

**OMHSAS Risk Management System
Form SI-815 Subcategory Code List**

FALLS

A. Fall	B. Fall was:	C. Ambulation:	D. Surface:	E. Footwear:
01 From Bed	20 Witnessed	40 Ambulatory: walks independently	50 Dry	60 Shoes/boots
02 From Chair	21 Unwitnessed	41 Assisted ambulation: braces, cane, walker, crutches, wheelchair	51 N/A	61 Slippers
03 From Commode			52 Wet	62 Stockings/socks
04 Unknown-Found on floor			53 Other (specify)	63 Bare feet
05 From Gerichair/recliner			54 Unknown	64 Not applicable
06 Lost balance		42 Non ambulatory: cannot move independently	55 Icy	65 Other
07 Running				66 Unknown
08 From Shower/tub/shower chair				67 Footwear ill-fitting/not fastened
09 Slipping				
10 Tripping (Specify)				
11 Wheelchair				
12 Other (specify)				
13 During Transfer				
14 Missed seat				

MEDICATION ERROR

A. Med Error Type:	B. Med Error Reason:	C. Med Type:	D. Severity:
90 Omission	100 Charting mistake	120 Antihistamine drugs	156 No or minimal adverse consequence and no treatment or intervention other than monitoring or observation
91 Wrong dose/rate	101 Communication	121 Anti-infective drugs	157 Short-term reversible adverse consequences and treatment and/or intervention in addition to monitoring or observation
92 Wrong medication	102 Failure to check ID	122 Antineoplastic agents	158 Life-threatening and/or permanent adverse consequences
93 Wrong person	103 Incomplete/confused/illegible order	123 Autonomic drugs	
94 Wrong route	104 Forgot to give	124 Blood formation & coagulation	
95 Wrong time	105 Medication missing	125 Cardiovascular/CNS drugs	
97 Other	106 Mislabeled	126 Analgesic/antipyretic	
87 Incorrect administration	107 Measured dose	127 Anticonvulsant	
technique/method/preparation	108 Misread Kardex/MAR	128 Psycho-therapeutic agents	
88 Wrong position	109 Misread label	129 Anxiolytics or anti-anxiety, sedatives or hypnotics	
89 Wrong dosage form	110 Patient off unit	130 Diagnostic agents	
	111 Pharmacy dispensing problem	131 Electrolytic, caloric & water balance	
	112 Prescribing error	132 Enzymes	
	113 Transcription	133 Antitussives, expectorants, & mucolytic agents	
	114 Other (specify)	134 Eye, ear, nose & throat preparations	
		135 Gastrointestinal drugs	
		136 Hormones & Synthetic substitutes	
		137 Local anesthetics	
		138 Serums, toxoids & vaccines	
		139 Skin & mucous membrane agents	
		140 Smooth muscle relaxants	
		141 Vitamins	
		142 Unclassified therapeutic agents, specify med generic name in narrative	
		143 Diabetic agent	
		144 Other	
		145 Multiple types	

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SELF INJURIOUS BEHAVIOR

A. SIB Method:	(continued)	B. SIB Instrument	(continued)
160 Biting	171 Overdose	200 Belt	217 Metal piece(s)
161 Burning	172 Pinching	201 Cigarette	218 Paper clip(s)
162 Cutting	173 Punching	202 Clothing	219 Pen/pencil
163 Drowning	174 Scratching	203 Comb	220 Plastic bag
164 Electrocuting	175 Shooting	204 Chemical(s)	221 Plastic piece(s)
165 Hanging	176 Slapping	205 Electrical outlet	222 Razor blade
166 Head banging	177 Stabbing	206 Fingernail(s)	223 Rope/cord
167 Ingesting	178 Strangling	207 Glass	224 Scissors
168 Inhaling	179 Other, specify	208 Gun	225 Soda can
169 Jabbing	180 Throwing self to floor/ground	209 Hand(s)	226 Staple
170 Jumping	181 <i>Inserting</i>	210 Illegal/contraband drug(s)	227 Other, specify
	182 <i>Picking</i>	211 Key(s)	228 Coin(s)
		212 Knife	229 Battery
		213 Light bulb	230 Aerosol spray
		214 Linen/sheet	231 N/A
		215 Match/lighter	232 Plastic utensils
		216 Medication/pill	

ASSAULT

A. Assault Patient:	B. Assault Result:	C. Assault Provocation/Reason:
260 Assaulted another Patient(s)	270 Injury to this Patient	280 Known, specify in narrative
261 Assaulted a staff member(s)	271 Injury to another Patient	281 Unknown
262 Assaulted a visitor/family/other	272 Injury to Staff	
263 Assaulted by another Patient(s)	273 Injury to visitor/family	
264 Assaulted by visitor/family/other	274 No Injury	
266 Physical altercation between 2 Patients	275 Other (Specify)	

AGGRESSION

A. Aggression Patient:	B. Aggression Result:	C. Aggression Provocation/Reason:
292 Aggression toward another Patient	274 No Injury	280 Known, specify in narrative
293 Aggression toward staff member	275 Other, Specify in narrative	281 Unknown
294 Aggression toward visitor/family/other	276 Property Damage	
295 Aggression by another Patient		
296 Aggression by visitor/family/other to Patient		
297 Aggression toward property		

DEATH

A. Death Type:	B. Coroner Notified:	C. Coroner Status:	D. Autopsy Status:
300 Accidental	309 Yes, specify in narrative	311 Accepted	320 Coroner
303 Suicide	310 No	312 Declined	321 Request to family accepted
305 Natural		313 Unknown	322 Request to family refused
306 Other (specify)		314 N/A	323 No request made
			324 Unknown
			325 Pending

ALLEGED PATIENT ABUSE

A. Type of Alleged Abuse:	B. Referred for Investigation:
330 Neglect	340 Yes
331 Non-physical	341 No
332 Exploitation	
333 Physical	
336 Violation of regulation, policy and/or procedure	

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INVESTIGATION OF ALLEGED NONCONSENSUAL SEXUAL ACTIVITY

A. Alleged Nonconsensual Sexual Activity Patient:	B. Referred for Investigation:
325 Alleged nonconsensual sexual activity TOWARD another patient 326 Alleged nonconsensual sexual activity FROM another patient	327 Yes 328 No

AWOL

A. AWOL:	B. AWOL Circumstances:	C. Search:	D. Consequences/Resolution of AWOL:
350 No risk per profile 351 Potential risk to self per profile 352 Potential risk to other per profile 353 Positive criminal history 354 Civil patient w/ criminal charges 355 Forensic Unit Patient	360 Escape from locked ward 361 Went AWOL during escorted transit to/from supervised on grounds activity 362 Did not arrive at scheduled on grounds activity 363 Went AWOL from supervised on grounds activity 364 Did not return from scheduled on-grounds activity 365 Did not return from grounds privileges 366 Went AWOL away from supervised off grounds activity 367 Did not return from unsupervised TL 368 Did not return from supervised TL 369 Went AWOL from temporary leave to community placement 370 Went AWOL from open ward 371 Walked off grounds	382 Found on grounds during search 383 Not found on grounds during search 384 No search conducted 387 Not found off-grounds during search 388 Found off-grounds during search	390 Patient returned by self 391 Patient returned by hospital staff 392 Patient returned by police 404 Patient not located/remains missing 405 Patient returned by other

ADR

A. ADR Action:	B. ADR Type:	C. ADR Severity:	D. Pharmacy Review Code:
1 Discontinuation of the drug 2 Changing the drug 3 Reducing the drug or altering the drug regimen	1 Headache 2 Hypertension 3 Pruritis (itching) 4 Abnormal vital signs/labwork 5 Rash 6 Respiratory difficulty 7 Other 8 Lethargy 9 Constipation	1 Mild 2 Moderate 3 Serious	1. Suspected 2. Probable 3. Certain 4. Indeterminate 5. No ADR