

**Certified Community Mental Health or Addiction Services Provider
Reportable and Six Month Reportable Incidents**

In addition to the definitions in rule 5122-24-01 and 5122-26-16 of the Administrative Code, the following definitions are applicable to Ohio Administrative Code (OAC) rule 5122-26-13 "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 at the provider, 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 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.

Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-26-13 of the Administrative Code.

Category	Reportable Incident Definition
Suicide	The intentional taking of one's own life by a client.
Homicide by Client	The alleged unlawful killing of a human being by a client.
Accidental Death	Death of a client resulting from an unusual and unexpected event that is not suicide, homicide or natural, and which happens on the grounds of the provider or during the provisions of care or treatment, including during provider off-grounds events.
Physical Abuse	Allegation of staff action directed toward a client 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 client where there is sexual contact or sexual conduct with the client, any act where staff cause one or more other persons to have sexual contact or sexual conduct with the client, or sexual comments directed toward a client. Sexual conduct and sexual contact have the same meanings as in Section 2907.01 of 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 client by that staff member.
Defraud	Allegation of staff action directed toward a client 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.
Involuntary Termination Without Appropriate Client Involvement	Discontinuing services to a client without providing reasonable advance notice to the client of the termination, providing a reason for the termination, and offering a referral to the client. This does not include situations when a client discontinues services without notification, or the provider documents it was unable to notify the client due to lack of address, returned mail, lack of or non-working phone number, etc.
Sexual Assault by Non-staff, Including a Visitor, Client 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 provider or during the provisions of care or treatment, including during provider off-grounds events: Rape, sexual battery, unlawful sexual conduct with a minor, gross sexual imposition, or sexual imposition.
<u>Medication Diversion</u>	<u>The transfer of any legally prescribed controlled substance from the individual for whom it was prescribed to another person for any illicit use.</u>
<u>Selling Drugs on Premises</u>	<u>The sale of any medication or illicit drug on the premises of the provider not otherwise part of the provider's normal course of business.</u>
<u>Missing/Unaccounted for Medication</u>	<u>Prescribed medication under the control of or stored by provider which is missing or unaccounted for, that is not believed to be a result of theft.</u>

Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-26-13 of the Administrative Code (continued).

Category	Reportable Incident Definition
Physical Assault by Non-staff, Including Visitor, Client 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, hospitalization, or death, and which happens on the grounds of the provider or during the provision of care or treatment, including during provider off-grounds events.
Medication Error	Any preventable event while the medication was in the control of the health care professional or client, and which resulted in permanent client 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.
Adverse Drug Reaction	Unintended, undesirable or unexpected effect of a prescribed medication(s) that results in permanent client harm, hospitalization, or death.
Theft of Medication	Allegation of theft of prescribed medication under the control of or stored by the provider.
Subcategory (check one)	<ol style="list-style-type: none">1. Employee theft2. Client theft3. Other/Unknown theft
Medical Events Impacting Provider Operations	The presence or exposure of a contagious or infectious medical illness within an provider, whether brought by staff, client, visitor or unknown origin, that poses a significant health risk to other staff or clients in the provider, and that requires special precautions impacting operations. Special precautions impacting operations include medical testing of all individuals who may have been present in the provider, 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 clients avoid a sick individual or vice versa, or when a disease may have been transmitted via consensual sexual contact or sexual conduct.
Temporary Closure of One or More Provider Sites	The provider ceases to provide services at one or more locations for a minimum period of more than seven consecutive calendar days due to:
Subcategory (check one)	<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)

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Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (F) of rule 5122-26-13 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 mechanical restraint or seclusion 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 restraint, including transitional hold
Total Minutes	The total number of minutes of the seclusion or restraint.
Use of Seclusion/Restraint by a Provider without Prior Notification that the Provider Permits the Use of Seclusion or Restraint	Use of seclusion or restraint without notification to the Department in accordance with paragraph (A)(1)(e) of rule 5122-25-03 or paragraph (A)(1)(e) of the Administrative Code of a provider's intent to utilize seclusion or restraint..
Subcategory (check one)	<ol style="list-style-type: none">1. Seclusion2. Mechanical restraint3. Physical restraint, including transitional hold
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 client's ability to communicate3. Any technique that obstructs vision4. Any technique that obstructs the airways or impairs breathing, including placing a cloth or other item over an individual's mouth or nose5. Use of mechanical restraint on a client under age 186. A drug or medication that is used as a restraint to control behavior or restrict the client's freedom of movement and is not a standard treatment or dosage for the client's medical or psychiatric condition or that reduces the client's ability to effectively or appropriately interact with the world around him/her7. The use of handcuffs or weapons such as pepper spray, mace, nightsticks, or electronic restraint devices such as stun guns and tasers
Seclusion/Restraint Related Injury to Client	Injury to a client 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 client banging his/her head, unless the provider determines that the seclusion/restraint was not properly performed by staff, or injuries caused by another client, e.g. a client hitting another client.
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 5122-26-13 of the Administrative Code (continued).

Category	Reportable Incident Definition
Seclusion/Restraint Related Death	Death of a client which occurs while a client is restrained or in seclusion, within twenty-four hours after the client is removed from seclusion or restraint, or it is reasonable to assume the client'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

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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 5122-26-13 of the Administrative Code.

Category	Six Month Reportable Incident Definition
Seclusion	A staff intervention that involves the involuntary confinement of a client alone in a room where the client 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 client'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.
Physical Restraint excluding Transitional Hold	A staff intervention that involves any method of physically (also known as manually) restricting a client'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 client face-down for the purpose of quickly and effectively gaining physical control of that client, or prior to transport to enable the client 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.
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