5122-26-13

Appendix A

Certified Community Behavioral Health Services Provider Reportable and Six-Month Reportable Incidents

In addition to the definitions in rules 5122-24-01 and 5122-26-16 of the Administrative Code, the following definitions are applicable to Ohio Administrative Code (O.A.C.) rule 5122-26-13, "Incident Notification and Risk Management":

(1) "Emergency/Unplanned Medical Intervention" means treatment to be performed by a licensed physician, podiatrist, dentist, physician assistant, or certified nurse practitioner, but the treatment is not serious enough to warrant 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 butterfly bandages/Steri-Strips, application of an ice/heat pack for a bruise, application of 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 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 that do not entail medical treatment.

(5) "Sexual conduct" means, as defined in Section 2907.01 of the Ohio Revised Code, vaginal intercourse between a male and female; anal intercourse, fellatio, and cunnilingus between individuals 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 in Section 2907.01 of the Ohio Revised Code, any touching of the erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the individual is a female, a breast, for the purpose of sexually arousing or gratifying either individual.

Reportable Incidents – Per Incident

Applicable to All Certified Community Behavioral Health Services Providers

The following lists and defines each event category that has to be reported by all certified community behavioral health services providers, per incident, in accordance with paragraph (E)(1) of rule 5122-26-13 of the Administrative Code.

Category	Reportable Incident Definition
Death	
a. Death of client by natural cause Subcategory (check one):	A death of a client occurring from an internal factor such as illness and its complications, or internal body malfunctions, and is not directly caused by external forces other than infectious diseases. i. Death occurred on provider's premises. ii. Death occurred off-site and client has not been discharged.
b. Death of client by suicide Subcategory (check one):	A death of a client occurring by suicide. i. Death occurred on provider's premises. ii. Death occurred off-site and client has not been discharged.
c. Death of client by homicide Subcategory (check one):	A death of a client occurring by homicide. i. Death occurred on provider's premises. ii. Death occurred off-site and client has not been discharged.
d. Seclusion- or restraint-related death of client Subcategory (check one):	A death of a client that occurs while client is restrained or in seclusion, within 24 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. i. Death during seclusion or restraint. ii. Death within 24 hours of seclusion or restraint. iii. Death related to or result of seclusion or restraint.
e. Accidental death of a client Subcategory (check one): Subcategory (check one):	A death of a client occurring from a sudden, unforeseen, or unintended event, exclusively and independently of all other causes. i. Death occurred on provider's premises. ii. Death occurred off-site and client has not been discharged. i. Accidental overdose suspected as cause of death. ii. Accidental overdose not suspected as cause of death.
Attempted suicide by client requiring any type of medical intervention	Intentional action by a client with the intent of taking one's own life and is either a stated suicide attempt or clinically determined to be so and resulting in any type of medical intervention.

Category	Reportable Incident Definition
Alleged accidental overdose by client, survived	When the provider has been notified that there is an allegation that the client accidentally or unintentionally ingested or otherwise consumed a substance (whether prescription, over-the-counter, legal, or illegal) in a quantity higher than is considered safe or recommended for that individual and survives.
Physical abuse of client by staff	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 Codes.
Sexual abuse of client by staff	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 individuals to have sexual contact or sexual conduct with the client, or sexual comments directed toward a client.
Neglect of client by staff	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 by staff	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 of client 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 nonworking 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.
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 individual, 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.
Unauthorized possession of drug or medication	When a provider is aware that the client, on the provider's premises, possesses an illegal drug or any prescription drug that was not prescribed to the client.
Missing/unaccounted for medication Subcategory (check one):	Prescribed medication under the control of or stored by the provider, which is missing or unaccounted for. i. Reason – theft by client. ii. Reason – theft by employee. iii. Reason – theft by visitor or other individual. iv. Theft ruled out as reason, or reason unknown.
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.

Category	Reportable Incident Definition
Adverse drug reaction experienced by client	The provider is aware that the client experienced an unintended, undesirable, or unexpected effect of a prescribed medication that results in permanent client harm, hospitalization, or death.
Medical events impacting provider operations	The presence or exposure of a contagious or infectious medical illness within a provider, whether brought by a staff, client, visitor, or unknown origin, that poses a significant health risk to other staff or clients in the provider, and that involves 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 days.
Inappropriate use of seclusion or restraint Subcategory (check one): Total minutes (specify):	Either (1) seclusion or restraint was used when there was not an imminent risk of physical harm to the individual or others or (2) seclusion or mechanical restraint was employed without the authorization of staff permitted to initiate/order seclusion or mechanical restraint. i. Seclusion. ii. Mechanical restraint. iii. Physical restraint (transitional holds are not physical restraint). iv. Prone restraint. 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 Subcategory (check one):	Use of seclusion or restraint without notification to the Department, an obligation from paragraph (B)(1)(m) of rule 5122-25-02 of the Administrative Code. i. Seclusion. ii. Mechanical restraint. iii. Physical restraint (transitional holds are not physical restraint). iv. Prone restraint.

Category	Reportable Incident Definition
Inappropriate restraint techniques and other use of force Subcategory (check one):	Staff utilize one or more of the following methods/interventions excluded by paragraph (E)(2) of rule 5122-26-16 of the Administrative Code: i. 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. ii. Any technique that restricts the individual's ability to communicate, including consideration given to the communication needs of individuals who are deaf or hard of hearing. iii. Any technique that obstructs vision. iv. Any technique that causes an individual to be retraumatized based on an individual's history of traumatic experiences. v. Any technique that obstructs the airways or impairs breathing. vi. Use of mechanical restraint on individuals under age eighteen. vii. A medication that is used as a restraint to control behavior or restrict the individual's freedom of movement and is not a standard treatment or dosage for the individual's medical or psychiatric condition or that reduces the individual's ability to effectively or appropriately interact with the world around the individual. viii. The use of handcuffs or weapons such as pepper spray, mace, nightsticks, or electronic restraint devices such as stun guns and tasers, other than the use of handcuffs or other devices used by corrections and law enforcement personnel for security purposes. The presence of weaponry at a provider location poses potential hazards, both physical and psychological, to clients, staff, and visitors. Utilization by the provider of non-provider employed armed law enforcement personnel (e.g., local police) to respond to and control psychiatric crisis situations will be minimized to the extent possible. ix. Prone restraint.
Seclusion/restraint related injury to client Subcategory (check one):	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 involved. 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. i. Injury requiring first aid. ii. Injury requiring unplanned or emergency medical intervention. iii. Injury requiring hospitalization.

Applicable to Class One and Class Two Residential Facilities; Residential and Withdrawal Management SUD Services; SUD QRTP for Youth

The following lists and defines each event category that has to be reported only by licensed class one or class two residential facilities and certified community behavioral health services providers certified for residential and withdrawal management substance use disorder services (under rule 5122-29-09 of the Administrative Code) or substance use disorder qualified residential treatment program for youth (under rule 5122-29-09.1 of the Administrative Code), per incident, in accordance with paragraph (E)(1) of rule 5122-26-13 of the Administrative Code.

Category	Reportable Incident Definition
Medication diversion	The transfer of any legally prescribed controlled substance from the individual for whom it was prescribed to another individual for any illicit use.
Unauthorized possession of over-the-counter medication	The possession of any over-the-counter medication without the approval of the client's treating practitioner.

Applicable to Class One and Class Two Residential Facilities for Youth; Residential and Withdrawal Management SUD Services or SUD QRTP for Youth

The following lists and defines each event category that has to be reported only by licensed class one or class two residential facilities that serve individuals twenty-two years of age or younger that are certified community behavioral health services providers certified for residential and withdrawal management substance use disorder services (under rule 5122-29-09 of the Administrative Code) or substance use disorder qualified residential treatment program for youth (under rule 5122-29-09.1 of the Administrative Code), per incident, in accordance with paragraph (E)(1) of rule 5122-26-13 of the Administrative Code.

Category	Reportable Incident Definition
Clients aged 22 or younger absent without approval/authorization	A client aged twenty-two or younger has been absent from care (as defined by the client's status) regardless of leave or legal status. A client is considered to be absent without approval/authorization if the client (a) has not been accounted for when expected to be present whether the location of the client is on or off provider grounds or (b) has left the grounds of the provider without approval or authorization. Implicit in this definition is that the client has been informed of the limits placed on his/her location prior to the elopement incident.

Applicable to Opioid Treatment Programs

The following lists and defines each event category that has to be reported only by opioid treatment programs (OTPs) per incident in accordance with paragraph (E)(1) of rule 5122-26-13 of the Administrative Code.

Category	Reportable Incident Definition
Call made by staff of an opioid treatment program (OTP) for emergency medical services for a client or visitor to be dispatched to the OTP site	A call made by staff of an OTP for emergency medical services to be dispatched to the OTP site for a client or visitor, including a parking lot adjacent to or near the OTP site that is used by OTP clients.
Medication diversion	The transfer of any legally prescribed controlled substance from the individual for whom it was prescribed to another individual for any illicit use.

Six Month Reportable Incidents

Applicable to All Certified Community Behavioral Health Services Providers

The following lists and defines the incident data that is to be reported by each certified community behavioral health services provider every six months in accordance with paragraph (E)(2) of rule 5122-26-13 of the Administrative Code.

Category	Reportable Incident Definition
Injury requiring emergency/unplanned medical intervention or hospitalization	An injury to a client 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 client that involves immediate and/or unplanned transfer to a hospital medical unit for treatment, and which happens on a provider's grounds or during the provision of care or treatment, including during off-grounds events. A medical illness/emergency does not include injury.
Seclusion Subcategory (for either age category, specify the aggregate total number of all episodes of seclusion and the aggregate total minutes of all seclusion episodes):	A staff intervention that involves the involuntary confinement of a client alone in a room where the client is physically prevented from leaving. i. Age 17 and under. ii. Age 18 and over.
Mechanical restraint Subcategory (for either age category, specify the aggregate total number of all episodes of mechanical restraint and the aggregate total minutes of all 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. i. Age 17 and under. ii. Age 18 and over.
Physical restraint Subcategory (for either age category, specify the aggregate total number of all episodes of physical restraint and the aggregate total minutes of all physical restraint episodes, excluding transitional holds):	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. i. Age 17 and under. ii. Age 18 and over.

Category	Reportable Incident Definition
Transitional hold	A staff intervention that involves a brief hold, without undue force, of an individual in order to calm or comfort them; or holding an individual's hand to safely escort them from one area to another. At no time may a transitional hold be a prone, mechanical, or physical restraint. Transitional holds are not seclusion or restraint.
Subcategory (for either age category, specify the aggregate total number of all episodes of transitional hold and aggregate total minutes of all transitional hold episodes):	i. Age 17 and under. ii. Age 18 and over.
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 involved. It does not include injuries which occur prior to, or are rationale for, placing an individual in seclusion or restraint.
Subcategory (check one):	i. Injury requiring first aid. ii. Injury requiring emergency/unplanned medical intervention. iii. Injury requiring hospitalization.