OREGON STATE HOSPITAL

ATTACHMENT A:	Reportable Incidents	**POLICY: 1.003**
POINT PERSON:	Director of Quality Management	
APPROVED:	Interim Superintendent	**DATE: NOVEMBER 3, 2025**

SELECT ONE:
- ☐ New policy attachment
- ☐ Minor/technical revision of existing policy attachment
- ☐ Reaffirmation of existing policy attachment
- ☑ Major revision of existing policy attachment

I. REPORTABLE INCIDENTS

A. Reportable incidents include, but are not limited to, those listed below, any unexpected or unintended event that impacts patient care, safety of patients or staff, or the overall operation of OSH should be reported.

1) All events involving seclusion or restraint must be documented in the Incident Report System (IRS), including atypical applications and any escalation in the level of restriction. The following guidelines apply:

   a) **Initial Incident.** Any behavior or decision that results in the initiation of seclusion or restraint must be documented with an Incident Report (IR).

   b) **Escalation of Restriction.** If the level of restriction is increased during the management of a behavioral event (e.g., from seclusion to restraint, or from one form of restraint to a more restrictive one), a new IR must be submitted to document the escalation.

   c) **Behavior During Restriction.** If a new, reportable behavior occurs while the individual is in seclusion or restraint, a separate IR must be submitted for that behavior, regardless of whether the level of restriction changes.

   d) **Reduction of Restriction.** A decrease in the level of restriction does **not** require a new IR unless a new, standalone reportable behavior occurs during or after the reduction.

   e) **Atypical Events.** Any atypical use of seclusion or restraint.

   f) **No Exemptions Without Explicit De-escalation Protocol.** No event resulting in patient restriction is exempt from incident reporting unless it is explicitly listed as an exception in the approved reduction of restriction section above.

2) Patient exposure (including a near-miss exposure) to a known allergen;

3) Code Blue;

4) ER visit or admission of a patient for a non-planned medical concern;

5) Non-approved ligature item found in a patient's possession or in an area where patients might have access to it;

6) Unattended patient or Wandering patient;

7) Patient entry into a staff-only area (Room Risk Level 1 per OSH policy 8.009, "OSH Safety Program");

8) Medication diversion;

9) Missed a needed intervention or communication that should have happened, which put the patient's condition (medical or psychiatric) at risk;

10) Physical aggression toward patients, staff, or visitors with or without injury;

11) Any patient injury;

12) Significant medical findings related to a change in injury severity;
   a) If there is an existing incident report, a second must be completed to report the change in patient injury severity.
   b) This includes patient injuries identified by outside providers. (i.e., a patient went to an outside medical appointment and was diagnosed with a fracture because of an incident that has already been reported with "wrist pain" indicated, a new incident report must be completed to reflect the change in severity of the injury)

13) Patient self-harm, including suicide attempt, with or without injury;

14) A confirmed urine drug screen (UDS) result for an illicit drug or a drug not prescribed at OSH. Staff must follow additional reporting requirements per OSH policy 6.068 "Random Urine Drug Screening;"

15) Patient Safety Events;

16) Patient Adverse Drug Reaction;

17) Patient falls as defined in OSH policy 6.046, "Fall Prevention Program;"

18) Sexual contact and inappropriate sexual behaviors between patients or with a patient;

19) Patient choking when attempting to swallow, requiring medical intervention (abdominal thrusts included);

20) Patient death;

21) Staff death while on duty;

22) Atypical outing occurrences;

   a) any reportable incident that occurs on an outing and,

b) Non-compliance with trip slip requirements;

    (a) Different trip destination

    (b) Inaccurate trip slip

    (c) No trip slip

    (d) Irregularities with the approved trip slip

c) Contact with law enforcement or a potentially traumatizing event while on the outing;

d) Unexpected loss of visual supervision of a patient, no intent to elope;

23) Security problems, crime, or suspicious events inside or outside the secure perimeter, including, but not limited to:

a) On campus events that require law enforcement, emergency medical services, or fire service response outside the secure perimeter only;

b) Property loss or intentional damage inside the secure perimeter;

c) Contraband;

d) Patient possession of prohibited items,

e) Reasonable suspicion of impairment or prohibited substance use by staff as outlined in OSH policy 5.001 "Drug and Alcohol- free Workplace;"

f) Suspected or use of a prohibited substance by a patient;

g) Unauthorized leave, significant or non-significant attempt at unauthorized leave;

h) Alleged criminal acts,

i) Sexual crimes or inappropriate sexual behavior, and

j) Code Silver.

24) Environment of care issues, including, but not limited to:

a) The presence of hazardous materials without proper labeling, storage, or monitoring;

b) Mechanical or technology system failure which has a potential impact on patient safety and security (i.e., sally port or door locking failures, phone or

network outage, broken sprinkler head, broken security camera in a patient area, etc.);

    c) Equipment failures that directly impact patient care;

    d) Code Orange;

    e) Code Red;

    f) Adverse Sharps/Tools-related incidents:

        (a) Missed Sharps count;

        (b) Missing Sharps;

        (c) Missing Tools;

    g) Missed viability checks as referenced in Nursing protocol 2.020, "Continuous Rounds, Census and Milieu (RCM) Management;"

    h) Missed enhanced supervision checks.

25) Laboratory issues (i.e., mislabeled specimens, errors in specimen collection, errors in reporting results, delays in reporting, etc.)

26) Medication errors, including but not limited to found medications outside the med room, and wrong med, wrong patient.