> Seclusion - total min. this episode		_____	minutes	
<input type="checkbox"/> Physical Restraint - total min. this episode		_____	minutes	
<input type="checkbox"/> Mechanical Restraint - total min. this episode		_____	minutes	
<input type="checkbox"/> Involuntary Emergency Medications				

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Provider Generated Incident No.:		Certification Number:			
<b>Persons Involved In The Incident</b>					
<b>Race/Ethnicity Codes</b>					
A = Asian	B = Black/African American	H = Hispanic	I = Alaskan Native	M = Bi/Multiracial	
P = Native Hawaiian/Other Pacific Islander	W = White	U = Unknown	N = Native Am./Am.Indian		
Client(s) Involved/HIPAA Identifier (Please No Client Names)		Age	Gender: M = Male F = Female	Race (see codes above)	P = Perpetrator V = Victim
Other(s) Involved (Initials or Agency Identifier - No names please):		S = Staff V = Visitor O = Other		P = Perpetrator V = Victim	
Additional Information (No Names Please):					

Please submit form to ODMH  
614-387-2987 (Fax)  
Community Client Safety Manager, 30 E Broad Street, 8th Floor, Columbus, OH 43215 (Mail)  
IncidentReport@mh.ohio.gov (E-mail)  
This information is subject to a public record request

**Definitions:**

- (1) "Emergency/Unplanned Medical Intervention" means treatment required to be performed by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or certified nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization. It includes sutures, staples, immobilization devices and other treatments not listed under "First Aid", regardless of whether the treatment is provided in the agency, or at a doctor's office/clinic/hospital ER, etc. This does not include routine medical care of shots/immunizations, as well as diagnostic tests, such as laboratory work, x-rays, scans, etc., if no medical treatment is provided.
- (2) "First Aid" means treatment for an injury such as cleaning of an abrasion/wound with or without the application of a Band-aid, application of a butterfly bandage/Steri-Strips, application of an ice/heat pack for a bruise, application of a finger guard, non-rigid support such as a soft wrap or elastic bandage, drilling a nail or draining a blister, removal of a splinter, removal of a foreign body from the eye using only irrigation or swab, massage, drinking fluids for relief of heat stress, eye patch, and use of over-the-counter medications such as antibiotic creams, aspirin and acetaminophen. These treatments are considered first aid, even if applied by a physician. These treatments are not considered first aid if provided at the request of the client and/or to provide comfort without a corresponding injury.
- (3) "Hospitalization" means inpatient treatment provided at a medical acute care hospital, regardless of the length of stay. Hospitalization does not include treatment when the individual is treated in and triaged through the emergency room with a discharge disposition to return to the community, or admission to psychiatric unit.
- (4) "Injury" means an event requiring medical treatment that is not caused by a physical illness or medical emergency. It does not include scrapes, cuts or bruises which do not require medical treatment.
- (5) "Sexual Conduct" means as defined by Section 2907.01 of the Ohio Revised Code, vaginal intercourse between a male and female; anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal opening of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse.
- (6) "Sexual Contact" means as defined by Section 2907.01 of the Ohio Revised Code, any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person.

To review all definitions of reportable incidents:  
<http://mentalhealth.ohio.gov/assets/licensure-certification/rules/20120101/5122-26-13.pdf>