

# Incident/Event Type Chart

Reportable Incident Category	Notification Level	Event Type	Subcategory	Other Categorization
<b>Alleged, Suspected or Actual Abuse, Neglect, or Exploitation of a Participant</b>	HIGH <i>Exploitation: Med. if under \$25</i>	Other	<i>Event Type: Abuse/Neglect/Exploitation</i>	<i>Basic Information: Must designate which is suspected (abuse, neglect, or exploitation).</i>
<b>Death of a Participant</b>	HIGH	Death	<i>N/A</i>	<i>Cause: Determined based on available information.</i>
<b>Events that Lead to Adverse Consequences or Outcomes to Participants</b>				
<b>Vehicle Accident</b>	Medium <i>*HIGH - accident is due to staff criminal activity or results in media attention</i>	Other	<i>Event Type: Vehicular Accident</i>	<i>Basic information: for this to be reportable, an adverse outcome to the participant - usage of this event would always result in additional events to the GER.</i>
<b>Events that Result in Injury or Illness</b>				
<b>Unplanned Hospital Admission/ER/Urgent Care Visit</b>	Medium	Other	<i>Event Type: Unplanned Hospitalization</i>	<i>Sub Event: Admission/ER without Admission/Urgent Care as appropriate</i>
<b>Injury Requiring Medical or Nursing Interventions beyond First Aid</b>	Medium	Injury	<i>Event Type: Determined based on type of injury</i>	<i>Cause: Determined based on cause of Injury</i> <i>Severity: Must always be moderate or higher</i>
<b>Injuries of Unknown Origin Raising Suspicion</b>	Medium	Injury	<i>Event Type: Determined based on type of injury</i>	<i>Cause: undetermined</i>

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<b>Falls</b>				
<b>Fall with Injury</b> <i>*Injury must require treatment above first aid.</i>	Medium	Other	<i>Event Type: Fall with Significant Injury</i>	<i>Severity: Must always be moderate or higher</i> <i>*Will require an additional event</i>
<b>Change of Condition/Medical Decline</b>				
<b>Seizure</b>	Medium	Other	<i>Event Type: Change of Condition</i>	<i>Cause: Seizure</i>
<b>Dehydration</b>	Medium	Other	<i>Event Type: Change of Condition</i>	<i>Cause: Dehydration</i>
<b>Bowel Obstruction/Severe Constipation</b>	Medium	Other	<i>Event Type: Change of Condition</i>	<i>Cause: Bowel Obstruction/Severe Constipation</i>
<b>Sepsis</b>	Medium	Other	<i>Event Type: Change of Condition</i>	<i>Cause: Sepsis</i>
<b>Actual or Potential Airway Obstruction</b>	Medium	Other	<i>Event Type: Choking/Potential Choking</i>	N/A
<b>Aspiration</b>	Medium	Other	<i>Event Type: Change of Condition</i>	<i>Cause: Aspiration</i>

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<b>Restraint/ Prohibited Practices</b>				
<b>Prohibited Practices:</b> <ul style="list-style-type: none"> <li>• Mechanical Restraint</li> <li>• Physical Restraint other than ESI</li> <li>• Chemical Restraint</li> <li>• Aversive Stimuli</li> <li>• Corporal Punishment</li> <li>• Discipline</li> <li>• Seclusion</li> <li>• Denial of basic needs</li> </ul> <b>Intervention by a participant</b>	HIGH	Other	<i>Type: Prohibited Practices</i>	<i>Subtype</i> – determined by type of prohibited practice used.
<b>Emergency Safety Intervention</b>	Medium	Emergency Safety Intervention	N/A	<i>Intervention Types</i> – Determined by type of intervention used.
<b>PRN Psychotropic Medication Usage – Must be prescribed</b>	Medium	Other	<i>Event Type: PRN Psychotropic Medication</i>	N/A
<b>Emergency Situations</b>				
<b>Missing Persons</b>	Medium	Other	<i>Event Type: AWOL/Missing Person</i>	N/A
<b>Suicide Attempts</b>	Medium	Other	<i>Event Type: Suicide Attempt</i>	

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<b>Injury or Displacement due to Fire, Flood, Tornado, or Similar Emergency</b>				
<i>Injury</i>	Medium	Injury	<i>Type:</i> Determined based on type of injury	<i>Cause:</i> Determined based on cause of injury  <i>Severity:</i> Must always be moderate or higher
<i>Displacement</i>	Medium	Other	<i>Event Type:</i> Displacement due to Emergency/Natural Disaster	N/A
<b>Incidents Involving Possible Criminal Activity or Emergency Response Services</b>				
<i>Misconduct – Possible Criminal Activity not Involving Law Enforcement</i>	Medium	Other	<i>Event Type:</i> Misconduct/Possible Criminal Activity	<i>By Whom:</i> Individual
<i>Misconduct Involving Law Enforcement</i>	Medium  ***HIGH – if criminal charges are brought against the participant	Other	<i>Event Type:</i> Law Enforcement Involvement	N/A
<i>Incidents Involving Emergency Personnel</i>	Medium	Other	<i>Event Type:</i> Emergency Services Involvement	N/A

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<b>Other Concerns</b>				
<b>Communicable Disease – such as COVID-19, Influenza, Tuberculosis, etc.</b>	Medium	Other	<i>Event Type: Communicable Disease</i>	<i>Subtype: Determined based on a diagnosis by a physician</i>
<b>Swallowing Inedibles</b>	Medium  ***HIGH – if results in hospitalization	Other	<i>Event Type: Swallowing Inedible</i>	
<b>Property Damage</b>	Medium	Other	<i>Event Type: Property Damage</i>	
<b>Infestations</b>	Medium	Other	<i>Event Type: Infestation</i>	
<b>Medication Errors</b>				
<b>Medication Error Resulting in Need for Immediate Medical Care from Hospital/Physician</b>	HIGH	Medication Error	<i>Type: Determined based on error</i>	<i>Cause: Determined based on cause</i>  <i>Medical Attention Required: Must always be an immediate physicians visit or immediate emergency room visit</i>
<b>Medication Error due to Error in the Rights and Med Administration – Person, Time, Medication, Dose, Route</b>	Medium	Medication Error	<i>Type: Determined based on error</i>	<i>Cause: Determined based on cause</i>  <i>Medical Attention Required: Must never be an immediate physicians visit or immediate emergency room visit</i>