## 1.003 Attachment A OSH Event Severity Scale

Updated 3 November 2025

			OSH Severity Scoring Matrix			
Category	L	evel 3	Level 2	Level 1		Level 0
Analysis→		RCA	Apparent Cause Analysis as determined by Learning Opportunity	ined by 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		<ul> <li>Possession of contraband materials that could prove lethal to self or others resulting in permanent or severe harm.</li> </ul>	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	<ul> <li>Fall resulting in any fracture or requiring surgery, casting or traction, consult management for comfort care for nuerological or internal injury, or permanent harm</li> </ul>	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	•	<ul> <li>Serious injury to staff requiring medical treatment beyond first aid.</li> </ul>	<ul> <li>Injury to staff that can be resolved with first aid or no additional medical treatment</li> </ul>	Any non-sexual unauthorized or unwanted physical contact toward a staff without injury.	

			OSH Severity Scoring Matrix			
Category	L	evel 3	Level 2	Level 1		Level 0
Analysis→	RCA		Apparent Cause Analysis as determined by Learning Opportunity	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				
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)

			OSH Severity Scoring Matrix			
Category	Le	evel 3	Level 2	Level 1		Level 0
Analysis-→		RCA	Apparent Cause Analysis as determined by Learning Opportunity	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		pervision	
	Potential CMS Reporting Requirement	Potential TJC Reportable				
Seclusion or Restraint	Death during Seclusion or Restraint	Resulting in Permanent or severe harm to patient	Patient injury during seclusion or restraint (>24h) 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 linjury     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 conscious.	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 issue/error that reached the patient but did not require additional monitoring.     Missed med dose     incorrect medication dose not requiring     Medication provided to wrong patient	Med error did not reach the patient	
Unauthorized Leave (UL)	<ul> <li>Successful UL or Significant Attempt leading to death, permanent or severe harm to the patient</li> </ul>	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 Fe     Threat of complaint of excessive staff     Reports of staff neglect (sleeping, rou	force				