

Ohio Department of Mental Health
Residential Facility Notification of Incident
Standards Development & Administrative Rules
This information is subject to a public record request

Provider Generated Incident No:	Date Submitted to ODMH:	Date of Discovery:	Date of Incident	Time of Incident:
Provider/Facility Name			License Number:	
Provider/Facility Address (street, city, state, zip)				
Name of Facility Contact:			Phone Number:	Ext.
Email Address of Facility Contact:				
Name of Person Completing Report, if different than Facility Contact (optional):				
Notifications Made:				
<input type="checkbox"/> ADAMH/CMH Board(s) of Residence [Include name(s)] _____ <input type="checkbox"/> Children's Services Board <input type="checkbox"/> Other (optional) _____ <input type="checkbox"/> Family/Guardian <input type="checkbox"/> Other Protective Agency <input type="checkbox"/> ODMH				

Type of Incident	
Abuse and Neglect by Staff (including allegations): <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Verbal <input type="checkbox"/> Neglect <input type="checkbox"/> Defraud	Seclusion or Restraint Related Injury to Resident: <input type="checkbox"/> Injury requiring first aid <input type="checkbox"/> Injury requiring emergency/unplanned medical intervention <input type="checkbox"/> Injury requiring hospitalization
Death of Resident: <input type="checkbox"/> Suicide <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide of Resident <input type="checkbox"/> Natural <input type="checkbox"/> Suicide Attempt	Seclusion or Restraint Related Injury to Staff <input type="checkbox"/> Injury requiring first aid <input type="checkbox"/> Injury requiring emergency/unplanned medical intervention <input type="checkbox"/> Injury requiring hospitalization
Seclusion or Restraint Death: <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 <input type="checkbox"/> Homicide by Resident	Inappropriate Use of Seclusion or Restraint <input type="checkbox"/> Seclusion <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Mechanical Restraint <input type="checkbox"/> Transitional Hold <input type="checkbox"/> Sexual Assault by Non-staff, including Visitor, Resident, or Other (rape, sexual battery, etc.) <input type="checkbox"/> Physical Assault Injury by Non-staff, including Visitor, Resident, or Other when Emergency/Unplanned Medical Intervention or Hospitalization is required
<input type="checkbox"/> Involuntary Termination of Treatment by Facility without Appropriate Resident Involvement, i.e., without informing client, providing a reason, and offering a referral	<input type="checkbox"/> Self-Injurious Behavior when Emergency/Unplanned Medical Intervention or Hospitalization is required
Medication [error or adverse reaction] resulting in permanent resident harm, hospitalization or death: <input type="checkbox"/> Error <input type="checkbox"/> Adverse Reaction <input type="checkbox"/> Medical Events Impacting Agency Operations	
Temporary Relocation of Some or All Residents for a Minimum Period of One Night due to: <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: _____)	
Inappropriate Use of Restraint Technique or other Use of Force (Prohibited in OAC 5122-30-17 (D)(2):	
<input type="checkbox"/> Behavior management interventions that employ unpleasant or aversive stimuli <input type="checkbox"/> Any technique that restricts communication <input type="checkbox"/> Any technique that obstructs vision <input type="checkbox"/> Any technique that obstructs the airways or impair breathing	<input type="checkbox"/> Use of mechanical restraint on a resident under age 18 <input type="checkbox"/> A drug or medication that is used as a restraint and is not a standard treatment <input type="checkbox"/> The use of handcuffs or weapons
In regard to the selected incident, was seclusion or restraint (as defined in OAC 5122-26-16) used and/or involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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:		License Number:			
Persons Involved in the Incident					
A = Asian P = Native Hawaiian/Other Pacific Islander	B = Black/African American	H = Hispanic W=White	I = Alaskan Native U=Unknown	M =B i/Multiracial	N = Native Am. Am.Indian
Residents Involved/HIPAA Identifier (No names please)		Age	Gender: M = Male F = Female	Race (See codes above)	P=Perpetrator V=Victim
Others Involved (Initials or Facility Identifier – No names please):		S = Staff V = Visitor O = Other		P=Perpetrator V=Victim	
Additional Information (No names please):					

Please submit form to ODMH
IncidentReport@mh.ohio.gov (E-mail)

614-387-2987 (Fax)

Community Client Safety Manager, 30 E. Broad St. 8th FL, Columbus OH, 43215 (Mail)

Select Definitions (complete list at <http://mentalhealth.ohio.gov/assets/licensure-certification/rules/20120101/5122-30-16.pdf>):

- (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) "Inappropriate Use of Seclusion or Restraint" means 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
- (6) "Sexual Abuse" means an 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.
- (7) "Sexual Assault" means 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.