1.003 Attachment A OSH Event Severity Scale

Updated August 10, 2026

OSH Severity Scoring Matrix						
Category	**Level 3**		**Level 2**	**Level 1**		**Level 0**
Investigation and Analysis→	**Root Cause Analysis [RCA]**		**Apparent Cause Analysis as determined by the Incident Management Meeting Review Panel**	**Local Supervision Fact Finding, Local Action and Organizational Risk Reduction Trending**		**Process Improvement Opportunity**
Risk→	**Harm or High Potential Risk Event**		**Limited Harm or Potential High Risk**	**Limited Harm or Risk**		**Did not Reach Patient**
Responsibility→	**Organizational**		**Departmental**	**Local Management & Supervision**		
	Potential CMS Reporting Requirement	**Potential TJC Reportable**				
Contraband Materials	•	• Possession of contraband materials that could prove lethal to self or others resulting in permanent or severe harm.	• Possession of contraband materials that has a high probability of serious injury if used to harm patients or staff by swallowing, cutting, piercing, burning, hanging or hitting • Facility loss of control of medical or other equipment that has high probability of serious injury if used to harm patients or staff and cannot be found. • Hard contraband found	• Possession of contraband materials with a low probability of serious injury if used to harm patients or staff by swallowing, cutting, piercing, burning, hanging or hitting • Missing sharps	• Found medication outside of Med room	•
Damage (unexpected) to property	•	• Significant damage to facility or equipment resulting in major disruption of unit or high potential for harm	• Escalating (multi-incident) property damage that may include breaking glass windows or dividers	• Minor damage to property such as breaking wallboard, doors, turning tables (isolated incident) • Tampering with Locks • Damage to other Residents/Patients Personal Property • Misuse of Medical equipment	• Damage to minor equipment, markers, games, crafts • Minor damage to medical equipment such as O2, CPAP etc.	•
Environment of Care	•	•	•	•	• Missed ES check • Missed RCM check • Missed SHARPS count • Secure door left unlocked/unsecured	•
Falls	• Fall directly or indirectly resulting in death	• Fall resulting in any fracture or requiring surgery, casting or traction, consult management for comfort care for nuerological or internal injury, or permanent harm	• Multiple falls with minor injuries • Falls with confirmed or suspected head injury • Falls or complaint of fall requiring treatment beyond first aid to resolve the adverse medical condition	• Fall to floor with no complaint of injury substantiated by assessment or a verification of injury needing minor treatment	•	•
Harassment	•	•	• Ongoing threats, accusations intimidation that results in the recipient self-harming	• Verbal slurs, swearing directed at others • Ongoing verbal harassment that is not controlled and is disruptive to the overall environment of care • Unit disruption due to continuous harassment (need to protect others)	•	•
Harm to Staff or others	• Death of staff or other person due to action	•	• Serious injury to staff requiring medical treatment beyond first aid.	• Injury to staff that can be resolved with first aid or no additional medical treatment	• Any non-sexual unauthorized or unwanted physical contact toward a staff without injury.	•

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Lab	•	•	• UDS: Confirmed unexpected positive for a drug not prescribed at OSH	• Required Lab Sample Lost, Damaged or Not Collected • UDS: Confirmed unexpected positive for a drug prescribed at OSH	• UDS unexpected negatives	•
Outing	•	•	•	•	• No-compliance with trip slip requirement • Contact with law enforcement or potential traumatizing event while on outing • Unexpected loss of visual supervision of a patient, no intent to elope.	•
Patient (physical) Aggression	• Physical assault resulting in death or injury leading to death	• Actual physical assault resulting in serious or permanent injury • Actual physical assault with weapon capable of causing serious injury – even if no injury occurred.	• Attempted physical assault with weapon • Assault resulting in injury requiring medical intervention outside the facility including, sutures etc. • Assault resulting in contact with infectious bodily fluids.	• Bumping, Pushing, hitting resulting in injury requiring local medical intervention • Assault with bodily fluids that do not make contact • Threats with possible Weapon • Throwing Objects • Assault with non-infectious bodily fluids that make contact	• Bumping, minor pushing, grabbing that does not require intervention • Imminent threat of violence w/o harm	•
Patient Injury or Illness	• Unexpected Death	• CPR and Resuscitation efforts performed prior to Ambulance arrival • Actual or potential Permanent harm from unusual medical condition	• Unplanned Transfer outside of facility for emergency care resulting from a reportable incident • Requires medical treatment beyond first aid to resolve the issue but does not rise to a Level 3 incident. • Patient exposure to known food allergen • Choking incident requiring medical intervention to clear obstruction or resolve adverse medical condition	• Increased Monitoring • Choking incident not requiring medical intervention to clear obstruction or resolve adverse medical condition	• First aid, wellness checks, wound care, bandaging provided within the organization • Minor Bleeding • Expected patient Death	•
Response to Aggression Events	•	• Multi actors requiring additional staff being called to control the situation (riot) **(Escalated Response)**	•	• Successful Single or Multiple person restraint without injury or allegations of abuse • Chase and Redirect without restraint **(Physical Interaction)**	• Redirection or Distraction • Separation / Change of Location **(Attempted, Non-succesful Physical Interactions)**	• Simple verbal de-escalation that is successful in mitigating the risk **(Without attempt to harm)**

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Seclusion or Restraint	• Death during Seclusion or Restraint	• Resulting in Permanent or severe harm to patient	• Patient injury during seclusion or restraint • Prolonged seclusion or restraint (>24h) • Other atypical seclusion or restraint events to include events on expired orders over 1 hour	• Any Atypical Seclusion or Restraining event on expired order (less than 1 hour) with constant staff monitoring. • All other Seclusion or restraint Events	•	• Manual restraint for IM backup with no injury. • Manual restraint for emergency lab draw with no injury.
Security	•	• Unapproved access to premises with intent to do harm to Residents/Patients or Staff	• Stolen Keys • Damage to Fire or Security Alarms • Access/Egress doors tampered with or inoperable • Felony crimes and Class A Person- Person misdemeanor crimes	• Patient was not in STR's as required by policy during transport. • Lost Keys • Unapproved access to premises • Other crimes	• Keys in wrong place but controlled	• Documentation of no harm security or departmental processes i.e. removal and/or reapplication of STRs for medical procedures.
Self-harm	• Self-harm resulting in death • Self-harm resulting in severe or permanent harm.	• Self-harm resulting in loss of function, broken bones, head injury, bleeding requiring pressure • Suicide attempt with injury/intent • Determined to be an unmanaged present harm to self or others	• Hitting head on wall, floor or surface resulting in head injury beyond skin tear or abrasion • Suicide gesture without injury • Self-harm requiring treatment beyond first aid to resolve.	• Hitting wall, table or floor or other actions resulting in harm to extremities which is resolved through intervention • Excessive Breath holding • One-on-one intervention to prevent self harm	• Injury with medical treatment through First Aid	•
Sexual	•	• Sex Abuse / Sexual assault (including patient/staff sexual activity)	• Sexual Contact with exposure • Consensual sexual activity between patient with capacity	• Inappropriate Touching	•	• Inappropriate Verbal Boundaries
Medication Issues	• Medication Issue/error resulting in death	• Significant medication issue/error resulting in provider ordered monitoring or medical intervention and patient sent to emergency department.	• Medication issue/error resulting in provider ordered monitoring or medical intervention. * Medication provided to wrong patient * Any error involving the following medications: Warfarin (Coumadin), Apixaban (Eliquis), Enoxaparin (Lovenox)	• Medication issue/error that reached the patient but did not require additional monitoring. • Missed med dose • Incorrect medication dose not requiring monitoring	• Med error did not reach the patient	•
Unauthorized Leave (UL)	• Successful UL or Significant Attempt leading to death, permanent or severe harm to the patient	• Successful UL or Significant Attempt leading to death, permanent or severe harm to the patient	• Successful UL or Significant Attempt Not leading to death, permanent or severe harm to the patient	• Non-significant attempt of UL	• Patient in an area without assigned supervision when required	•
Admin & HR Involvement (any allegation of abuse/neglect that cannot be immediately dispositioned as false)	• Actual Complaint of Excessive Staff Force • Threat of complaint of excessive staff force • Reports of staff neglect (sleeping, rounds falsification, etc.)					•