

**Reportable Incident Notification Private Psychiatric Service Providers**

You may submit & track incidents electronically on the Web-Enabled Incident Reporting System at: <https://weirs.mh.state.oh.us> or via Facsimile to (614) 485-9739. This information is subject to a public record request - **Please complete this form in its entirety.**

**Private Psych Incident No.**  **OhioMHAS Incident No.**  **OhioMHAS License No.**

**Facility Name**

**Address (street, city, zip)**

**Name of Contact regarding Incident**

**Contact phone number**  **Contact e-mail address**

**Date of Discovery**  **Date of Report**  **Time of Report**  AM  PM **Census**

**Date of Incident**  **Time of Incident**  AM  PM **Number of staff**

**Location of Incident (select one)**

Bathroom/Shower  Dining Area  Outside  Seclusion Room  
 Corridor  Kitchen  Program Area  Stairway  
 Day Hall  Nursing Station  Patient's Home  Recreation Area  
 Office  Patient's Room  Unknown

AWOL/Community

Other, specify

**Immediate Notifications of Incident ("X" all that apply)**

Coroner  Director of Nursing  Risk Management  
 Family/Guardian/Spouse  Physician  Medical Director  
 Local Board  OhioMHAS  Psychiatrist  
 Local Police  Protective Agency  Manager  
 Other, specify

**Person Making Notification**  **Date**  **Time**

**Immediate Action Taken ("X" all that apply)**

Evacuation of Area  Seclusion/Restraint  X-Ray  
 First Aid  Transferred to Medical Floor  
 Use of Force, specify:   
 Other, specify

**Root Cause Analysis Applicable:**  Yes  No

**Injury Codes**

A - Abrasion E - Discoloration I - Laceration M - None  
 B - Bite F - Dislocation J - Scratch N - Other:  
 C - Bruise G - Fracture K - Sprain   
 D - Burn H - Fracture/Dislocation L - Swelling

**Race / Ethnicity Codes**

A - Asian B - Black/African American H - Hispanic M - Alaskan Native W - White  
 N - Native Am/Am Indian P - Native Hawaiian/Other Pacific Islander U - Unknown

**Type of Incident**

Medical Events Impacting Hospital Operations  Temporary Relocation of Residents  
 Involuntary Termination without Appropriate Patient Involvement

Persons Involved or Patient Identifier	V-Voluntary	E-Employee	P-Patient	P-Perpetrator	W-Witness	Race (see codes above)	Date of Birth	M - Male	Injury Codes								
	I-Involuntary	V-Visitor	O-Other	V-Victim	U-Unknown			F-Female	(list all that apply; see codes above)								
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**Additional Information:**

**Type of Incident**  Initial  Amended

**Patient Fall Requiring**  **Injury Requiring**

Hospitalization  
 Unplanned Emergency/Medical Intervention

**Adverse Drug Reaction that results in:**

Permanent Patient Harm  Death  
 Transfer to a Hospital Medical Unit

**Alleged Abuse of Patient**

Physical  Verbal  Sexual  
 Defraud  Neglect

**Assault by Non-Staff**

Physical Assault  Sexual Assault  
 Visitor  Patient  Other

**Away Without Leave (AWOL)**

Date  Time Located:   
 Place Located

**Attempted Suicide**  **Suicide** **Method:**

Asphyxiation  Laceration  Firearm  
 Drug Overdose  Drowning  Poison  
 Hanging  Jumped from height  
 Jumped in front of moving vehicle  
 Other:

**Medication Error**

That results in permanent patient harm, transfer to a hospital medical unit or death

**Death**

Accidental  Homicide by Patient  
 Homicide of patient  Natural

**Discharge to Homeless**

Street  Shelter:

**Seclusion**  **Restraint** **Total Mins**

**Inappropriate Use of Seclusion / Restraint**

Mechanical Restraints  Physical Restraint  
 Transitional Hold  Seclusion

**Inappropriate Restraint Technique / Use of Force**

Unpleasant or Aversive Stimuli Intervention  
 Restriction of Ability to Communicate  
 Obstruction of Vision  Chemical Restraint  
 Weapons and Law Enforcement Restraint Devices  
 Obstructs Airway / Breathing

**Related Injury to Patient**

First Aid Required  Hospitalization Required  
 Unplanned / Emergency Medical Intervention

**Related Injury to Staff**

First Aid Required  Hospitalization Required  
 Unplanned / Emergency Medical Intervention

**Related Death**

Death during Seclusion or Restraint  
 Death within 24 hours of Seclusion or Restraint  
 Death related to or result of Seclusion or Restraint