

*****DRAFT - NOT FOR FILING*****

5122-14-14 Incident notification and risk management.

- (A) This rule establishes standards to ensure the prompt and accurate notification of certain prescribed incidents. It also requires the agency to review and analyze all incidents so that it might identify and implement corrective measures designed to prevent recurrence and manage risk.
- (B) Definitions
- (1) "Incident" means an event that poses a danger to the health and safety of patients and/or staff and visitors of the hospital, and is not consistent with routine care of persons served or routine operation of the hospital.
 - (2) "Reportable incident" means an incident that must be submitted to the department, including incidents that must then be forwarded by the department to [the disability rights](#) Ohio ~~legal rights service pursuant to section 5123.604 of the Revised Code~~. As referenced in division ~~(C)~~(E) of section ~~5119.611~~[5119.36](#) of the Revised Code, "major unusual incident" has the same meaning as "reportable incident."
 - (3) "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.
 - (4) "Six month incident data report" means a data report which must be submitted to the department.
- (C) The inpatient psychiatric service provider 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 patients, staff, and visitors. The inpatient psychiatric service provider shall identify in policy other incidents to be reviewed and analyzed.
- (1) An incident report shall be submitted in written form to the inpatient psychiatric service provider's chief executive officer or designee within twenty-four hours of discovery of the incident.
 - (2) As part of the inpatient psychiatric service provider's performance improvement process, a periodic review and analysis of reportable incidents, and other incidents as defined in policy, shall be performed.
 - (3) The inpatient psychiatric service provider 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 inpatient psychiatric service provider shall submit reportable incidents and six month reportable incidents as defined by and according to the schedule included in appendix A to the rule.

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- (F) Each reportable incident shall be documented on form "DMH-LIC-013" as required by the department, and shall be forwarded to the department within twenty-four hours of its discovery, exclusive of weekends and holidays. Form "DMH-LIC-013" shall include identifying information about the inpatient psychiatric service provider, date, time and type of incident, and client information that has been de-identified pursuant to the HIPAA privacy regulations, [45 C.F.R.164.514(b)(2)].
- (1) The inpatient psychiatric service provider 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 patients, staff, and visitors.
 - (2) The inpatient psychiatric service provider shall notify the patient'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 inpatient psychiatric service provider policy and procedures.
 - (b) When notification does not include sending a copy of the incident form, the inpatient psychiatric service provider 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 inpatient psychiatric service provider shall document compliance with the provisions of this paragraph.
- (G) Each inpatient psychiatric service provider shall submit a six month incident data report to the department utilizing the form that is in appendix B to this rule.
- The six month data report must be submitted according to the following schedule:
- (1) The six month 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; and
 - (2) The six month 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 inpatient psychiatric service provider, and/or regulatory or enforcement authority.

**Inpatient Psychiatric Service Provider
Reportable and Six Month Reportable Incidents**

In addition to the definitions in rule 5122-14-01 and of the Administrative Code, the following definitions are applicable to Ohio Administrative Code (OAC) rule 5122-14-14 "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 hospital, 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 patient 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 a 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.

Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-14-14 of the Administrative Code.

Category	Reportable Incident Definition
Suicide	The intentional taking of one's own life by a patient.
Suicide Attempt	Intentional action by a patient 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.
Self-Injurious Behavior	Intentional injury caused by a patient 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 hospital or during the provisions of care or treatment, including during hospital off-grounds events.
Homicide by Patient	The alleged unlawful killing of a human being by a patient.
Homicide of Patient	The alleged unlawful killing of a patient by another person.
Natural Death	Death of a patient without the aid of inducement of any intervening instrumentality, i.e. homicide, suicide or accident
Accidental Death	Death of a patient resulting from an unusual and unexpected event that is not suicide, homicide or natural, and which happens on the grounds of the hospital or during the provisions of care or treatment, including during hospital off-grounds events.
Verbal Abuse	Allegation of staff action directed toward a patient that includes humiliation, harassment, and threats of punishment or deprivation.
Physical Abuse	Allegation of staff action directed toward a patient 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.
Sexual Abuse	Allegation of staff action directed toward a patient where there is sexual contact or sexual conduct with the patient, any act where staff cause one or more other persons to have sexual contact or sexual conduct with the patient, or sexual comments directed toward a patient. Sexual conduct and sexual contact have the same meanings as in Section 2907.01 or the Revised Code.
Neglect	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 patient by that staff member.
Defraud	Allegation of staff action directed toward a patient to knowingly obtain by deception or exploitation some benefit for oneself or another or to knowing 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 5122-14-14 of the Administrative Code (continued).

Category	Reportable Incident Definition
Involuntary Termination Without Appropriate Patient Involvement	Discontinuing services to a patient without informing the patient in advance of the termination, providing a reason for the termination, and offering a referral to the patient. This does not include situations when a patient discontinues services without notification, and the hospital documents it was unable to notify the patient due to lack of address, returned mail, lack of or non-working phone number, etc.
Sexual Assault by Non-staff, Including a Visitor, Patient or Other	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 hospital or during the provisions of care or treatment, including during hospital off-grounds events: Rape, sexual battery, unlawful sexual conduct with a minor, gross sexual imposition, or sexual imposition.
Physical Assault by Non-staff, Including Visitor, Patient or Other	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 hospital or during the provision of care or treatment, including during hospital off-grounds events.
Medication Error	Any preventable event while the medication was in the control of the health care professional or patient, and which resulted in permanent patient harm, transfer to a hospital medical unit, 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.
Adverse Drug Reaction	Unintended, undesirable or unexpected effect of a prescribed medication(s) that resulted in permanent patient harm, transfer to a hospital medical unit, or death.
Patient Fall	Loss of upright position that results in landing on the floor, ground or an object or furniture, or a sudden, uncontrolled, unintentional, non-purposeful, downward displacement of the body to the floor/ground or hitting another object like a chair or stair, resulting in:
Subcategory (check one)	<ol style="list-style-type: none">1. No injury2. Injury requiring first aid3. Injury requiring emergency/unplanned medical intervention4. Injury requiring hospitalization

Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-14-14 of the Administrative Code (continued).

Category	Reportable Incident Definition
Medical Events Impacting Hospital Operations	The presence or exposure of a contagious or infectious medical illness within an hospital, whether brought by staff, patient, visitor or unknown origin, that poses a significant health risk to other staff or patients in the hospital, and that requires special precautions impacting operations. Special precautions impacting operations include medical testing of all individuals who may have been present in the hospital, 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 patients avoid a sick individual or vice versa, or when a disease may have been transmitted via consensual sexual contact or sexual conduct.
Away Without Leave (AWOL)	A patient in an acute inpatient setting has been absent from a location defined by the patient's status regardless of leave or legal status. A patient is considered to be AWOL if the patient (1) has not been accounted for when expected to be present, or (2) has left the grounds of the hospital without permission. Implicit in this definition is that the patient has been informed of the limits placed on his/her location prior to the elopement incident.
Discharge to Homeless Shelter	Discharge or relocation of a patient from an acute, inpatient setting to a homeless shelter, unless it is the expressed wish of the patient, the responsible Board or contract agency has been involved in the decision-making process, and other placement options have been offered to the individual patient and have been refused.
Discharge to Homeless - Street	Discharge or relocation of a patient from an acute, inpatient setting who refuses all aftercare placement options, including homeless shelters, offered by the hospital, board and agency.
Temporary Relocation of Patients Subcategory (check one)	Some or all of the patients must be moved to another unit or hospital for a minimum period of at least one night due to: <ol style="list-style-type: none">1. Fire2. Disaster (flood, tornado, explosion, excluding snow/ice)3. Failure/Malfunction (gas leak, power outage, equipment failure)4. Other (name)

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 5122-14-14 of the Administrative Code (continued).

Category	Reportable Incident Definition
Inappropriate Use of Seclusion or Restraint	Seclusion or restraint utilization that is not clinically justified or 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">1. Seclusion2. Mechanical restraint3. Physical restraint4. Transitional hold
Total Minutes	The total number of minutes of the seclusion or restraint.
Inappropriate Restraint Techniques and other Use of Force	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">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 noises2. Any technique that restricts the patient's ability to communicate3. Any technique that obstructs vision4. Any technique that obstructs the airways or impairs breathing5. Weapons and law enforcement restraint devices, as defined by CMS in appendix A of its interpretive guidelines to 42 C.F.R. 482.13(f) and found in manual publication No. 100-7, "Medicare State Operations", used by any hospital staff or hospital-employed security or law enforcement personnel, as a means of subduing a patient to place that patient in patient restraint/seclusion; or6. Chemical restraint. A drug or medication administered involuntarily to an individual in an emergency may be considered a chemical restraint if both conditions cited in paragraph (C)(6) of rule 5122-14-01 of the Administrative Code are met.
Seclusion/Restraint Related Injury to Patient	Injury to a patient 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 patient banging his/her head, unless the hospital determines that the seclusion/restraint was not properly performed by staff, or injuries caused by another patient, e.g. a patient hitting another patient.
Subcategory (check one)	<ol style="list-style-type: none">1. Injury requiring first aid2. Injury requiring unplanned/emergency medical intervention3. Injury requiring hospitalization

Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-14-14 of the Administrative Code (continued).

Category	Reportable Incident Definition
Seclusion/Restraint Related Injury to Staff	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">1. Injury requiring first aid2. Injury requiring emergency/unplanned medical intervention3. Injury requiring hospitalization
Seclusion/Restraint Related Death	Death of a patient which occurs while a patient is restrained or in seclusion, within twenty-four hours after the patient is removed from seclusion or restraint, or it is reasonable to assume the patient's death may be related to or is a result of seclusion or restraint
Subcategory (check one)	<ol style="list-style-type: none">1. Death during seclusion or restraint2. Death within twenty-four hours of seclusion or restraint3. Death related to or result of seclusion or restraint

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 5122-14-14 of the Administrative Code.

Category	Six Month Reportable Incident Definition
Injury Requiring Emergency/Unplanned Medical Intervention or Hospitalization	An injury to a patient requiring emergency/unplanned medical intervention or transfer to a hospital medical unit and which happens on the grounds of the hospital or during the provision of care or treatment, including during hospital off-grounds events.
Illness/Medical Emergency	A sudden, serious and/or abnormal medical condition of the body experienced by a patient that requires immediate and/or unplanned transfer to a hospital medical unit for treatment, and which happens on the grounds of the hospital or during the provision of care or treatment, including during hospital off-grounds events. A medical illness/emergency does not include injury.
Seclusion	A staff intervention that involves the involuntary confinement of a patient alone in a room where the patient 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.
Mechanical Restraint	A staff intervention that involves any method of restricting a patient's freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.
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 mechanical restraint and aggregate total minutes of all mechanical restraint episodes.
Physical Restraint excluding Transitional Hold	A staff intervention that involves any method of physically (also known as manually) restricting a patient'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.
Transitional Hold	A staff intervention that involves a brief physical (also known as manual) restraint of a patient face-down for the purpose of quickly and effectively gaining physical control of that patient, or prior to transport to enable the patient 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.

**Inpatient Psychiatric Service Provider
Six Month Reportable Incident Data Report Form****Instructions:**

Please complete the Inpatient Psychiatric Service Provider Information on this page. Please complete Parts A and B, beginning on Page 3. If the hospital did not utilize seclusion and restraint during the reporting period, please complete Part C on Page 3. If the hospital did utilize seclusion and restraint please skip Part C and complete Part D on Page 4. 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

Inpatient Psychiatric Service Provider Information

Hospital Name: _____ ODMH License Number: _____

Person Completing Report: _____ Title: _____

Phone _____ E-mail: _____

Reporting Period (please include year): January 1 – June 30, 2____ Report is due by July 31 of this year

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

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

"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 transfer to a hospital medical unit. It includes sutures, staples, immobilization devices and other treatments not listed under "First Aid", regardless of whether the treatment is provided in the hospital, 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.

"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 patient and/or to provide comfort without a corresponding injury.

"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 psychiatric inpatient unit.

"Illness/Medical Emergency" means a sudden, serious and/or abnormal medical condition of the body experienced by a patient that requires immediate and/or unplanned admission to a hospital medical unit for treatment, and which happens on the grounds of the hospital or during the provision of care or treatment, including during hospital off-grounds events. A medical illness/emergency does not include injury.

"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.

"Mechanical Restraint" means a staff intervention that involves any method of restricting a patient'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 patient'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 patient alone in a room where the patient is physically prevented from leaving.

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

Part A. Service Utilization (Please continue to Part B when finished)

Definition:

“Patient Days” means the sum of all census days less the sum of all leave days (authorized or unauthorized absences when patient is not under direct supervision of psychiatric care setting staff).

	January/ July	February/ August	March/ September	April/ October	May/ November	June/ December
Total Number of Patient Days per Month						

Part B: Incidents, Excluding Seclusion and Restraint (Please continue to Part C when finished)

Hospital has no Table B1 incidents during the reporting period. Please continue to Part C.

Table B1

Incident Category	January/ July	February/ August	March/ September	April/ October	May/ November	June/ December
Injuries Requiring Emergency/Unplanned Medical Treatment or Hospitalization						
Number of injuries, excluding patient falls, requiring emergency/unplanned medical treatment or hospitalization.						
Illness / Medical Emergency						
Number of illnesses/medical emergencies, requiring immediate and/or unplanned admission to a hospital medical unit						

Part C: Seclusion / Restraint Episodes

Hospital 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 / Restraint Episodes

	January/ July	February/ August	March/ September	April/ October	May/ November	June/ December
Seclusion for Ages ≤17 <input type="checkbox"/> None						
Number of episodes of seclusion for ages ≤17						
Total minutes of all seclusion episodes for ages ≤17						
Seclusion for Ages ≥18 <input type="checkbox"/> None						
Number of episodes of seclusion for ages ≥18						
Total minutes of all seclusion episodes for ages ≥18						
Mechanical Restraint for Ages ≤17 <input type="checkbox"/> None						
Number of episodes of mechanical restraint for ages ≤17						
Total minutes of all mechanical restraint episodes s ≤17						
Mechanical Restraint for Ages ≥18 <input type="checkbox"/> None						
Number of episodes of mechanical restraint for ages ≥18						
Total minutes of all mechanical restraint episodes for ages ≥18						
Physical Restraint for Ages ≤17 <input type="checkbox"/> None						
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						
Physical Restraint for Ages ≥18 <input type="checkbox"/> None						
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						
Transitional Hold for Ages ≤17 <input type="checkbox"/> None						
Number of episodes of transitional hold for ages ≤17						
Total minutes of all transitional hold episodes for ages ≤17						
Transitional Hold for Ages ≥18 <input type="checkbox"/> None						
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.