

OBHIC Incident Definitions (April 2002)

(1) HOLDS (Level I and Level II)

- a. A "therapeutic hold" occurs when "a client's freedom of movement is physically restricted."
- 1) This would not be the case when a client is led along the trail, or moved to his/her campsite, by a hand pulling gently on a backpack strap or guiding her/him by the elbow. The client in such a case may not "want" to go in the direction encouraged, but is "willing to go" when urged along; any resistance is passive.

This situation may be termed a "physical assist." However, OBHIC members agreed that we would no longer report physical assists. A program may, if it chooses record and count them, but need not report them to OBHRC.

- 2) The line between a "physical assist" and a "therapeutic hold" occurs when the client actively resists, and is propelled or held still against that resistance. The hand on the pack strap or the upper arm may still be all that is used, but now it is strongly pulling or pushing a client who has "dug in her heels" and is actively trying not to go in the direction desired by the staff person. Usually, in such a case, it would take a staff member on each side of the client to propel the client against his/her resistance, but this is not necessarily so. Immobilizing a client against his/her resistance in a standing, sitting, or prone position is a more common type of therapeutic hold.

- b. **A "Level II Therapeutic Hold" is one which lasts longer than 15 minutes. This is not recommended.**
c. **A hold lasting longer than 30 minutes is a "Restraint," even when no physical and chemical restraint devices are used.**

(2) INJURY AND ILLNESS INCIDENTS

- a. An incident becomes reportable when it takes a client out of regular programming for more than 12 hours.
- 1) The time out of programming may be spent entirely in the field, for example with a client resting in his/her sleeping bag while recovering from intestinal upset, or sitting in camp with a mild sprain. The incident should be counted even when it does not affect the program or the client or the group. For example, the staff might decide to take a group lay-over day to accommodate a client's illness, with the client attending all or some groups and doing the same journal assignments as other group members. In this case, if the client is in need of bed rest or camp rest for 12 hours or more, the incident should be counted, even though the program was able to continue with only mild adjustments.
 - 2) The incident time may include evacuation for medical examination. In this case, the evacuation time is counted as part of the 12 hours. For example, if the doctor's visit and treatment procedure takes 2 hours, but the evacuation time each way is 5.5 hours, the total time is 13 hours and the incident should be counted.

However, extra time spent at a base camp due to purely logistical considerations need not be counted. For example, a client might be evacuated at 7 p.m., arriving at the emergency room at 10 p.m., finishing there at 11 p.m., but due to the lateness and the hour, the client might be held at base camp until the next morning before the 2-hour return drive to the field from 7 a.m. to 9 a.m. If the doctor suggested that the client be kept at base over night, then that would be a 14-hour incident and would be counted. However, if the doctor gave permission for the client to return to the field right away and the client could have returned by 1 a.m., then that would be a 6-hour incident and would not be counted.

- 3) When state regulations or prudence require an evacuation for a medical exam and it turns out that there was in fact no genuine injury or illness in evidence, the incident should not be counted regardless of the time involved.

Note: Although we are sticking with the "12 hours" criterion used by NOLS in order to develop data, which is useful in the real world of outdoor programming, this will generate some problems. Keep in mind that the real point here is simple: any illness or injury which is serious enough to cause the equivalent of a "missed day of school" should be counted and reported.

- b. **A "Level II" injury or illness is one which requires an overnight hospitalization or the equivalent, as judged by the program.**

(3) NOSOCOMIAL/PROGRAM CAUSED ILLNESSES

- a. We agreed to change the reportability boundary for these from 48 hours to 72 hours after admission to the program. This is based on advice from several of our medical consultants, who suggested waiting periods ranging from 48 hours to 14 days. Some common illnesses require incubation periods as brief as 12 hours; some are 14 days or more. The 72-hour definition is a compromise.
- b. A few well-known and readily identified illnesses, including chicken pox, measles and mumps, do require 10-14 day incubation periods. When these illnesses are clearly identified and their incubation period is known to be longer than the time a child has been in the program, they should not be reported.
- c. Keep in mind, however, that we are interested in getting figures as solid and straightforward as possible: Thus, it is better to err on the side of over-reporting.

(4) RUNAWAYS (Level I and Level II)

- a. We will continue to use the definition developed earlier: Away from program area and staff oversight without permission for more than 60 minutes.
If a client walks away from camp and is followed by staff who keep him/her under observation or continue to engage a client in conversation, the incident is not considered a runaway.
- b. **A Level II runaway is one in which a client is away from staff oversight for more than 24 hours without permission.**
- c. The question of when a runaway has occurred is, as with other incidents, one of seriousness of risk rather than the client's intentions or the logistics of the situation. A client might walk for several hours or miles but be at essentially no risk because a staff member remains near the client and could provide protection. Another client, away from camp for little more than an hour, might be lost in an unlikely location or hitching a ride with a potentially dangerous driver, and hence be at substantial risk.