

**Directions for Residential/Community Notification of Incident Form
DMH-LIC-015 [Revised 8-16-2005]**

Instructions Updated as of **October 19, 2006**
Changes are in **RED INK**

Agency Information, Date & Notifications

Index	Field	Reporting Instructions
	The two Check Boxes at the top of the form: Residential or Community including License or Certification Number	Select one box and print either the License number or Certification number. -If dually licensed and certified, please check the box for the facility for which the incident is being reported. Only list ONE number; the incident will be attributed to the facility/agency corresponding to that number.
	Please use a black ballpoint pen and print, or use and print the completed MS-Word template form.	If we are unable to read the Notification Report, we will be calling you.
a	Date of this Report	This is the date the form is completed and sent to ODMH.
b	Date of Discovery	This is the date that the provider learned of the incident. It may, or may not be the same date as that in Index (a). Put in the date even if it is the same as that in Index (a).
c	Provider Generated Incident No.	This is a number assigned by the agency to track incident reports. It should be a specific number that no other incident has and not be the client identifier. We recommend a number such as: 05-0000 with "05" being the year and then the following numbers starting with "0001" for the first incident that year. Other numbering systems that keep the uniqueness of the incident are just fine. If we need to contact you regarding an incident, we can use this number and be sure we are discussing the same incident. This number should not be the same number as the client identifier.
d	Provider Name:	This is the official name of the facility/agency. If you have several facilities/agencies make certain to specify which one, for example "Friendly Therapeutic House – Lippert Cottage" and include the correct license or certification number.
e	Provider Telephone (include area code)	This should be the telephone number of a person who can speak for the agency and who knows about the incident. It may or may not be the person completing the form. Generally, we will be calling during usual business hours and the person completing the form may work during the evening. Please include the area code.
f	Name of the ADAMH/CMH Board to report Incident	This is the name of the county board to which the residential facility or community mental health agency reports the incident. Beginning November 1, 2006, agencies should send the Incident Report to the mental health board of the county where the client lives (County of Residence). Procedure Document: http://www.mh.state.oh.us/licensurecert/forms.reports/procedure.report-to-boards.pdf MH Board Fax Number List: http://www.mh.state.oh.us/licensurecert/forms.reports/mh-board.fax-list.pdf
g	Provider E-Mail Address	This should be the E-Mail address of the person to contact about the incident. See "Name/Title of Person to Contact Regarding Incident" below.
h	Provider Address (street, city, state, zip)	Include the street, city, and Zip code. See "Provider Name" and the "License Number" and make sure that the specific facility is specified; for example, "Cottage B" or "Building TX". Include the street address, city, and Zip code. For agencies with multiple sites/satellites include the main mailing address.
i	Name/Title of Person to Contact Regarding Incident	This should be a person who can speak for the agency/facility regarding the incident. See "Provider

		Telephone” above for additional information.
j	Telephone No. if different from Agency no. above	This should be the telephone number of the person in box “H”.
k	Incident Date	Using the following format of “MM/DD/CCYY” please enter the date the incident happened. If you do not know the date, enter the Date of the report and add a note in the “Additional Information” Index (v).
l	Incident Time (If unknown, indicate as such)	Using the following format of “HH:MM” AM or PM. If the time is unknown, write “UNK”.
m	Notifications Made	Select all that apply. If “Other” is selected, specify on the line provided.

Client/Resident Information

Index	Field	Reporting Instructions
n	HIPAA-Compliant Identifier	No names please. This should be a unique identifier for this Client/Resident only. Your facility should be able to identify this Client/Resident based on this identifier. No other Client/Resident should have the same identifier. This identifier should be used for each incident involving the same client (e.g., the same HIPAA-compliant number is always attached to the same client). Do not use identifiers that might identify the Client/Resident, e.g., a combination of the last three letters of the last name plus the admission date. Names like “Lee” or “Kim” become “12282003 KIM.”
o	Age	This is the age of the client/resident at the time of the incident. Do not report the birth date.
p	Gender	Male or Female
q	Race/Ethnicity	Select one
r	Was the Client/Resident? <ul style="list-style-type: none"> • Victim • Perpetrator • Other 	<p>This is the role the Client/Resident has in the incident. At times it is difficult to determine the role but generally this only becomes an issue for assaults or other such events. For “Physical Assault Injury” attempt to ascribe “Victim” to the person who was assaulted (first) and “Perpetrator” for the person who started the fight or first assaulted the other person.</p> <p>For “Deaths”, “Accidents”, Self-Inflicted Injuries” “Restraint Related Injuries” and “Attempted Suicide” always code the person who has died, received the injury in the accident/self- inflicted/restraint injuries, or attempted suicide as the “Victim.”</p> <p>For “Illness/Medical Emergency: Nature of Illness_____” the person can be coded as “Other”</p>
s	Others Involved (Select all that apply)	Select all that apply.
t	If another Client/Resident was involved, was an incident notification filed?	Select Yes or No. If “Yes”, note the “Provider Generated No.” for that incident. See index “b” under “Agency Information” in these directions.
u	Was staff injured as a result of this incident?	Select “Yes” or “No”.
v	Additional Information (No names please)	Use this index for any very short clarifying information about the incident. Please, no names here either. In this section, you can note things like: type of injury (e.g. laceration, fracture), medication involved in a medication error, type of medication error (e.g. wrong dose, wrong medication), how the client/resident attempted suicide (e.g. hanging, overdose), or other factual data related to the incident. Please do not attach additional pages. If additional documentation is needed, we will contact you.
z	Signature of Person Completing Form: and Date	Signature and Date the form was completed and signed.

INCIDENT TYPE

GENERAL COMMENTS

-If there is not a selection in the “Incident Type” box that describes the event, then **DO NOT** report it to ODMH. For example, AWOL/elopement, suicidal thoughts and other clinical issues not listed in the “Incident Type” area should not be reported. Your facility/agency (or other regulating body) may wish or require you to report and track other types of incidents and you will need to account for other types that you deem as high risk, problem prone or high volume. However, these should not be reported to ODMH.

-Report incidents only for clients on rolls of the facility/agency at the time of the incident.

-If you learn of an alleged abuse (that happened while the client/resident was on rolls) after the discharge of the client/resident then this becomes a reportable incident.

-Events that happen prior to admission to the facility/agency may need to be reported to other agencies but do not need to be reported to ODMH.

-Do not select more than one “Incident Type”. Use the most descriptive selection. For example, select “Attempted Suicide” to describe this situation even though the client may have been sent to a hospital for assessment/treatment. Likewise, use “Sexual Assault” to describe such events even though the client may have been sent to a hospital for assessment/treatment.

-Use the available MS word fill-in form, or output the form and use a black ballpoint pen to print the data on the form. If we are unable to read your report we may have to call you.

-Call **the Community Client Safety Manager** if you have an unusual event and are unclear about reporting (614.466.9074).

Index	Incident Type	Description and Reporting Instructions
w	<p>Abuse and Neglect *</p> <ul style="list-style-type: none"> a) physical abuse (example: hitting, slapping, kicking, spitting on, etc.) b) sexual abuse (example: actual genital contact, kissing, petting, groping, asking for sex or a date, etc.) c) verbal abuse (example: name-calling, berating, yelling, coarse language directed at, obscene gestures directed at etc.) d) defraud (example: theft of property, charging \$15 for a coffee, borrowing items, tricking into giving away items/money, etc.) e) neglect (Example: duty owed but not given, sleeping during a 1:1, permitting other clients/resident to harm a person, etc). 	<p>-Definitions of abuse and neglect are found in OAC 5122-24-01(B) and 5122-30-03 (A).</p> <p>-Report only when staff (or volunteer or other person acting as staff) is the alleged or actual perpetrator.</p> <p>-Report both alleged and confirmed instances of any abuse type regardless of an injury level or the place where it happened.*</p> <p>-Select only one type of alleged/actual abuse. If several types of abuse have happened during the same incident, select the most serious type. For example, in a situation where a client/resident has been struck and cursed at by a staff person during the same event select “Physical Abuse” as the sub-type and an additional description added in the “Additional Information” (Index “v”).</p> <p>-Alleged abuse from persons other than a staff person (e.g., parent, family friend, etc), may need to be reported to other agencies, but should not be reported as “Alleged Abuse” to ODMH. However, injuries from these types of events may be reported using the “Serious Bodily Injury” type below and can be reported as ”Physical Assault” or “Sexual Assault.”</p>
	*Examples listed are not exhaustive	

	Abuse and Neglect, cont'd.	<p>-Report incidents related to “Use of Force by Staff in this category. These are listed in the Special Treatment and Safety Measures section of OAC 5122-26-16(D)(2) (a through f). Report all incidents involving crisis interventions that involve any of the following:</p> <ul style="list-style-type: none"> - Electronic Restraint Devices (ERDs) including, but not limited to: tazers, stun guns, etc.; - Pepper sprays and mace products; - Metal handcuffs; - Face-down restraint with back pressure; - Any technique that obstructs the airway or impairs breathing; - Any technique that obstructs vision; - Any technique that restricts the recipient’s ability to communicate; or - A drug or medication that is used as a restraint to control behavior or restrict the individual’s freedom of movement that is not a standard treatment for the individual’s medical or psychiatric condition. <p>-When you check “Use of Force by Staff”, make sure to provide a description of the incident, including who was involved (staff, security, local police, etc.) and type of force that was used in “Additional Information” Index (v).</p> <p>-If “Use of Force by Staff” involves restraint, mechanical restraint, or involuntary emergency medication, be sure to mark the appropriate box in Index (y-1) and indicate the amount of time, in minutes, if applicable.</p> <p>-Finally, if “Use of Force by Staff” was checked, be sure to indicate in Index (m) of the form, who was notified of the incident.</p> <p>*Important issue: there is no level of injury associated with this incident type. If there is any injury, this should be noted in the “Additional Information” Index (v).</p>
w	Attempted Suicide	<p>-Report any suicide attempt post-intake and while on agency rolls and/or when a resident in an ODMH-licensed residential facility.</p> <p>-Report actual attempts and not “suicidal ideation” or “threats of suicide”.</p> <p>-For Certified Agencies, some effort may have to be made to determine the credibility of the reporter of suicide attempts that are made off-grounds and not during the provision of services and not observed by staff. Do not report a suicide attempt if you question the authenticity of the event. This is not meant to minimize the seriousness or these types of events as they should be documented and dealt with clinically. (e.g., Your treatment team should meet to determine if this is an actual attempt. Team determinations should be documented in the client records). At times, it is difficult to determine if such an incident is an “Attempted Suicide” or a “Self-inflicted Injury.” To differentiate between self-injurious behaviors (especially cutting and similar behaviors) and suicide attempts, a clinician should determine the intent of the client.</p> <p>Important issue: there is no level of injury associated with this incident type. If there is an injury, this should be noted in the “Additional Information” Index (v).</p>
w	Client/Resident Death	<p>-Report the death of a client/resident if living in an ODMH-licensed residential facility and/or if receiving any</p>

		<p>services identified in 5122-27-02(B) and (D) from any ODMH-certified community mental health agency.</p> <p>-If a Licensed Residential Facility, review and report all resident deaths.</p> <p>-If a Certified Agency, review all deaths and report deaths that happen on grounds or during the provision of services or if, after review, there is some link to mental health (e.g., suicide, adverse drug reaction, etc.).</p> <p>-Report any death where the client is suspected of causing a homicide.</p> <p>-For reportable deaths for both residential facilities and certified agencies, as appropriate, check if the death is a “suspected homicide” (if client is the perpetrator), or “suicide” or if the person is living in an ODMH-licensed residential facility.</p> <p>-If the client is unknown and receiving services (e.g., hotline services), then please report, and in the “HIPAA-Compliant identifier” section write “unknown” and explain this in the “Additional Information” section.</p>
w	<p>Serious Bodily Injury or When Medical Intervention or Hospitalization is Required*</p> <p>a) Self-Inflicted Injury (examples: hitting a wall in anger, picking/gouging, inserting items in an orifice or under the skin, non-suicidal cutting/scratching, swallowing items etc.)</p> <p>b) Accidental Injury (examples: falls, auto accidents, horseplay not associated with assaultive behavior, sports injury, choking on food, etc.)</p> <p>c) Restraint Related Injury (example: An injury that occurs either while getting the person in restraints/seclusion or that happens while the person is already in restraints/seclusion)</p> <p>d) Illness/Medical Emergency (specify)</p> <p>e) Physical Assault (example: fights, attacks etc.)</p> <p>f) Unknown</p> <p>*Examples given are not exhaustive.</p> <p>For certified agencies and licensed residential facilities, report only those serious bodily injuries and/or medical interventions (hospitalizations) that happen on the grounds/premises of the agency, or that happened during the provision of services, for example, while with a case manager/staff member an accident occurs and the client is injured (and the injury requires greater than minor first aid).</p>	<p>-Report instances of serious bodily injury to clients/residents. For example, an injury may include any injury as a result of an assault (e.g. fight), accident, or self-inflicted cause. It may also include injuries incurred when being placed in seclusion/restraint or while in seclusion/restraint.</p> <p>-Those injuries requiring either no treatment (a small bruise for example) or minor first aid (a scratch for example), even if the client is examined by a nurse, physician, or other staff, do not need to be reported. (See the guide at http://www.mh.state.oh.us/licensurecert/forms.reports/medical-care-guide.html)</p> <p>-“Minor First Aid” may include things such as: washing a wound, applying ointment, peroxide, or OTC antibiotic creams, band-aids, ice packs, heat wraps, observation, rest, elevation, etc. (not an exhaustive list).</p> <p>-“Required medical intervention” means the injury received is severe enough to require treatment greater than minor first aid by a licensed medical doctor, osteopath, podiatrist, dentist, physician’s assistant, or nurse practitioner. The treatment received may be provided within the facility or provided outside the facility, where it may range from treatment at a doctor’s private office to treatment in the emergency room of a general acute care hospital. Report only those incidents where the treatment is greater than minor first aid. Transportation by squad, diagnostic examinations, x-rays, examination by a nurse or physician, by themselves, are not considered treatments and, thus, would not be reportable to ODMH.</p> <p>-“Hospitalization Required” means the injury received or medical condition is so severe that it requires medical intervention and treatment as well as care of the injured client/resident at a general acute care medical unit within the facility or at a general acute care hospital outside the facility; regardless of the length of stay, this severity level requires that the injured client/resident be formally admitted as an inpatient to the hospital and assigned to a bed on a unit outside of the emergency room.</p> <p>-If the person is admitted to a hospital or transferred and admitted to a medical unit in the same facility for observation and or treatment, these become reportable events.</p> <p>-Use the “unknown” category if an injury has occurred but circumstances prohibit the determination of the</p>

	<p>Exception: Report any injury of a licensed residential client that happens off-site (on a home visit, at school, etc.) when that client comes/returns to your agency with an injury that results in your staff having to provide or obtain care greater than minor first aid.</p>	<p>source of the injury.</p> <p>-“Illness/Medical Emergency” means an instance when a client/resident is taken to an urgent care facility or hospital for emergent treatment for something other than an injury. Specify the nature of the illness; for example: chest pain, suspected pneumonia, tonsillitis, stomach pain, severe vomiting, intoxication, seizure, psychiatric evaluation, COPD, etc. Do not report scheduled appointments for treatment at clinics or hospitals.</p> <p>-For both certified agencies and residential facilities, do not report transfers for psychiatric evaluation or admission unless the person has attempted suicide; and then, use the “Attempted Suicide” selection (see section above).</p> <p>Do not report scheduled appointments for treatment at clinics or hospitals.</p> <p>-Your agency/facility may require the review of all injuries (regardless of the level of injury) for quality improvement purposes.</p>
w	<p>Medication</p> <ul style="list-style-type: none"> a) errors b) adverse reaction 	<p>-Reportable “Medication Errors” are those that are likely to result in serious consequences if the medication is either administered or not administered.</p> <p>-“Adverse reaction to an administered drug” means one of a life threatening nature. Both medication errors and adverse reactions should be reported if the medication was administered by staff or self-administered by the client under supervision from staff.</p> <p>-Medication Errors and Adverse Reactions that are not life threatening should be tracked by your agency/facility for quality improvement reasons, but do not need to be reported to ODMH.</p> <p>-Situations where a client/resident is on AWOL status and they miss medications are not considered medication errors. Again, these should be tracked for quality improvement issues but do not need to be reported to ODMH.</p>
w	<p>Involuntary Termination of Treatment by Agency</p>	<p>-Report involuntary termination of treatment by the agency/facility of a client when: a) the client was not informed in advance of the termination; b) the client was not given a reason for the termination; and/or c) a referral was not offered to the client. Do not report to ODMH if the local police arrest a client/resident and the police remove the person.</p>

w	Sexual Assault	<p>A. Report instances of alleged or substantiated oral, anal, and/or vaginal sexual intercourse between clients/residents or between clients/residents and persons other than staff when such intercourse is not consensual.</p> <p>B. If a certified/community agency client, report all instances that happen on grounds or during the provision of services when such intercourse is not consensual (including both adults and children/adolescents). [FAQ #11 - http://www.mh.state.oh.us/licensurecert/general/lc.incidents.faq.html#sexual-abuse-assault]</p> <p>-Residential facilities report ALL instances when at least one of the parties involved is a minor. Because minors cannot give consent for sex, these types of incidents are considered as sexual assaults.</p> <p>-For adults in residential facilities, if the incident involves clients only, consider these as sexual assault if any involved clients did not consent.</p> <p>-If these types of incidents involve a staff member as the perpetrator (alleged or actual) and a client(s), then report this in the “Abuse and Neglect” category, under “Sexual”.</p> <p>Important issue...there is no level of injury associated with this incident type. If there is any injury, this should be noted in “Additional Information” in Index (v).</p>
w	Use of Force by persons other than staff (e.g. law enforcement, non-employed security, etc.)	<p>- In instances of “Use of Force” by non-staff member, report all uses of force listed in OAC 5122-26-16(D)(2)(a through f). These should be reported any time an outside entity (police, non-employed security, etc.) are called and intervene with an agency client/resident utilizing one of the prohibited types of force.</p> <p>- One EXCEPTION exists: if law enforcement is using metal handcuffs as part of their normal procedure, this is not reportable. This is specific to situations where law enforcement is transporting a client to a court meeting, to the hospital as part of the probate process, etc.</p> <p>- However, it is a reportable incident if the law enforcement officer handcuffs the client/resident to subdue and calm the person and the person is released on site at your facility.</p> <p>For questions concerning this, refer to our Use of Force Decision Tree at http://www.mh.state.oh.us/licensurecert/forms.reports/use-of-force.decision-tree.pdf. Other questions can be directed to the Community Client Safety Manager at 614.466.9074.</p>
ADDITIONAL RESIDENTIAL FACILITY REPORTING		DESCRIPTION AND REPORTING INSTRUCTIONS
x	<p>In addition, residential facilities shall also report, per OAC 5122-30-16: Occurrences which necessitate the temporary relocation of residents and/or require emergency medical intervention</p> <ul style="list-style-type: none"> - Fire - Disasters (e.g., flood, tornado, explosion) 	<p>-If such an occurrence requires the relocation of several residents, complete only ONE incident notification form notifying ODMH of the relocation and the reason for the relocation.</p> <p>-Do NOT complete an incident notification form for each resident involved in the fire or disaster, unless the resident/client is injured and requires emergency medical intervention more than minor first aid. In these instances, complete a form for each injured client and mark the appropriate “Incident Type” as well as either the fire or disaster and explain in the “Additional Information” (index v).</p>

	Additional Questions to be Answered for Every Incident Notification	Description and Reporting Instructions
y	As a result of the selected incident type (select all that apply):	<p>When one of the above Incident Types has been selected (in box W) and any of the below types (in box Y: 1, 2, and/or 3) have been used or generated, please check either “yes” or “no”. Definitions of seclusion and mechanical and physical restraint is in OAC 5122-26-16.</p> <p>-Additional data on the use of seclusion/restraint will be reported to ODMH two times per year in a specified format.</p>
y-1	If “yes” is checked to indicate any type of restraint, seclusion or involuntary emergency medications was used:	<p>Indicate the type, (i.e., seclusion, physical restraint, mechanical restraint, or involuntary emergency medication) and indicate the number of minutes seclusion/restraint were used.</p> <p>-Involuntary Emergency Medication - means a medication, except over the counter medication, administered without the informed consent of the client (or, as applicable, the client's legal guardian), in response to an unforeseen or crisis situation that creates circumstances demanding immediate action for the prevention of serious harm or injury to the client or others. Such situations shall be determined by either a licensed physician or a registered nurse. Use of an involuntary emergency medication must be indicated and/or warranted by the client's behavior and/or medical diagnosis.</p>
y-2	Are criminal charges against a client being pressed by staff?	Please check either “yes” or “no”.
y-3	Was a behavior management plan (as defined in OAC 5122-26-16) using major aversive interventions developed?	Please check either “yes” or “no”.

Last Update: October 19, 2006