

What Makes an Injury Serious Enough to Report?

Reporting serious injuries to the Ombudsman for Mental Health and Developmental Disabilities does not meet requirements for reporting child and adult maltreatment or licensing violations. If you are not sure if any injury is reportable after reading this, consult your facility health care provider.

Serious Injury report forms are for reporting serious injuries as defined in Mn Statutes Ch. 245.91. The form is not meant to report illnesses nor abuse/neglect situations, unless they involve a serious injury. This document is to help understand what a serious injury is and the serious injury reporting requirements. To contact OMHDD regarding other types of concerns, please contact our St. Paul Central Office at 651-757-1800 or contact the Regional Ombudsman directly

Medical assessment by a health care professional means the assessment of a person by a physician, physician assistant, or registered nurse to determine if there is an injury.

Medical treatment means a specific treatment ordered to treat the injury being reported.

Attempted Suicide

2017 Change in definition: All attempted suicides must now be reported as a serious injury. This does not include suicidal ideation. Accidental overdose is not reportable. Cutting due to self-injurious behavior is not reportable unless it falls under all other injuries considered serious. There must be an attempt to commit suicide to be reported. If you are not sure if an overdose was accidental or intentional, report it.

Extensive Second and Third Degree Burns, and Burns for which Complications are Present

First Degree: Reddened only on top layer of skin. No blistering is involved. These burns need not be reported unless complications of burns occur.

Second Degree: Burns that affect the first and second layer of skin. There is blistering, mottling of the skin surface and pain.

Third Degree: This injury extends down to the subcutaneous tissue, muscle or bone. In some cases the area is actually charred.

The statutory definition includes the term "extensive." Small burns such as accidental cigarette burns or hot glue guns, are not reportable unless complications occur.

Burns can cause swelling, blistering, scarring and in serious cases, shock and even death. Burns can also lead to infections because they damage your skin's protective barrier. Treatment for burns depends on the cause of the burn, how deep it is and how much of the body it covers.

Complication of Medical Treatment for an Injury

Medical conditions are not reportable unless the individual has received treatment for an injury and there is a complication afterwards that requires further care and treatment.

Complication of Previous Injury

If the individual had a serious injury and complications arise afterwards, it should be reported.

Dental Injuries: Irreversible Mobility or Avulsion of Teeth

When dental injuries occur that involve either the loss of a tooth or teeth at the time of the injury, or removal later because the tooth or teeth cannot be saved, the injury should be reported. Note: This does not refer to planned dental extraction because of disease or other non-injuries. Only those avulsions which occur because of an injury should be reported.

Dislocations

All dislocations of joints should be reported.

Eye Injuries – Injuries to the Eye

The law does not define which injuries to the eye are “serious.” However, something in the eye which irritates the cornea and causes mild discomfort would not need to be reported. If at a later time, however, an infection occurs that requires medical intervention and the uncomplicated minor injury results in the threatened loss of eyeball or visual acuity, it should be reported. Traumatic injuries that puncture the eyeball, that cause bleeding in the eye, or any injury requiring care to maintain the physical structure or vision should be reported.

Fractures

All fractures including those of the hands, feet, fingers and toes should be reported. Cracked bones and non-displaced fractures are reportable.

Extensive Second and Third Degree Frostbite and those for which Complications are Present

- **Frostnip (statutorily 1st degree).** The first stage of frostbite is frostnip. With this mild form of frostbite, your skin pales or turns red and feels very cold. Continued exposure leads to prickling and numbness in the affected area. As your skin warms, you may feel pain and tingling. Frostnip doesn't permanently damage the skin. This is not reportable.
- **Superficial frostbite (statutorily 2nd degree).** The second stage of frostbite appears as reddened skin that turns white or pale. The skin may remain soft, but some ice crystals may form in the tissue. Your skin may begin to feel warm — a sign of serious skin involvement. If you treat frostbite with rewarming at this stage, the surface of your skin may appear mottled, blue or purple. And you may notice stinging, burning and swelling. A fluid-filled blister may appear 24 to 36 hours after rewarming the skin.

- **3rd Degree or Severe (deep) frostbite (statutorily 3rd degree).** As frostbite progresses, it affects all layers of the skin, including the tissues that lie below. You may experience numbness, losing all sensation of cold, pain or discomfort in the affected area. Joints or muscles may no longer work. Large blisters form 24 to 48 hours after rewarming. Afterward, the area turns black and hard as the tissue dies.

(Information taken from Mayo Clinic website)

The statutory definition includes the term “extensive.” Very small areas of 2nd or 3rd degree frostbite do not need to be reported.

Head Injury with or without Loss of Consciousness and Potential Closed Head Injury

2017 Change in Definition: Head injuries with loss of consciousness or with a potential for a closed head injury, or a concussion without loss of consciousness requiring a medical assessment by a health care professional are required to be reported, even if medical attention was not sought. There has been some question about whether or not a seizure which resulted in a head injury meets the statutory definition. If the individual has a head injury due to a seizure and it meets the above criteria, it should be reported.

Potential for a closed head injury does not mean every bump, bruise or scrape is reportable. If the injury is serious enough it could lead to a potential closed head injury, it should be reported. This includes self-abusive behavior where a person is severely hitting his/her head with an object or fist, or banging his/her head on an object or wall.

Concussion, No Loss of Consciousness Requiring Medical Assessment

This means an injury to the head whether or not there is loss of consciousness. **Some** signs of a concussion include memory problems, drowsiness, confusion, dizziness, double vision or blurred vision, headache, nausea or vomiting, sensitivity to light or noise, balance problems or slowed reaction to stimuli.

Heat Exhaustion or Sunstroke

These conditions are caused by exposure to excessive heat and are marked by dry skin, dizziness, headache, thirst, nausea and muscular cramps. In sunstroke, the body temperature may be dangerously elevated. In heat exhaustion, the temperature may be below normal. Transient dizziness may not need to be reported; however, if the client requires medical intervention to manage the symptoms, this should be reported.

Ingestion of Foreign Substances and Objects that are Harmful

Many of the people served by the Office have pica or pica-like behaviors that involve ingesting non-nutritive substances. Unless the ingestion may cause physical harm they need not be reported. Some examples of harm are bowel obstruction, internal bleeding, and esophageal burns. It is important to distinguish behavior from outcome. The behavior need not be reported however, if there is potential harm to the client because of the behavior, it must be reported. This would also include a person ingesting another person’s medications if they may cause harm.

Internal Injuries

Examples include: internal bleeding or hemorrhaging, damage to an organ such as the liver or spleen.

Lacerations Associated with Damage to Tendons, Organs or Where Complications are Present

Lacerations should be reported when the injury involves a nerve, a tendon or an organ. A laceration that requires suturing need not be reported unless it involves a laceration to a tendon, organ, there are complications present or it is an attempted suicide. Damage to a nerve would be a complication. However, if the same laceration later becomes infected and requires the administration of antibiotics or other medical intervention, the injury involves a complication and should be reported.

Near Drowning

When interventions are required to sustain the life of the client who nearly drowns, the injury caused by the near drowning should be reported. Additionally, if there are complications because of the episode, such as pulmonary or lung inflammation, the injury should be reported.

All Other Injuries and Incidents Considered Serious after Assessment by a Health Care Professional including but not Limited to:

1. Self-injurious behavior
2. Medication error requiring medical treatment
3. Suspected delay of medical treatment
4. Complication of previous injury
5. Complication of medical treatment for an injury

Questions Regarding the Mandatory Reports of Death and Serious Injury

1. When should a report be made?
According to the statute, the report is to be made within 24 hours of the death or serious injury. In some cases, you may be unaware of the exact time of the injury or death. In that event, the report should be made within 24 hours of your learning of the death or serious injury. After you have faxed the information or called the Office (left a message with a staff person or on voice mail), you have met the statutory requirement. Keep in mind that calls may not be returned until the next working day. If you are unable to fax the report of death or injury, please make certain you speak clearly and leave a telephone number, with the area code, when you call.
2. How can complications be reported within 24 hours of an injury?
In most cases, complications will not be known within 24 hours of the injury. Please make the report within 24 hours of learning of the complication.
3. How do I report a Death or Serious Injury?
You may complete the appropriate form, which is available at <https://mn.gov/omhdd/reporting-death-or-serious-injury/> and fax it to the OMHDD at 651-797-1950.
4. Who can we call if we have other questions?
Calls can be made to the Regional Ombudsman covering the area you are in. See the Contact section on the website for names and phone numbers. <https://mn.gov/omhdd/contact/>