

5122-30-16  
Class 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 (G)(1) of rule 5122-30-16 of the Administrative Code.

Category	Reportable Incident Definition
Suicide	The intentional taking of one's own life by a resident.
Suicide Attempt	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.
Self-Injurious Behavior	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.
Homicide by Resident	The alleged unlawful killing of a human being by a resident.
Natural Death	Death of a resident without the aid of inducement of any intervening instrumentality, i.e. homicide, suicide or accident
Accidental Death	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.
Physical Abuse	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.
Sexual Abuse	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 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 resident by that staff member.
Defraud	Allegation of staff action directed toward a resident 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 (G)(1) of rule 5122-30-16 of the Administrative Code (continued).

Category	Reportable Incident Definition
Involuntary Termination Without Appropriate Resident Involvement	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.
Sexual Assault by Non-staff, Including a Visitor, Resident 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 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.
Physical Assault by Non-staff, Including Visitor, Resident 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 facility or during the provision of care or treatment, including during facility off-grounds events.
Medication Error	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.
Adverse Drug Reaction	Unintended, undesirable or unexpected effect of prescribed medications that resulted in permanent resident harm, hospitalization, or death.

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (G)(1) of rule 5122-30-16 of the Administrative Code (continued).

Category	Reportable Incident Definition
Theft of Medication	Allegation of theft of prescribed medication under the control of or stored by the facility.
Subcategory [check one]	<ol style="list-style-type: none"><li>1. Employee theft</li><li>2. Resident theft</li><li>3. Other/Unknown theft</li></ol>

## Reportable Incidents

The following lists and defines each event category which must be reported per incident in accordance with paragraph (G)(1) of rule 5122-30-16 of the Administrative Code (continued).

Category	Reportable Incident Definition
Medical Events Impacting Facility Operations	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.
Temporary Relocation of Residents	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:
Subcategory (check one)	<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>
Involuntary Discharge	Involuntary discharge of a resident unless the facility is no longer able to meet the resident's care needs; the resident presents a documented danger to other residents, staff or visitors; or the monthly charges have not been paid for more than thirty days. Involuntary discharge includes discharging a resident after the resident unexpectedly vacates the facility for more than forty-eight hours without any notification to staff, and the monthly (or daily) charges for the days the resident is missing have been paid.
Missing/Unaccounted for Medication	Prescribed medication under the control of or stored by facility which is missing or unaccounted for, that is not believed to be a result of theft.

Continued On Page 6 & 7 for Seclusion and Restraint & Use of Force Related Incidents

Continued On Page 8 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 (G)(1) of rule 5122-30-16 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"><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.
Use of Seclusion/Restraint by a Facility without Prior Notification that the Facility 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 rule 5122-25-01 of the Administrative Code of a facility's intent to utilize seclusion or restraint.
Subcategory (check one)	<ol style="list-style-type: none"><li>1. Seclusion</li><li>2. Mechanical restraint</li><li>3. Physical restraint, including transitional hold</li></ol>
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"><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, including placing a cloth or other item over an individual's mouth or nose.</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>
Seclusion/Restraint Related Injury to Resident	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,

## Reportable Incidents

The following list defines each event category which must be reported per incident in accordance with the Administrative Code (OAC) 5122-30-16 of the Administrative Code (continued).

not properly

Category

Reportable Incident Definition

performed by staff, or injuries caused by another resident, e.g. a resident hitting another resident.

Subcategory (check one)

1. Injury requiring first aid
2. Injury requiring unplanned/emergency medical intervention
3. Injury requiring hospitalization

Seclusion/Restraint Related  
Death

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)

1. Death during seclusion or restraint
2. Death within twenty-four hours of seclusion or restraint
3. Death related to or result of seclusion or restraint

Continued On Page 8 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)(1) of rule 5122-30-16 of the Administrative Code.

Category	Six Month Reportable Incident Definition
Seclusion	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.
Mechanical Restraint	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.
Physical Restraint excluding Transitional Hold	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.
Transitional Hold	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.
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"><li>1. Injury requiring first aid</li><li>2. Injury requiring emergency/unplanned medical intervention</li><li>3. Injury requiring hospitalization</li></ol>