MINNESOTA
OFFICE OF OMBUDSMAN
FOR MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES

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What Makes an Injury Serious Enough to Report?

The Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) occasionally receives questions regarding the serious injury reporting requirements and how to submit a report. Serious injuries, as defined in Minnesota statute section 245.91, subdivision 6, should be reported using the Serious Injury webform or by submitting the Serious Injury Report Form via fax. Both are available on the OMHDD website at mn.gov/omhdd. The forms are not meant for reporting illnesses or abuse/neglect situations unless they meet the statutory definition of a serious injury. 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.

Reporting serious injuries to OMHDD does not meet requirements for reporting child and adult maltreatment nor does OMHDD forward copies of serious injury reports to the Department of Human Services or the Department of Health. If you are not sure if an injury requires reporting, consult your agency/facility health care provider or contact the Regional Ombudsman for the county in which the client is present.

Medical assessment by a health care professional means the assessment of a person by a physician, physician assistant, advanced practice registered nurse, or registered nurse to evaluate an injury for severity and treatment needs.

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

Fractures

All fractures, including those of the hands, feet, fingers, and toes should be reported. Cracked bones and non-displaced fractures are reportable. Sometimes imaging studies (such as X-rays, CT scans, or MRIs) reveal old and healed fractures. When these fractures were not previously known to exist, they should be reported.

Dislocations

Dislocation is the medical term for bones in a person's joint (like the knee, hip, or shoulder) being knocked or pushed out of their usual place. All joint dislocations should be reported, regardless of location.

Evidence of internal injuries

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

Head injuries with or without loss of consciousness and potential closed head injury

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 needed. 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. The cause of the head injury does not matter in terms of reporting.

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

A concussion without loss of consciousness requiring medical assessment requires reporting. Some signs of a concussion can 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.

Lacerations involving injuries to tendons or organs, and those for which complications are present

Lacerations should be reported when the injury involves a nerve, a tendon, or an organ. A laceration or cut that requires suturing does not need to be reported unless it involves a laceration to a tendon, nerve, or organ, there are complications, it meets one of the other definitions of a serious injury, or it is an attempted suicide. 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.

Extensive second- and third-degree burns, and burns for which complications are present

First Degree

First-degree burns affect only the outer layer of skin. The burn site is red, painful, and dry, but does not have blisters. Mild sunburn is an example. These burns do not need to be reported unless complications occur.

Second Degree

Burns that affect the first and second layer of skin. The burn site appears red, blistered, and may be swollen and painful.

Third Degree

These burns destroy the top two layers of skin. They may also damage the underlying bones, muscles, and tendons. The burn site is often white or charred.

Extensive

The statutory definition includes the term “extensive.” Second- and third-degree burns that are smaller than a quarter, such as accidental cigarette burns or burns from a hot glue gun, are not reportable unless complications occur.

Extensive second- and third-degree frostbite and others for which complications are present

Frostnip (statutorily 1st degree)

The first stage of frostbite is frostnip. With this mild form of frostbite, skin pales or turns red and feels very cold. As skin warms, pain and tingling may be felt. Frostnip doesn't permanently damage the skin. This is not reportable, unless complications present.

Superficial frostbite (statutorily 2nd degree)

The second stage of frostbite appears as reddened skin that turns white or pale. The skin may remain soft, and a fluid-filled blister may appear 12 to 36 hours after rewarming the skin. The affected skin could feel warm, but water contained in the skin can freeze into ice crystals, which causes a sensation of pins and needles. If this degree of frostbite is treated by rewarming, the surface of the skin may appear spotty, blue, or purple. The skin may peel and feel much like a sunburn would. This degree of frostbite should be reported and requires medical treatment.

Severe (deep) frostbite (statutorily 3rd degree)

As frostbite progresses, it affects all layers of the skin, and total numbness sets in. It is usually difficult to move the area, and joints and muscles may no longer work. Large blisters form about 24 to 48 hours after rewarming. Afterward, the area turns black and hard as the skin cells die. This black covering often falls off on its own but may require surgical treatment. This degree of frostbite should be reported and requires medical treatment.

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. This does not refer to planned dental extraction because of disease or other non-injuries.

Injuries to the eyeball

A minor eye injury, like a scratched cornea from a small piece of debris in the eye, does not need to be reported. If at a later time an infection occurs that requires medical intervention and/or the uncomplicated minor injury results in the threatened loss of eyeball or visual acuity, it should be reported. Traumatic injuries that puncture the eyeball, cause bleeding in the eye, or any injury requiring treatment to maintain vision, or the physical structure of the eye should be reported.

Ingestion of foreign substances and objects that are harmful

Many of the people served by the OMHDD have pica or pica-like behaviors that involve ingesting non-food items. Unless the ingestion has the potential to cause physical harm, it does not need to be reported. Some examples of harm include a bowel obstruction, internal bleeding, or esophageal burns. It could also include a person ingesting another person's medications, but it only needs to be reported if the ingestion may cause harm.

Near drowning

When interventions are required to sustain the life of a person 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 edema or lung inflammation, the injury should be reported.

Heat exhaustion or sunstroke

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

Attempted suicide

All attempted suicides must now be reported as a serious injury. This does not include suicidal ideation, or the mere thought of suicide. Cutting and other self-injurious behavior is not reportable unless the resulting injury or intent behind the behavior meets the definition of a serious injury. In the event of an overdose, if it is not known whether an overdose was accidental or intentional, report it.

All other injuries and incidents considered serious after assessment by a health care professional, including but not limited to:

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 a previous injury

If the individual had a serious injury and complications arise afterwards, it should be reported. For example, if an individual needs stitches, and later the area becomes infected, it should be reported.

Suspected delay of medical treatment

When an individual does not receive timely care, they could experience worsening health and even death. This might include a choking event that results in aspiration pneumonia, or a cold that worsens to viral pneumonia. These types of incidents are reportable if no timely medical treatment was sought.

Medication errors that require treatment

When an individual does not receive their medications as ordered, it could result in worsening health. This could include a missed dose of a medication, an extra dose of a medication, a wrong medication, or a wrong route. If medical treatment is necessary as a result of the error, it should be reported.

Questions regarding the mandatory reports of death and serious injury

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. Upon submitting the webform or sending the report form via fax, the statutory requirement has been met. If you are unable to submit the report of death or injury, please contact the OMHDD Central Office at 651-757-1800.

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.

Who can we call if we have other questions regarding serious injuries?

Calls can be made to the Regional Ombudsman covering the area in which the client is present. See the Contact section on the website for names and phone numbers.