ATTACHMENT M

Sentinel Events

SUBJECT: Sentinel Events	Number:	80.805
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REFERENCE: JCAHO; CARF; COA; 45 C.F.R. §164.502(b)(1); 34 C.F.R. Part 99; HRS 334-5, HRS §350-1.1, HRS §350-1.2, Confidentiality of Records, CAMHD P&P 80.402, "Confidentiality, FAX Transmission."	APPROVED: *Signature on File*	11/15/05
	Chief	Eff. Date

PURPOSE

To establish uniform guidelines for a reporting system that is designed to track and document sentinel events and the follow-up of the events reported by the Child and Adolescent Mental Health Division (CAMHD) Branches and contracted provider agencies (Provider).

DEFINITIONS

Sentinel Event - An occurrence involving serious physical or psychological harm to anyone or the risk thereof, as defined under the categories of sentinel event codes and definitions. A sentinel event includes 1) any inappropriate sexual contact between youth, or credible allegation thereof; 2) any inappropriate, intentional physical contact between youth that could reasonably be expected to result in bodily harm, or credible allegation thereof; 3) any physical or sexual mistreatment of a youth by staff, or credible allegation thereof; 4) any accidental injury to the youth or medical condition requiring attention by a medical professional or transfer to a medical facility for emergency treatment or admission; 5) medication errors and drug reactions; 6) any fire, spill of hazardous materials, or other environmental emergency requiring the removal of youth from a facility; or 7) any incident of elopement by a youth.

Critical Events - Events involving serious injury or death, suicidal attempts, sexual misconduct, allegations of staff abuse or misconduct.

Incident - An occurrence that is a safety issue that is minor in nature and does not require major medical or staff intervention and is not identified as a reportable event as defined in the sentinel event codes and definitions. Incidents as defined here should be recorded and tracked internally, but do not need to be reported to CAMHD Sentinel Events Specialist (SES).

Root Cause Analysis - A process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance. It progresses from special causes in clinical processes to common causes in organizational processes and identifies potential improvements in processes or systems that would tend to decrease the likelihood of such events in the future, or determines, after analysis, that no such improvement opportunities exist.

The product of the root cause analysis is an ***action plan*** that identifies the strategies that the organization intends to implement to reduce the risk of similar events occurring in

the future. The plan should address responsibility for implementation, oversight, pilot testing as appropriate, time lines, and strategies for measuring the effectiveness of the actions.

Individually Identifiable Health Information - Information that is a subset of protected health information, including demographic information collected from an individual, and: (1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) Relates to the past, present, or future physical or mental health condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual, and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Protected Health Information - Individually identifiable health information that is transmitted by electronic media or maintained in electronic form/medium. Protected health information excludes individually identifiable health information in: (1) Education record covered by the Family Educational Rights and Privacy Act (FERPA) as amended by 20 U.S.C. 1232g; (2) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and (3) Employment records held by a covered entity in its role as employer. CAMHD client clinical records, and those of its contracted providers, are considered "educational records" that come under FERPA authority. However, for the purpose of reporting a sentinel event, individually identifiable health information will be exchanged following HIPAA guidelines for handling PHI.

Minimum Necessary applies. When using or disclosing protected health information or *when requesting protected health information from another covered entity, a covered* entity must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

POLICY

1. Providers shall document and report all sentinel events to the CAMHD Performance Management Office's Sentinel Events Specialist (SES), and to the applicable Branch where youth is registered. All events that occur during the period a youth is receiving services must be reported, including events not witnessed directly by the Provider's staff.
2. Providers are required to track and analyze the occurrence of both sentinel events and incidents as part of their quality improvement program to identify areas of need for changes in general operations, program, staffing, training, or supervision. Results of these analyses shall be reported in the Providers' *Quarterly Quality Improvement Report* to CAMHD.
3. The CAMHD sentinel events reporting system shall allow for clinical and administrative oversight as well as provision of data utilized towards preventive interventions.

4. The Provider shall immediately establish a safe and therapeutic environment following any event in which the safety of youth, family, community members, or staff, is compromised.

5. The Provider will review the sentinel event to determine:

   A. Triggers that caused the event to occur; and
   B. Root causes of the sentinel event.

6. The Provider will complete:

   A. A detailed assessment and analysis of the sentinel event, including the identification of triggers and root causes; and
   B. A time-limited plan or strategy that allows the primary agency or party with oversight authority to adopt and implement a corrective course of action that reduces the probability of similar events reoccurring with any youth.

PROCEDURE

1. When a sentinel event occurs the Provider shall notify the SES, the youth's legal guardian, and the youth's assigned Mental Health Care Coordinator (MHCC) within twenty-four (24) hours of the occurrence of the sentinel event, either by phone or fax. Any fax transmissions that contain protected health information about consumers shall follow protocol pursuant to *CAMHD P&P 80.402, "Confidentiality, FAX Transmission."*

2. Providers shall report all sentinel events using CAMHD's standard *72 Hour Sentinel Event Report* form *(See Attachments A and B)* by a confidential fax to the SES, and MHCC within ***seventy-two (72) hours*** of the sentinel event by fax (733-9357). The documentation shall include:

   A. A written description of the event,
   B. Youth's name, date of birth,
   C. Immediate actions taken,
   D. Review and identification of precipitating events,
   E. Analysis of actions on the part of staff that may have reduced the severity of the occurrence, and
   F. Action that will be or have been taken in the attempt to prevent future similar occurrences.

3. In cases of critical events involving serious injury or death, suicidal attempts, sexual misconduct, allegations of staff abuse or misconduct, the Provider shall report such event by telephone to SES ***within two (2) hours*** of event occurrence.

4. The SES shall immediately notify the Supervisor of critical safety/risk management concerns. Critical events involving serious injury or death, suicidal attempts, or rape, may require immediate on-site investigations conducted by the Performance Management

Reviewers; or at the very least, immediate information, guidance, and requests of the Provider are conducted in writing or by telephone.

5. The Performance Management Office will conduct an investigation of critical events within thirty (30) calendar days for the following critical sentinel events:

   A. Suicide,
   B. Homicide,
   C. Accidental death,
   D. Serious physical injury requiring hospitalization, and
   E. Rape.

6. The CAMHD Performance Manager and Medical Director shall convene a team of CAMHD professionals and others to conduct a root cause analysis of a critical event. Providers will participate in the root cause analysis and provide all relevant information requested by the team as appropriate.

   A. Members of the team shall include at the minimum:

      1) A licensed clinical mental health professional,
      2) A quality assurance specialist,
      3) An administrator, and
      4) Other representatives to assure all parties involved participate in the Root Cause Analysis.

   B. The Performance Manager will prepare a formal written report of the investigation and its findings, including the root cause analysis and the Provider's Action Plan for review by the Chief of CAMHD and by CAMHD Safety and Risk Management Committee (SARM).
   C. The Performance Manager will prepare a final written report of the findings and recommendations that will be distributed to all applicable CAMHD sections, including Branches. Performance Management reviewers shall follow-through and monitor required documents and adequacy of corrective action from the agency.

7. The Provider's Clinical Director shall review and provide comments to each *72 Hour Sentinel Event Report* to ensure legibility, accuracy, completeness, and clinical/administrative adequacy prior to its release to CAMHD.

8. Providers shall maintain a systematic log of their sentinel events on a manual or electronic database to generate reports to conduct their internal reviews and analyses. Aggregate analyses, findings and actions taken to reduce frequency of occurrences shall be a part of the agency's overall Quarterly Quality Improvement Report submitted to CAMHD. Further, comparisons shall be made of each ensuing quarter against previous quarters' findings.

9. The SES shall maintain a log of all sentinel notifications to determine whether further information is necessary in instances where immediate action by the Provider and CAMHD is warranted.

10. The SES shall track the timeliness and adequacy of Providers' *72-Hour Sentinel Event Reports.* The SES shall consult with or inform the appropriate Performance Management Office or Clinical Services Office clinician as necessary.

11. The SES shall maintain an electronic database of all sentinels reported by Providers or Branches. Various reports are aggregated from data fields sorted by Provider with comparisons among all Providers of like services on a quarterly basis. CAMHD's SARM Committee, and the Performance Improvement Steering Committee (PISC) shall review these reports. Additionally, such reports are also incorporated into CAMHD's quarterly report to Med-QUEST Division.

12. The SES shall generate full detailed reports for Performance Management reviewers in preparation for the Provider agencies' case-based reviews.

13. The Performance Management Reviewers shall conduct desk reviews or on-site reviews of Providers' system of tracking and analyses in full detail of incidents whenever special investigations, regular provider agency case-based reviews, or licensing reviews are conducted.

ATTACHMENTS

A. 72-Hour Sentinel Event Report Form
B. Sentinel Event Code Definitions

Internal Use Only

Log Number	Level

Child & Adolescent Mental Health Division
State of Hawaii Department of Health
72-HOUR SENTINEL EVENT REPORT

Under CAMHD guidelines, a sentinel event is an occurrence involving serious physical and/or psychological harm or the risk thereof. A separate form is required for each singular event within ***72 hours*** *of the event occurrence. A 24-hour verbal report is also required to the case Mental Health Care Coordinator (MHCC) as well as to the CAMHD Sentinel Events Specialist at 733-9356.*

Fax to: Sentinel Events Specialist at 733-9357 and fax to Family Guidance Center (FGC) MHCC at the appropriate FGC fax number. Pages 1 and 2 to be completed by staff witnesses involved.

Agency: _____ **Program Name:**_____ **Provider ID#:**_____
Street Address (residential facilities only)**:** _____ **Phone:**_____

Island:_____ **Reported By:** _____ **Date Reported:**_____
Level of Service (check one): ☐ Hospital-Based Residential ☐ Intensive In-Home
☐ Multi-Systemic Therapy ☐ Therapeutic Foster Home
☐ Community Based Residential ☐ Therapeutic Group Home
☐ Community Based Residential-High Risk ☐ Crisis Residential
☐ Other:_____

MHCC:_____ **Family Guidance Center**:_____
Youth's Last Name: _____ **Youth's First Name**:_____
CAMHD CR#: _____ **DOB**:_____ **Event Date**:_____ **Time**:_____ am/pm

☐ Check here if event occurred when youth was not under direct care of program or staff (e.g., family outing, in school, etc.)

☐ MHCC Notified of Event ☐ Personal Notification of Parent or Legal Guardian

DESCRIPTION OF EVENT

A. *Describe the location and scene (what activity youth(s) engaged in):*

B. ***Summarize*** *what occurred (attach additional sheet, if necessary):*

ATTACHMENT A

C. *Precipitating Factors/Antecedents (What happened prior to this event?):*

D. *Names/titles of participants engaged in this event (submit separate report for other CAMHD youth involved):*

E. *Any type of follow-up planned for staff or youth witnesses affected by event:*

F. *How did event end (status of the youth/staff):*

CAMHD 72-HOUR SENTINEL EVENT REPORT

EVENT CODES **CLIENT CR#: _____**

G. Check all that apply *(* indicates reporting required only for CAMHD out-of-home placements)*:

CHILD EVENTS

Person Directed – Youth is the perpetrator

1 * Sexually Inappropriate Behavior – consensual, while in CAMHD out-of-home placement
2 Sexually Inappropriate Behavior – non-consensual
3 Physical Assault I
4 Physical Assault II – homicidal intent or potentially fatal
5 Homicide
6 Sexual Assault I
7 Sexual Assault II – penetration through coercion or threat of force
8 NOS/Other:_____

Substance Use

9 * Alcohol, Illicit Drugs, or Other Irregular use of Chemicals - while in CAMHD out-of-home placement
10 Accidental Overdose (intentional is coded as a self injury)
11 NOS/Other: _____

Property Directed

12 Theft – replacement value greater than $50
13 Destruction/Assault of Property – requiring crisis or authority intervention
14 Possession of Weapons or Hazardous Items
15 NOS/Other: _____

Intentional Self-Inflicted Injury

16 Refusal of Life Preserving Medical Treatment
17 * Medication Refusal – only report 2nd consecutive refusals
18 Suicidal Ideation
19 Suicidal Threat – verbal or gestural
20 Non-Lethal Injury – minor attention needed
21 Non-Lethal Injury – medical attention needed
22 Potentially Lethal Injury or Hospitalization
23 Suicide
24 NOS/Other: _____

Escape or Avoidance Behavior

25 Runaway – while in family or non-CAMHD placement and gone for 24-hours or more
26 * Elopement -while in CAMHD out-of-home placement and gone for 1 hour or more
27 NOS/Other:

Aberrant Behavior

28 Aberrant Behavior - active psychosis
29 NOS/Other: _____

Allegations – made only by youth with no witnesses

30 Verbal Abuse of Youth by Staff
31 Physical Abuse of Youth by Staff
32 Physical Abuse of Youth by Non-Agency Individual
33 Sexual Abuse of Youth by Staff
34 Sexual Abuse of Youth by Non-Agency Individual
35 NOS/Other: _____

INSTITUTIONAL EVENTS

Person Directed – Youth is the victim

36 Client Assaulted or Injured by Peer – medical attention needed
37 Client Sexually Assaulted by Peer
38 Client Assaulted or Injured by Non-Agency Adult – minor attention needed
39 Client Assaulted or Injured by Non-Agency Adult – medical attention needed
40 Client Sexually Assaulted by Non-Agency Adult
41 NOS/Other:_____

Interventions

42 Restraint – physical hold or escort
Start time: _____End Time: _____
43 Restraint - mechanical Start:_____End:_____
44 Restraint – chemical
name of med: _____
45 Medication used for Control – name of med: _____
46 Hospitalization
47 Seclusion –Start time:_____End time:_____
48 Police Called – no charges filed
49 Criminal Charges Filed or Arrest
50 NOS/Other: _____

Youth Injury

51 Non-Agency Medication Error
52 Staff Medication Error
53 Youth Injured – requiring immediate medical attention
54 Youth Injured – requiring hospitalization
55 Death of a Client
56 NOS/Other: _____

Staff Injury

57 Staff Injured – requiring medical attention
58 Staff Injured During Seclusion or Restraint – requiring minor attention
59 Staff Injured During Seclusion or Restraint – requiring medical attention
60 NOS/Other: _____

Allegations – corroborated by a person other than youth

61 Verbal Abuse of Youth by Staff
62 Physical Abuse of Youth by Staff
63 Physical Abuse of Youth by Non-Agency Individual
64 Sexual Abuse of Youth by Staff
65 Sexual Abuse of Youth by Non-Agency Individual
66 NOS/Other: _____

FOLLOW-UP, ANALYSIS AND ACTION PLAN **CLIENT CR#: _____**

This section to be completed by the Clinical Director or designated Qualified Mental Health Professio

H. *Additional post event comments:*

I. *Root causes hypothesized (Intrinsic to youth? External – environmental, staff, etc.?):*

J. *Could this event have been avoided? How?*

K. *Specific changes planned or implemented regarding the youth's treatment plan, staff, program, physical structure, operations, etc. to reduce the probability of reoccurrence (include results of both debriefing sessions).* **Check all that apply and provide additional written explanation below:**

- 01 ☐ Repeat Occurrence – Heighten Monitoring
- 02 ☐ Multiple Repeat Occurrence – Address in Treatment Plan
- 03 ☐ 1:1 Monitoring by Staff, duration:____
- 04 ☐ Therapist Notified
- 05 ☐ Schedule Treatment Team Meeting
- 06 ☐ Assessment Scheduled
- 07 ☐ Room Change
- 08 ☐ Detained at Correctional Facility
- 09 ☐ Probation Officer Notified
- 010 ☐ Appointment with Primary Care Physician
- 011 ☐ Appointment with Psychiatrist
- 012 ☐ Consult with Doctor Regarding Medication
- 013 ☐ Consult Program RN
- 014 ☐ Medical Attention Provided
- 015 ☐ Admin Review of Policy and Procedures
- 016 ☐ Programmatic Changes Made
- 017 ☐ Staff Training Scheduled
- 018 ☐ Police Report Made
- 019 ☐ CPS Report Made

Narrative:

Clinical Director Print Name: Date:

**If designee, indicate position and discipline title. Phone:_____ e-mail address:_____*

Signature:

SENTINEL EVENT CODE DEFINITIONS

Youth Events

Youth events generally occur due to choices made by the youth and often involve target behaviors. These events are divided into 7 subcategories:

- Person Directed,
- Self-Injury,
- Substance Use,
- Property Directed,
- Aberrant Behavior
- Escape/Avoidance Behaviors, and
- Allegations Made by the Youth (this category describes events reported by the youth without witnesses or corroboration from another individual).

Person Directed Definitions – Youth is the Perpetrator

1.	Sexually Inappropriate Behavior – consensual, while in CAMHD out-of-home placement	Inappropriate sexual behavior or non-penetrating sexual acts. Others involved must be willing participants or observers. Does not include acts with participants/observers who are 3 or more years younger. *This code only needs to be reported for youths in a Child and Adolescent Mental Health Division out of home placement.*
2.	Sexually Inappropriate Behavior –non-consensual	Inappropriate sexual behavior involving other non-consenting individuals. Includes events involving physical contact and events without any contact. e.g., exposure, verbally inappropriate behavior, sexually suggestive gestures, standing too close in an elevator, inappropriate hugging, etc.
3.	Physical Assault I	A violent physical attack or attempt to inflict offensive physical contact or bodily harm that puts the person in immediate danger of such harm or contact. Does not include incidents that fall under Assault II category.
4.	Physical Assault II – homicidal intent or potentially fatal	A violent physical attack or attempt to inflict offensive physical contact or bodily harm that puts the person in immediate danger of such harm or contact. Act must include homicidal intent or be potentially fatal.
5.	Homicide	Killing of one person by another.
7.	Sexual Assault II – penetration through coercion by threat of force	Act of engaging in non-consensual penetration with another through coercion or threat of force.
8.	NOS/Other	Other person directed events not described by above definitions.

ATTACHMENT B

Substance Use – Self Administered or Non-professionally Administered

9.	Alcohol or Other Irregular use of Chemicals - while in CAMHD out-of-home placement	Possession or use of alcohol, drugs, or other illicit or poisonous natural or synthesized substances. Includes consumption of legal substances in way not intended for use (sniffing glue, etc.).
10.	Accidental Overdose (intentional overdose coded as self injury)	Consumption of alcohol, drugs, tobacco, or other illicit or poisonous natural or synthesized substances requiring medical attention.
11.	NOS/Other	Other substance abuse events not described by above definitions.

Property Directed

12.	Theft	Any type of stealing or theft of an item with a replacement value greater than $50.
13.	Destruction/Assault of Property	Destruction of personal possessions, physical structures, furnishings, or other such property requiring crisis or authority intervention (police called, charges pressed, etc.).
14.	Possession of Weapons or Hazardous Items	Possession of a prohibited item or weapon with the potential to inflict serious harm to persons or property.
15.	NOS/Other	Other property directed events not described by above definitions.

Intentional Self-Inflicted Injury

16.	Refusal of Life-Preserving Medical Treatment	Refusal to receive recommended, life-preserving medical treatment other than medication.
17.	Medication Refusal –	Second consecutive refusal by youth to take medication as prescribed. Do not combine multiple days on one report, each day must be reported separately.
18.	Suicidal Ideation	Expression of thoughts to harm self (verbal, gestures, drawings, letters, etc.).
19.	Suicidal Threat – verbal or gestural	Immediate serious threat with a plan to harm.
20.	Non-Lethal Injury – minor attention needed	Self-inflicted, non-lethal, injury without the potential to end one's life which does not require hospital emergency medical attention.
21.	Non-Lethal Injury – medical attention needed	Self-inflicted, non-lethal, injury without the potential to end one's life which requires immediate medical attention.
22.	Potentially Lethal Injury or Hospitalization	Self-inflicted injury with the intention or potential to end one's life requiring hospitalization - or - requiring immediate care and attention of a qualified physician, and which, if not treated immediately, would jeopardize or impair the health of the child.
23.	Suicide	Intentionally ending own life.
24.	NOS/Other	Other self-injury events not described by above definitions.

Escape or Avoidance Behavior

25.	Runaway - while residing in family home or other non-CAMHD placement	Removing self from supervision for 24-hours without permission while residing with natural family, DHS foster home, or other placement not contracted through Child and Adolescent Mental Health Division.
26.	Elopement - while residing in CAMHD Out-Of-Home placement	Removing self from supervision without permission for an hour or more while residing in a Child and Adolescent Mental Health Division out-of-home placement, such as therapeutic foster home, group home, etc. Only report incidents of truancy where the youth is not present at the expected time.
27.	NOS/Other	Other escape or avoidance behavior events not described by above definitions.

Aberrant Behavior

28.	Aberrant Behavior	Severe behavior involving dissociated behavior or possible psychosis that does not fit into another event category.
29.	NOS/Other	Other aberrant behavior not described by above definition.

Allegations – Made Only by Youth

Allegations that are only made by the youth with no witnesses or others involved who can corroborate the allegation.

30.	Verbal Abuse of Youth by Staff	Youth alleges staff member of reporting agency makes inappropriate verbal or gestural contact.
31.	Physical Abuse of Youth by Staff	Youth alleges physical abuse from staff member of reporting agency. Includes hair pulling, pushing, or inappropriate methods of restraint (like grabbing shirt).
32.	Physical Abuse of Youth by Non-Agency Individual	Youth alleges physical abuse from individual that is not a staff member of reporting agency.
33.	Sexual Abuse of Youth by Staff	Youth alleges sexual abuse from staff member of reporting agency.
34.	Sexual Abuse of Youth by Non-Agency Individual	Youth alleges sexual abuse from individual that is not a staff member of reporting agency.
35.	NOS/Other	Other allegations made by the youth not described by above definitions.

Institutional Events

Institutional events are events that happen to the youth or occur as a consequence of youth behavior. These events generally occur due to choices made by individuals other than the youth. These events are divided into 5 subcategories:

- Person Directed,
- Treatment Interventions,
- Client-Injury,
- Staff Injury, and
- Allegations made by person other than the child (this category does not include events only reported by the child without corroboration from another individual).

Person Directed – Youth is the Victim

36.	Youth Assaulted or Injured by Peer – medical attention needed	Physical mistreatment by peer(s) requiring medical attention or hospitalization.
37.	Youth Sexually Assaulted by Peer	Youth sexually assaulted or mistreated by peer(s).
38.	Youth Assaulted or Injured by Non-Agency Adult - minor attention needed	Physical mistreatment by adult not employed by reporting agency - not requiring medical attention.
39.	Youth Assaulted or Injured by Non-Agency Adult - medical attention needed	Physical mistreatment by adult not employed by reporting agency - requiring medical attention or hospitalization.
40.	Youth Sexually Assaulted by Non-Agency Adult	Youth sexually assaulted or mistreated by adult not employed by reporting agency.
41.	NOS/Other	Other person directed events not described by above definitions.

Interventions

42.	Restraint - physical hold or escort Duration:	Involves the application of physical force without the use of any device, for the purpose of restricting freedom of movement. Brief 'personal holds' without undue force for the purpose of comforting, or holding an individual's hand or arm for safe escort to another area is not considered a restraint. Physical escorts in which the youth is willfully cooperating with the guide is not considered restraint until such a time as the youth no longer intends to follow or be escorted (e.g., youth struggles with staff). Excludes physical separation of two individuals by placing body between them to prevent physical altercation. There are no distinguishing time limits.
43.	Restraint - mechanical Duration:	Involves the use of any restraining device attached or adjacent to the youth's body (e.g., four point bed restraints) that restricts a youth's movement. There are no distinguishing time limits.
44.	Restraint - chemical	Involves the incidental use of medications and drugs to control

	Name of medication:	acute unsafe behavior through temporary sedation or other related pharmacological action. Does not include PRN. Please specify the type of medication administered.
45.	Medication used for Control Name of medication:	Any medication given urgently for emotional or behavioral control such as NOW or STAT orders. Please specify the type of medication administered. * For in-home services, it is only necessary to report those events requiring crisis intervention.
46.	Hospitalization	Acute and emergent admission to the hospital for psychiatric reasons.
47.	Seclusion Duration:	The involuntary confinement of a youth in a locked and/or secure room to ensure the safety of the youth or others. Any such isolation in a secure environment from which the youth is not potentially free to leave is considered seclusion (e.g., having a staff member block the exit from the unlocked seclusion room).
48.	Police Called – No Charges Filed.	Police are called and no charges are filed.
49.	Criminal Charges Filed or Youth is Arrested	Police called and charges filed - or - Youth is arrested. Excludes instances of calling the police when used as a planned treatment intervention previously decided by treatment team and written into the individual treatment plan.
50.	NOS/Other	Other interventions not described by above definitions.

Youth Injury

This section refers to those events where the reason for occurrence is other than an assault against the youth. Events that involve the assault of a youth should be coded as Person Directed Institutional Events.

51.	Non-Agency Medication Error	Any error in making medication available to youth by a non-agency individual. This includes dispensing errors made while youth is on pass.
52.	Staff Medication Error	Any error in making medication available to youth by an agency individual/staff. Includes forgetting medication, giving wrong medication, and discovering medication count is different from medication log.
53.	Youth Injured - requiring immediate medical attention	Injury to youth, not intentionally self-inflicted, and requiring immediate medical attention
54.	Youth Injured - requiring hospitalization	Injury to youth, not intentionally self-inflicted, with the potential to end one's life requiring hospitalization for non-psychiatric reasons - or - requiring immediate care and attention of a qualified physician, and which, if not treated immediately, would jeopardize or impair the health of the youth.
55.	Death of Youth	Death from any cause.
56.	NOS - non-injury related (i.e. seizure)	Other significant events requiring medical attention not classified by above categories, including non-injury related events (e.g.,

		medical complications).

Staff Injury

57.	Staff Injured - medical attention required	Program related or youth caused injury to staff requiring medical attention. Does not include injuries that occur during a seclusion or restraint.
58.	Staff Injured During Seclusion or Restraint - minor attention required	Injury to staff that occurs during a seclusion or restraint requiring no medical attention.
59.	Staff Injured During Seclusion or Restraint - medical attention required	Injury to staff that occurs during a seclusion or restraint requiring medical attention.
60.	NOS/Other	Other staff injury events not described by above definitions.

Allegations – Corroborated by a Person Other than Youth

Allegations made by the youth and there are witnesses or others involved who can corroborate the allegation. Allegations made by others concerning the youth also fall under this category.

61.	Verbal Abuse of Youth by Staff	Alleged inappropriate verbal or gestural contact from staff member of reporting agency.
62.	Physical Abuse of Youth by Staff	Alleged inappropriate physical abuse from staff member of reporting agency. Includes hair pulling, pushing, or inappropriate methods of restraint (like grabbing shirt).
63.	Physical Abuse of Youth by Non-Agency Individual	Alleged inappropriate physical abuse from individual that is not a staff member of reporting agency.
64.	Sexual Abuse of Youth by Staff	Alleged sexual abuse from staff member of reporting agency.
65.	Sexual Abuse of Youth by Non-Agency Individual	Alleged sexual abuse from individual that is not a staff member of reporting agency.
66.	NOS/Other	Other allegations made by person other than youth not described by above definitions.