

## 5122-30-16 Incident notification and risk management.

(A) This rule establishes standards to ensure the prompt and accurate notification of certain prescribed incidents.

(B) Definitions.

(1) "County community mental health board of residence" means the mental health board that is responsible for referring and/or paying for the resident's treatment.

(2) "Incident" means an event that poses a danger to the health and safety of residents and/or staff and visitors of the facility, and is not consistent with routine care of persons served or routine operation of the facility.

(3) "Reportable Incident" means an incident that must be submitted to the department, including an incident that must then be forwarded by the department to the Ohio legal rights service pursuant to section [5123.604](#) of the Revised Code. As referenced in division (C) of section [5119.611](#) of the Revised Code, "Major Unusual Incident" has the same meaning as "Reportable Incident."

(4) "Six month reportable incident" means an incident type of which limited information must be reported to the department. A six month reportable incident is not the same as a reportable incident.

(5) "Six month incident data report" means a data report which must be submitted to the department.

(C) The operator shall develop an incident reporting system to include a mechanism for the review and analysis of all reportable incidents such that clinical and administrative activities are undertaken to identify, evaluate, and reduce risk to residents, staff, and visitors. The operator shall identify in policy other incidents to be reviewed.

(1) For a type 1 residential facility, an incident report shall be submitted in written form to the operator or designee within twenty-four hours of discovery of the incident.

As part of the facility's performance improvement process, a periodic review and analysis of reportable incidents, and other incidents as defined in facility policy, shall be performed.

(2) For a type 2 and type 3 residential facility, an incident report shall be submitted in written form to the operator within twenty-four hours of discovery of the incident.

A periodic review and analysis of reportable incidents, and other incidents as defined in facility policy, shall be performed. This shall include any action taken by the operator, as appropriate, including actions recommended by the agency from which the resident receives services.

(3) The operator shall maintain an ongoing log of its reportable incidents for departmental review.

(D) Any person who has knowledge of any instance of abuse or neglect, or alleged or suspected abuse or neglect, or of an alleged crime which would constitute a felony, of:

(1) Any child or adolescent, shall immediately notify any alleged or suspected abuse or neglect to the county children's services board, the designated child protective agency, or law enforcement authorities, in accordance with section [2151.421](#) of the Revised Code, or of an alleged crime against a child or adolescent which would constitute a felony, including a crime allegedly committed by another child or adolescent which would constitute a felony if committed by an adult, shall immediately notify law enforcement authorities.

(2) An elderly person, shall immediately notify the appropriate law enforcement and county department of jobs and family services authorities in accordance with section [5101.61](#) of the Revised Code.

(E) Each operator shall submit reportable incidents and six month reportable incidents to the department.

(1) Each operator of a type 1 facility shall submit reportable incidents and six month reportable incidents as defined by and according to the schedule included in appendix A to this rule.

(2) Each operator of a type 2 and type 3 facility shall submit reportable incidents as defined by appendix C to this rule.

(F) Each reportable incident shall be documented and reported on form "DMH-LIC-015" as required by the department. Form "DMH-LIC-015" shall include identifying information about the operator, date, time and type of incident, and resident information that has been de-identified pursuant to the HIPAA privacy regulations, [ 45 C.F.R.164.514(b)(2) ].

(1) The operator shall file only one incident form per event occurrence and identify each incident report category, if more than one, and include information regarding all involved residents, staff, and visitors; and

(2) The operator shall forward each reportable incident to the department and to each of the following within twenty-four hours of its discovery, exclusive of weekends and holidays:

(a) County community mental health board of residence;

(b) The mental health agency from which the mental health resident is receiving services; and

(c) For type 2 and type 2 residential facilities, to the mental health agency with which the facility is affiliated, if different from the agency specified in paragraph (C)(1)(a) of this rule.

(3) The operator shall notify the resident's parent, guardian or custodian, if applicable, within twenty-four hours of discovery of a reportable incident, and document such notification.

(a) Notification may be made by phone, mailing, faxing or e-mailing a copy of the incident form, or other means according to facility policy and procedures.

(b) When notification does not include sending a copy of the incident form, the facility must inform the parent, guardian or custodian, of his/her right to receive a copy, and forward a copy within twenty-four hours of receiving a request for a copy. The facility shall document compliance with the provisions of this paragraph.

(G) Each operator of a type 1 facility shall submit a six month incident data report to the department. utilizing the form that is in appendix B to this rule.

Each operator must submit the six month incident data report according to the following schedule:

(1) The six month incident data report for the period of January first to June thirtieth of each year shall be submitted no later than July thirty-first of the same year.

(2) The six month incident data report for the period of July first to December thirty-first of each year shall be submitted no later than January thirty-first of the following year.

(H) The department may initiate follow-up and further investigation of a reportable incident and six month reportable incidents, as deemed necessary and appropriate, or may request such follow-up and investigation by the residential facility, regulatory or enforcement authority, the community mental health board and/or the affiliating mental health agency.

Replaces: 5122-30-16

[Click to view Appendix](#)

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**Type 1 Residential Facility  
Reportable and Six Month Reportable Incidents**

In addition to the definitions in rule 5122-30-03 and 5122-30-16 of the Administrative Code, the following definitions are applicable to Ohio Administrative Code (OAC) rule 5122-30-16 "Incident Notification and Risk Management":

- (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 facility, or at a doctor's office/clinic/hospital ER, etc. This does not include routine medical care or 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 bandages/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 resident 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.
- (6) "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.
- (7) "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.

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-30-16 of the Administrative Code.

<b>Category</b>	<b>Reportable Incident Definition</b>
<b>Suicide</b>	The intentional taking of one's own life by a resident.
<b>Suicide Attempt</b>	Intentional action by a resident with the intent of taking one's own life, and is either a stated suicide attempt or clinically determined to be so, regardless of whether it results in medical treatment.
<b>Self-Injurious Behavior</b>	Intentional injury caused by a resident to oneself that is neither a stated suicide attempt, or clinically determined to be so, which requires emergency/unplanned medical intervention or hospitalization, and which happens on the grounds of the facility or during the provisions of care or treatment, including during facility off-grounds events.
<b>Homicide by Resident</b>	The alleged unlawful killing of a human being by a resident.
<b>Homicide of Resident</b>	The alleged unlawful killing of a resident by another person.
<b>Natural Death</b>	Death of a resident without the aid of inducement of any intervening instrumentality, i.e. homicide, suicide or accident
<b>Accidental Death</b>	Death of a resident resulting from an unusual and unexpected event that is not suicide, homicide or natural, and which happens on the grounds of the facility or during the provisions of care or treatment, including during facility off-grounds events.
<b>Verbal Abuse</b>	Allegation of staff action directed toward a resident that includes humiliation, harassment, and threats of punishment or deprivation.
<b>Physical Abuse</b>	Allegation of staff action directed toward a resident of hitting, slapping, pinching, kicking, or controlling behavior through corporal punishment or any other form of physical abuse as defined by applicable sections of the Revised or Administrative Code.
<b>Sexual Abuse</b>	Allegation of staff action directed toward a resident where there is sexual contact or sexual conduct with the resident, any act where staff cause one or more other persons to have sexual contact or sexual conduct with the resident, or sexual comments directed toward a resident. Sexual conduct and sexual contact have the same meanings as in Section 2907.01 or the Revised Code.
<b>Neglect</b>	Allegation of a purposeful or negligent disregard of duty imposed on an employee by statute, rule, organizational policy, or professional standard and owed to a resident by that staff member.
<b>Defraud</b>	Allegation of staff action directed toward a resident to knowingly obtain by deception or exploitation some benefit for oneself or another or to knowingly cause, by deception or exploitation, some detriment to another.

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-30-16 of the Administrative Code (continued).

Category	Reportable Incident Definition
<b>Involuntary Termination Without Appropriate Resident Involvement</b>	Discontinuing services to a resident without informing the resident in advance of the termination, providing a reason for the termination, and offering a referral to the resident. This does not include situations when a resident discontinues services without notification, or the facility documents it was unable to notify the resident due to lack of address, returned mail, lack of or non-working phone number, etc.
<b>Sexual Assault by Non-staff, Including a Visitor, Resident or Other</b>	Any allegation of one or more of the following sexual offenses as defined by Chapter 2907 of the Revised Code committed by a non-staff against another individual, including staff, and which happens on the grounds of the facility or during the provisions of care or treatment, including during facility off-grounds events: Rape, sexual battery, unlawful sexual conduct with a minor, gross sexual imposition, or sexual imposition.
<b>Physical Assault by Non-staff, Including Visitor, Resident or Other</b>	Knowingly causing physical harm or recklessly causing serious physical harm to another individual, including staff, by physical contact with that person, which results in an injury requiring emergency/unplanned medical intervention or hospitalization, and which happens on the grounds of the facility or during the provision of care or treatment, including during facility off-grounds events.
<b>Medication Error</b>	Any preventable event while the medication was in the control of the health care professional or resident, and which resulted in permanent resident harm, hospitalization, or death. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication, product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.
<b>Adverse Drug Reaction</b>	Unintended, undesirable or unexpected effect of prescribed medications that resulted in permanent resident harm, hospitalization, or death.
<b>Medical Events Impacting Facility Operations</b>	The presence or exposure of a contagious or infectious medical illness within an facility, whether brought by staff, resident, visitor or unknown origin, that poses a significant health risk to other staff or residents in the facility, and that requires special precautions impacting operations. Special precautions impacting operations include medical testing of all individuals who may have been present in the facility, when isolation or quarantine is recommended or ordered by the health department, police or other government entity with authority to do so, and/or notification to individuals of potential exposure. Special precautions impacting operations does not include general isolation precautions, i.e. suggesting staff and/or residents avoid a sick individual or vice versa, or when a disease may have been transmitted via consensual sexual contact or sexual conduct.

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-30-16 of the Administrative Code (continued).

Category	Reportable Incident Definition
<b>Temporary Relocation of Residents</b> Subcategory (check one)	Some or all of the residents must be moved to another unit, residential facility or community location for a minimum period of at least one night due to: <ol style="list-style-type: none"><li data-bbox="540 384 638 415">1. Fire</li><li data-bbox="540 422 1300 453">2. Disaster (flood, tornado, explosion, excluding snow/ice)</li><li data-bbox="540 459 1393 491">3. Failure/Malfunction (gas leak, power outage, equipment failure)</li><li data-bbox="540 497 756 529">4. Other (name)</li></ol>

**Continued On Page 5 & 6 for Seclusion and Restraint & Use of Force Related Incidents**

**Continued On Page 7 for Six Month Reportable Incidents**

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-30-16 of the Administrative Code (continued).

Category	Reportable Incident Definition
<b>Inappropriate Use of Seclusion or restraint</b>	Seclusion or restraint utilization that is not clinically justified, or mechanical seclusion or restraint employed without the authorization of staff permitted to initiate/order mechanical seclusion or restraint
Subcategory (check all that apply)	<ol style="list-style-type: none"><li>1. Seclusion</li><li>2. Mechanical restraint</li><li>3. Physical restraint, including transitional hold</li></ol>
Total Minutes	The total number of minutes of the seclusion or restraint.
<b>Inappropriate Restraint Techniques and other Use of Force</b>	Staff utilize one or more of the following methods/interventions prohibited by paragraph (D)(2) of rule 5122-26-16 of the Administrative Code:
Subcategory (check all that apply)	<ol style="list-style-type: none"><li>1. Behavior management interventions that employ unpleasant or aversive stimuli such as: the contingent loss of the regular meal, the contingent loss of bed, and the contingent use of unpleasant substances or stimuli such as bitter tastes, bad smells, splashing with cold water, and loud, annoying noises</li><li>2. Any technique that restricts the resident's ability to communicate</li><li>3. Any technique that obstructs vision</li><li>4. Any technique that obstructs the airways or impairs breathing</li><li>5. Use of mechanical restraint on a resident under age 18</li><li>6. A drug or medication that is used as a restraint to control behavior or restrict the resident's freedom of movement and is not a standard treatment or dosage for the resident's medical or psychiatric condition or that reduces the resident's ability to effectively or appropriately interact with the world around him/her</li><li>7. The use of handcuffs or weapons such as pepper spray, mace, nightsticks, or electronic restraint devices such as stun guns and tasers</li></ol>
<b>Seclusion/Restraint Related Injury to Resident</b>	Injury to a resident caused, or it is reasonable to believe the injury was caused by being placed in seclusion/restraint or while in seclusion/restraint, and first aid or emergency/unplanned medical intervention was provided or should have been provided to treat the injury, or medical hospitalization was required. It does not include injuries which are self-inflicted, e.g. a resident banging his/her head, unless the facility determines that the seclusion/restraint was not properly performed by staff, or injuries caused by another resident, e.g. a resident hitting another resident.
Subcategory (check one)	<ol style="list-style-type: none"><li>1. Injury requiring first aid</li><li>2. Injury requiring unplanned/emergency medical intervention</li><li>3. Injury requiring hospitalization</li></ol>

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-30-16 of the Administrative Code (continued).

Category	Reportable Incident Definition
<b>Seclusion/Restraint Related Injury to Staff</b>	Injury to staff caused, or it is reasonable to believe the injury was caused as a result of placing an individual in seclusion/restraint, and first aid or emergency/unplanned medical intervention was provided or should have been provided to treat the injury, or medical hospitalization was required. It does not include injuries which occur prior to, or are the rationale for, placing an individual in seclusion or restraint.
Subcategory (check one)	<ol style="list-style-type: none"><li>1. Injury requiring first aid</li><li>2. Injury requiring emergency/unplanned medical intervention</li><li>3. Injury requiring hospitalization</li></ol>
<b>Seclusion/Restraint Related Death</b>	Death of a resident which occurs while a resident is restrained or in seclusion, within twenty-four hours after the resident is removed from seclusion or restraint, or it is reasonable to assume the resident's death may be related to or is a result of seclusion or restraint
Subcategory (check one)	<ol style="list-style-type: none"><li>1. Death during seclusion or restraint</li><li>2. Death within twenty-four hours of seclusion or restraint</li><li>3. Death related to or result of seclusion or restraint</li></ol>

**Continued On Page 7 for Six Month Reportable Incidents**

## Six Month Reportable Incidents

The following lists and defines the incident data which must be reported every six months in accordance with paragraph (G) of rule 5122-30-16 of the Administrative Code.

<b>Category</b>	<b>Six Month Reportable Incident Definition</b>
<b>Seclusion</b>	A staff intervention that involves the involuntary confinement of a resident alone in a room where the resident is physically prevented from leaving.
Age 17 and Under	The aggregate total number of all episodes of seclusion and aggregate total minutes of all seclusion episodes.
Age 18 and Over	The aggregate total number of all episodes of seclusion and aggregate total minutes of all seclusion episodes.
<b>Mechanical Restraint</b>	A staff intervention that involves any method of restricting a resident's freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.
Age 18 and Over	The aggregate total number of all episodes of mechanical restraint and aggregate total minutes of all mechanical restraint episodes.
<b>Physical Restraint excluding Transitional Hold</b>	A staff intervention that involves any method of physically (also known as manually) restricting a resident's freedom of movement, physical activity, or normal use of his or her body without the use of mechanical restraint devices
Age 17 and Under	The aggregate total number of all episodes of physical restraint and aggregate total minutes of all physical restraint episodes, excluding transitional hold.
Age 18 and Over	The aggregate total number of all episodes of physical restraint and aggregate total minutes of all physical restraint episodes, excluding transitional hold.
<b>Transitional Hold</b>	A staff intervention that involves a brief physical (also known as manual) restraint of a resident face-down for the purpose of quickly and effectively gaining physical control of that resident, or prior to transport to enable the resident to be transported safely.
Age 17 and Under	The aggregate total number of all episodes of transitional hold and aggregate total minutes of all transitional hold episodes.
Age 18 and Over	The aggregate total number of all episodes of transitional hold and aggregate total minutes of all transitional hold episodes.

**Type 1 Residential Facility  
Six Month Reportable Incident Data Report Form****Instructions:**

Please complete the Residential Facility Information on this page. If facility policy prohibits the use of seclusion or restraint, please check the box in Part A below. If facility policy permits the use of seclusion or restraint, please skip Part A and complete Part B, beginning on Page 2. *Please complete Part B if facility policy allows the use of seclusion or restraint, even if the facility did not utilize seclusion or restraint during the reporting period.* If the facility did not utilize seclusion and restraint during the reporting period, please complete Part C. If the facility did utilize seclusion and restraint please skip Part C and complete Part D on Page 3. Definitions are found on Page 2.

You may submit this form by fax, e-mail or mail. Address and fax number information is available on the Ohio Department of Mental Health website.

**Please submit this report by the following deadline:**

- For the incident reporting period of January 1 through June 30, by July 31 of the same year
- For the incident reporting period of July 1 through December 31, by January 31 of the following year

**Residential Facility Operator Information**

Residential Facility Name: \_\_\_\_\_ ODMH License Number: \_\_\_\_\_

Name of Operating Agency: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_ Title: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Reporting Period (please include year):  January 1 – June 30, 20\_\_\_\_ Report is due by July 31 of this year

July 1 – December 31, 20\_\_\_\_ Report is due by January 31 of the following year

**Part A**

Residential facility policy prohibits the use of seclusion and restraint in all certified services, and the residential facility did not utilize seclusion and restraint during the reporting period.

**If Box in Part A is checked, you are finished.**

**Please return report.**

**If not, please skip to and complete Part B on Page 2 and Part C on Page 2 OR Part D on Page 3**

**Definitions. Please utilize the following definitions for completing this report:**

“Mechanical Restraint” means a staff intervention that involves any method of restricting a resident’s freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.

“Physical Restraint”, also known as “manual restraint”, means a staff intervention that involves any method of physically (also known as manually) restricting a resident’s freedom of movement, physical activity, or normal use of his or her body without the use of mechanical restraint devices.

“Seclusion” means a staff intervention that involves the involuntary confinement of a resident alone in a room where the resident is physically prevented from leaving.

"Transitional hold" means a staff intervention that involves a brief physical (also known as manual) restraint of a resident face-down for the purpose of quickly and effectively gaining physical control of that resident, or prior to transport to enable the resident to be transported safely.

**Part B: Service Utilization**

“Resident Days” means the sum of all census days less the sum of all leave days (authorized or unauthorized absences when resident is not under direct supervision of the residential facility operator).

	<b>January/ July</b>	<b>February/ August</b>	<b>March/ September</b>	<b>April/ October</b>	<b>May/ November</b>	<b>June/ December</b>
Total Number of Resident Days per Month						

**Part C. Seclusion or Restraint Episodes**

Facility did not utilize seclusion or restraint during the reporting period.

**If Box in Part C is checked, you are finished.  
Please return report.**

**If not, please complete Part D**

**Part D. Seclusion or Restraint Episodes**

<b>Six Month Reportable Incident Category</b>	<b>January/ July</b>	<b>February/ August</b>	<b>March/ September</b>	<b>April/ October</b>	<b>May/ November</b>	<b>June/ December</b>
<b>Seclusion for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of seclusion for ages ≤17						
Total minutes of all seclusion episodes for ages ≤17						
<b>Seclusion for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of seclusion for ages ≥18						
Total minutes of all seclusion episodes for ages ≥18						
<b>Mechanical Restraint for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of mechanical restraint for ages ≥18						
Total minutes of all mechanical restraint episodes for ages ≥18						
<b>Physical Restraint for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of physical restraint, excluding transitional hold, for ages ≤17						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≤17						
<b>Physical Restraint for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of physical restraint, excluding transitional hold, for ages ≥18						
Total minutes of all physical restraints episodes, excluding transitional hold, for ages ≥18						
<b>Transitional Hold for Ages ≤17 <input type="checkbox"/> None</b>						
Number of episodes of transitional hold for ages ≤17						
Total minutes of all transitional hold episodes for ages ≤17						
<b>Transitional Hold for Ages ≥18 <input type="checkbox"/> None</b>						
Number of episodes of transitional holds for ages ≥18						
Total minutes of all transitional hold episodes for ages ≥18						

**You are finished. Please return report.  
Thank you.**

**Type 2 & Type 3 Residential Facility  
Reportable and Six Month Reportable Incidents**

In addition to the definitions in rule 5122-30-03 and 5122-30-16 of the Administrative Code, the following definitions are applicable to Ohio Administrative Code (OAC) rule 5122-30-16 "Incident Notification and Risk Management":

- (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 facility, or at a doctor's office/clinic/hospital ER, etc. This does not include routine medical care or 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 bandages/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 resident 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.
- (6) "Mechanical Restraint" means a staff intervention that involves any method of restricting a resident's freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.
- (7) "Physical Restraint", also known as "manual restraint", means a staff intervention that involves any method of physically (also known as manually) restricting a resident's freedom of movement, physical activity, or normal use of his or her body without the use of mechanical restraint devices.
- (8) "Seclusion" means a staff intervention that involves the involuntary confinement of a resident alone in a room where the resident is physically prevented from leaving.
- (9) "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.

- (10) "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.
- (11) "Transitional hold" means a staff intervention that involves a brief physical (also known as manual) restraint of a resident face-down for the purpose of quickly and effectively gaining physical control of that resident, or prior to transport to enable the resident to be transported safely.

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## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (E)(2) of rule 5122-30-16 of the Administrative Code.

<b>Category</b>	<b>Reportable Incident Definition</b>
<b>Suicide</b>	The intentional taking of one's own life by a resident.
<b>Suicide Attempt</b>	Intentional action by a resident with the intent of taking one's own life, and is either a stated suicide attempt or clinically determined to be so, regardless of whether it results in medical treatment.
<b>Self-Injurious Behavior</b>	Intentional injury caused by a resident to oneself that is neither a stated suicide attempt, or clinically determined to be so, which requires emergency/unplanned medical intervention or hospitalization, and which happens on the grounds of the facility or during the provisions of care or treatment, including during facility off-grounds events.
<b>Homicide by Resident</b>	The alleged unlawful killing of a human being by a resident.
<b>Homicide of Resident</b>	The alleged unlawful killing of a resident by another person.
<b>Natural Death</b>	Death of a resident without the aid of inducement of any intervening instrumentality, i.e. homicide, suicide or accident
<b>Accidental Death</b>	Death of a resident resulting from an unusual and unexpected event that is not suicide, homicide or natural, and which happens on the grounds of the facility or during the provisions of care or treatment, including during facility off-grounds events.
<b>Verbal Abuse</b>	Allegation of staff action directed toward a resident that includes humiliation, harassment, and threats of punishment or deprivation.
<b>Physical Abuse</b>	Allegation of staff action directed toward a resident of hitting, slapping, pinching, kicking, or controlling behavior through corporal punishment or any other form of physical abuse as defined by applicable sections of the Revised or Administrative Code.
<b>Sexual Abuse</b>	Allegation of staff action directed toward a resident where there is sexual contact or sexual conduct with the resident, any act where staff cause one or more other persons to have sexual contact or sexual conduct with the resident, or sexual comments directed toward a resident. Sexual conduct and sexual contact have the same meanings as in Section 2907.01 or the Revised Code.
<b>Neglect</b>	Allegation of a purposeful or negligent disregard of duty imposed on an employee by statute, rule, organizational policy, or professional standard and owed to a resident by that staff member.
<b>Defraud</b>	Allegation of staff action directed toward a resident to knowingly obtain by deception or exploitation some benefit for oneself or another or to knowingly cause, by deception or exploitation, some detriment to another.

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (E)(2) of rule 5122-30-16 of the Administrative Code (continued).

Category	Reportable Incident Definition
<b>Involuntary Termination Without Appropriate Resident Involvement</b>	Discontinuing services to a resident without informing the resident in advance of the termination, providing a reason for the termination, and offering a referral to the resident. This does not include situations when a resident discontinues services without notification, and the facility documents it was unable to notify the resident due to lack of address, returned mail, lack of or non-working phone number, etc.
<b>Sexual Assault by Non-staff, Including a Visitor, Resident or Other</b>	Any allegation of one or more of the following sexual offenses as defined by Chapter 2907 of the Revised Code committed by a non-staff against another individual, including staff, and which happens on the grounds of the facility or during the provisions of care or treatment, including during facility off-grounds events: Rape, sexual battery, unlawful sexual conduct with a minor, gross sexual imposition, or sexual imposition.
<b>Physical Assault by Non-staff, Including Visitor, Resident or Other</b>	Knowingly causing physical harm or recklessly causing serious physical harm to another individual, including staff, by physical contact with that person, which results in an injury requiring emergency/unplanned medical intervention or hospitalization, and which happens on the grounds of the facility or during the provision of care or treatment, including during facility off-grounds events.
<b>Medication Error</b>	Any preventable event while the medication was in the control of the health care professional or resident, and which resulted in permanent resident harm, hospitalization, or death. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication, product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.
<b>Adverse Drug Reaction</b>	Unintended, undesirable or unexpected effect of prescribed medications that resulted in permanent resident harm, hospitalization, or death.
<b>Medical Events Impacting Facility Operations</b>	The presence or exposure of a contagious or infectious medical illness within an facility, whether brought by staff, resident, visitor or unknown origin, that poses a significant health risk to other staff or residents in the facility, and that requires special precautions impacting operations. Special precautions impacting operations include medical testing of all individuals who may have been present in the facility, when isolation or quarantine is recommended or ordered by the health department, police or other government entity with authority to do so, and/or notification to individuals of potential exposure. Special precautions impacting operations does not include general isolation precautions, i.e. suggesting staff and/or residents avoid a sick individual or vice versa, or when a disease may have been transmitted via consensual sexual contact or sexual conduct.

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (E)(2) of rule 5122-30-16 of the Administrative Code (continued).

Category	Reportable Incident Definition
<b>Temporary Relocation of Residents</b> Subcategory (check one)	Some or all of the residents must be moved to another unit, residential facility or community location for a minimum period of at least one night due to: <ol style="list-style-type: none"><li>1. Fire</li><li>2. Disaster (flood, tornado, explosion, excluding snow/ice)</li><li>3. Failure/Malfunction (gas leak, power outage, equipment failure)</li><li>4. Other (name)</li></ol>
<b>Unauthorized Use of Restraint or Seclusion</b> Subcategory (check one)	Ohio Administrative Code rule 5122-30-17 prohibits the use of seclusion and restraint in a Type 2 and Type 3 residential facility. <ol style="list-style-type: none"><li>1. Seclusion</li><li>2. Mechanical restraint</li><li>3. Physical restraint</li><li>4. Transitional hold</li></ol>
Total Minutes	The total number of minutes of the restraint or seclusion.