



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**

# **Texas EMS & Trauma Registries**

## **Submersion Data Dictionary**

Version Date: May 1, 2017

## Table of Contents

|   |    |
|---|----|
| Introduction.....                       | 4  |
| Texas Standard Inclusion Criteria ..... | 4  |
| PROVIDER NAME.....                      | 6  |
| INDIVIDUAL'S FIRST NAME .....           | 7  |
| INDIVIDUAL'S MIDDLE NAME/INITIAL.....   | 8  |
| INDIVIDUAL'S LAST NAME .....            | 9  |
| INDIVIDUAL'S HOME ADDRESS.....          | 10 |
| INDIVIDUAL'S CITY OF RESIDENCE .....    | 11 |
| INDIVIDUAL'S STATE OF RESIDENCE.....    | 12 |
| INDIVIDUAL'S ZIP CODE OF RESIDENCE..... | 13 |
| INDIVIDUAL'S COUNTY OF RESIDENCE .....  | 14 |
| INDIVIDUAL'S DATE OF BIRTH.....         | 15 |
| INDIVIDUAL'S SEX.....                   | 16 |
| INDIVIDUAL'S RACE .....                 | 17 |
| INDIVIDUAL'S ETHNICITY .....            | 18 |
| HOSPITAL ARRIVAL DATE .....             | 19 |
| ED DISCHARGE DATE .....                 | 20 |
| HOSPITAL DISCHARGE DATE .....           | 21 |
| HOSPITAL DISPOSTION.....                | 22 |
| DATE OF DEATH .....                     | 23 |
| ICD-10 UNDERLYING CAUSE OF DEATH .....  | 24 |
| INCIDENT / INJURY DATE .....            | 25 |
| INCIDENT / INJURY TIME.....             | 26 |
| INCIDENT STREET ADDRESS .....           | 27 |
| INCIDENT STATE .....                    | 28 |
| INCIDENT CITY .....                     | 29 |
| INCIDENT ZIP CODE .....                 | 30 |
| INCIDENT COUNTY.....                    | 31 |
| INCIDENT COUNTRY .....                  | 32 |
| INCIDENT SCENE .....                    | 33 |
| SCENE LOCATION .....                    | 34 |
| PATIENT ACTIVITY .....                  | 35 |

|  |           |
|--|-----------|
| <b>MOTOR VEHICLE RELATED .....</b>                 | <b>36</b> |
| <b>PERSONAL FLOATATION DEVICE.....</b>             | <b>37</b> |
| <b>SUPERVISED .....</b>                            | <b>38</b> |
| <b>SUPERVISOR WITNESS.....</b>                     | <b>39</b> |
| <b>WAS LIFEGUARD PRESENT .....</b>                 | <b>40</b> |
| <b>ALCOHOL USE INDICATOR.....</b>                  | <b>41</b> |
| <b>DRUG USE INDICATOR.....</b>                     | <b>42</b> |
| <b>MOVED FROM WATER BREATHING.....</b>             | <b>43</b> |
| <b>MOVED FROM WATER PULSE DETECTED .....</b>       | <b>44</b> |
| <b>OUTCOME .....</b>                               | <b>45</b> |
| <b>CAUSE OF INJURY ICD-10-CM CATEGORY.....</b>     | <b>46</b> |
| <b>CAUSE OF INJURY ICD-10-CM SUBCATEGORY .....</b> | <b>47</b> |
| <b>CAUSE OF INJURY ICD-10-CM.....</b>              | <b>48</b> |
| <b>OTHER CONTRIBUTING FACTORS .....</b>            | <b>49</b> |

## Introduction

The submersion data dictionary is designed to establish the Texas standard for exchange of registry data, and to serve as the operational definitions for the Texas EMS & Trauma Registries. It is expected that hospital, justice of the peace, and medical examiner entities report all individuals satisfying the inclusion criteria described in this document to the Registries' online reporting system in accordance with the Texas Administrative Code, Title 25, Part 1, Chapter 103. All reportable data shall be submitted at least quarterly; monthly electronic data submissions are recommended. An entity shall submit data to the Registries within ninety days of an individual's discharge from their facility.

## Texas Standard Inclusion Criteria

### SUBMERSION

---

#### **Definition:**

The process of experiencing respiratory impairment from submersion/immersion in liquid. This includes drowning and near drowning events.

#### **For hospital reference only: Submersion related ICD-9-CM and ICD-10-CM code examples**

##### **ICD-9-CM:**

- E830.0-E830.9, E832.0-E832.9, E910.0-E910.9, E954, E964, E984, E995.4
- 348.1 or 994.1 (Traumatic brain injury caused by anoxia due to submersion)

##### **ICD-10-CM:**

- V90.0-V90.89, V92.0-V92.29, W16.01-W16.92, W65-W74, X71.0-X71.90, X92.0-X92.9, Y21.0-Y21.9

## COMMON NULL VALUES

---

### **Definition**

These values are to be used with each of the data elements described in this document which have been defined to accept the null values.

### **Field Values**

1 Not applicable

2 Not known / Not recorded

### **Additional Information**

- Not applicable: This data element applies if, at the time of Individual care documentation, the information requested was “Not applicable” to the Individual, the hospitalization or the Individual care event.
- Not known / Not recorded: This data element applies if, at the time of individual care documentation, the information was “Not recorded” (to the individual, family, health care provider) or no value for the element was known for the individual.

## USAGE

---

### **Definition**

Indication of when the data element is expected to be collected.

### **Additional Information**

- Mandatory: Must be completed and does not allow null values
- Required: Must be completed and allows null values
- Optional: Does not need to be completed

## PROVIDER NAME


### Definition

The name of the reporting entity.

### Field Values

- Relevant data for this element

### Additional Information

- This element is mandatory. If this element is not completed, the reporting entity will not receive credit for the record.
- To complete, select the magnifying glass . Without entering any information, click on the search button. All assigned entities will appear in the search results area. Double click the correct entity and the information will automatically populate this field.
- The entity Department of State Health Services number (DSHS ID) will auto-fill once the correct entity is selected. This is a non-editable field.

### Associated Edit Checks

- None

## INDIVIDUAL'S FIRST NAME

### Definition

The individual's first name. The term "individual" is used throughout this document as plain language for the person to which the injury occurred.

### Field Values

- Relevant data for this element

### Additional Information

- This element is mandatory.
- The maximum length is 50 characters.
- If individual's name is not known, please enter UNKNOWN for this element.

### Associated Edit Checks

- None

## INDIVIDUAL'S MIDDLE NAME/INITIAL

### Definition

The individual's middle name or initial.

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.
- The maximum length is 50 characters.

### Associated Edit Checks

- None



## INDIVIDUAL'S LAST NAME

### Definition

The individual's last name.

### Field Values

- Relevant data for this element

### Additional Information

- This element is mandatory.
- The maximum length is 50 characters.
- If individual name is not known, please enter UNKNOWN for this element.

### Associated Edit Checks

- None

## INDIVIDUAL'S HOME ADDRESS

### Definition

The individual's home address.

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.
- The maximum length is 50 characters.

### Associated Edit Checks

- None

## INDIVIDUAL'S CITY OF RESIDENCE

### Definition

The individual's city (or township, or village) of residence.

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.
- The maximum length is 50 characters.

### Associated Edit Checks

- None

## INDIVIDUAL'S STATE OF RESIDENCE

### Definition

The state (or District of Columbia) where the individual resides.

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.

### Associated Edit Checks

- None

## INDIVIDUAL'S ZIP CODE OF RESIDENCE

### Definition

The individual's home ZIP/Postal code of primary residence.

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.
- May be stored as a 5 or 9-digit code (XXXXX-XXXX) for United States or Canada, or can be stored in the postal code format of the applicable country.

### Associated Edit Checks

- None

## INDIVIDUAL'S COUNTY OF RESIDENCE

### Definition

The county or parish where the individual resides (or best approximation).

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.

### Associated Edit Checks

- None

## INDIVIDUAL'S DATE OF BIRTH

### Definition

The individual's date of birth.

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.
- Collected as MM/DD/YYYY.
- If date of birth is unknown, select Not known / Not recorded.

### Associated Edit Checks

- None

## INDIVIDUAL'S SEX

### Definition

The individual's sex.

### Field Values

1. Male
2. Female
3. Unknown

### Additional Information

- This element is required.

### Associated Edit Checks

- None



## INDIVIDUAL'S RACE

### Definition

The individual's race.

### Field Values

1. American Indian / Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian
5. White
6. Other
7. Not known / Not recorded

### Additional Information

- This element is required.

### Associated Edit Checks

- None

## INDIVIDUAL'S ETHNICITY

### Definition

The individual's ethnicity.

### Field Values

1. Hispanic or Latino
2. Not Hispanic or Latino
3. Not known / Not recorded

### Additional Information

- This element is required.

### Associated Edit Checks

- None

## HOSPITAL ARRIVAL DATE

### Definition

The date the individual arrived at the emergency department (ED) or hospital.

### Field Values

- Relevant data for this element

### Additional Information

- This element is optional.
- Collected as MM/DD/YYYY.

### Associated Edit Checks

- None

## ED DISCHARGE DATE

### Definition

The date the individual was discharged from the emergency department (ED).

### Field Values

- Relevant data for this element

### Additional Information

- This element is optional.
- Collected as MM/DD/YYYY.
- When hospital arrival date is “Not known / Not recorded”, this element will autofill with “Not known / Not recorded”.

### Associated Edit Checks

- None

## HOSPITAL DISCHARGE DATE

### Definition

The date the individual was discharged from the hospital.

### Field Values

- Relevant data for this element

### Additional Information

- This element is optional.
- Collected as MM/DD/YYYY.
- When hospital arrival date is “Not Known / Not Recorded”, this element will autofill with “Not Known / Not Recorded”.

### Associated Edit Checks

- None

## HOSPITAL DISPOSITION

### Definition

The individual's disposition at the time of discharge.

### Field Values

1. Discharged/transferred to a short-term general hospital for inpatient care
2. Discharged/transferred to an intermediate care facility (ICF)
3. Discharged/transferred to home under care of organized home health service
4. Left against medical advice or discontinued care
5. Expired
6. Discharged home with no home services
7. Discharged/transferred to skilled nursing facility (SNF)
8. Discharged/transferred to hospice care
9. Discharged/transferred to court/law enforcement
10. Discharged/transferred to inpatient rehab or designated unit
11. Discharged/transferred to long term care hospital (LTCH)
12. Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
13. Discharged/transferred to another type of institution not defined elsewhere
14. Not applicable
15. Not known / Not recorded

### Additional Information

- This element is required.
- When hospital arrival date is "Not Known / Not Recorded", this element will autofill with "Not Known / Not Recorded".

### Associated Edit Checks

- None

## DATE OF DEATH

### Definition

The individual's date of death.

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.
- Collected as MM/DD/YYYY.

### Associated Edit Checks

- None

## ICD-10 UNDERLYING CAUSE OF DEATH

### Definition

This element is for use by JP and ME use only. The individual's underlying cause of death.

### Field Values

- Relevant data for this element

### Additional Information

- This element is optional.
- Free text element type.
- Enter the applicable ICD-10 code

### Associated Edit Checks

- Does not accept ICD-10-CM codes



## INCIDENT / INJURY DATE

### Definition

The date the incident / injury occurred.

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.
- Collected as MM/DD/YYYY.
- Estimates of date of injury should be based upon report by the individual, witness, family, or health care provider

### Associated Edit Checks

- None

## INCIDENT / INJURY TIME

### Definition

The time the incident / injury occurred.

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.
- Collected as military time (e.g., 1 PM is entered as 13:00)
- Estimates of time of injury should be based upon report by the individual, witness, family, or health care provider. Other proxy measures (e.g., 911 call times) should not be used.

### Associated Edit Checks

- None

## INCIDENT STREET ADDRESS

### Definition

The street address of the incident.

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.
- The maximum length is 50 characters.

### Associated Edit Checks

- None

## INCIDENT STATE

### Definition

The state (or District of Columbia) where the individual was found or to which the unit responded (or best approximation).

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.

### Associated Edit Checks

- None

## INCIDENT CITY

### Definition

The city, township, or village in which the incident occurred.

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.

### Associated Edit Checks

- None

## INCIDENT ZIP CODE

### Definition

The zip code where the individual was found or to which the unit responded (or best approximation).

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.
- May be stored as a 5 or 9-digit code (XXXXX-XXXX) for United States or Canada, or can be stored in the postal code format of the applicable country.

### Associated Edit Checks

- None

## INCIDENT COUNTY

### Definition

The county or parish where the individual was found or to which the unit responded (or best approximation).

### Field Values

- Relevant data for this element

### Additional Information

- This element is required.

### Associated Edit Checks

- None

**INCIDENT\_COUNTRY****Definition**

The country where the individual was found or to which the unit responded (or best approximation).

**Field Values**

- Relevant data for this element

**Additional Information**

- This element is required.

**Associated Edit Checks**

- None



## INCIDENT SCENE

### Definition

The place where the incident occurred.

### Field Values

1. Lake
2. Pond
3. Bay
4. Bayou
5. River / Creek
6. Canal
7. Ocean / Sea
8. Swimming pool
9. Hot tub / Spa
10. Bathtub
11. Other
12. Not known / Not recorded

### Additional Information

- This element is optional.

### Associated Edit Checks

- None

## SCENE LOCATION

### Definition

Where was the swimming pool located (if applicable)?

### Field Values

1. Multi-family dwelling (e.g., apartment, condominium, townhouse)
2. Single-family dwelling (e.g., house, trailer)
3. Hotel / Motel
4. Municipal pool (e.g., city or county park)
5. Community center (e.g., subdivision, YMCA)
6. Other (e.g., water park, state park)
7. Not known / Not recorded
8. Not applicable

### Additional Information

- This element is optional.

### Associated Edit Checks

- None

## PATIENT ACTIVITY

### Definition

What activity was the individual doing at the time of the incident?

### Field Values

1. Swimming / playing in water
2. Bathing
3. Tubing / floating
4. Fishing from land / dock
5. Fishing from boat
6. Boating
7. Other watercraft / sport
8. Scuba diving / snorkeling
9. Vehicle occupant
10. Other
11. Not known / Not recorded

### Additional Information

- This element is optional.

### Associated Edit Checks

- None

## MOTOR VEHICLE RELATED

### Definition

Was this incident motor vehicle-related?

### Field Values

1. Yes
2. No
3. Not known / Not recorded

### Additional Information

- This element is optional.

### Associated Edit Checks

- None

## PERSONAL FLOATATION DEVICE

### Definition

What type of floatation device was the individual using at the time of the incident?

### Field Values

1. Life jacket
2. Water wings
3. Inflatable raft / Ring / Noodle / Other
4. Surf or boogie board
5. Bathtub seat / Ring
6. Other
7. No safety device used
8. Not known / Not recorded

### Additional Information

- This element is optional.

### Associated Edit Checks

- None

## SUPERVISED

### Definition

Was anyone supervising or watching the individual at the time of incident?

### Field Values

1. Yes
2. No
3. Not known / Not recorded

### Additional Information

- This element is optional.

### Associated Edit Checks

- None

## SUPERVISOR WITNESS

### Definition

Did anyone witness the submersion event?

### Field Values

1. Yes
2. No
3. Not known / Not recorded

### Additional Information

- This element is optional.

### Associated Edit Checks

- None

## WAS LIFEGUARD PRESENT

### Definition

Was a lifeguard present at the time of incident?

### Field Values

1. Yes
2. No
3. Not applicable
4. Not known / Not recorded

### Additional Information

- This element is optional.

### Associated Edit Checks

- None



## ALCOHOL USE INDICATOR

### Definition

Was there suspected or confirmed alcohol use by the individual at the time of incident?

### Field Values

1. No, not suspected
2. No, laboratory confirmed
3. Suspected, not laboratory confirmed
4. Yes, laboratory confirmed
5. Not known / Not recorded

### Additional Information

- This element is optional.

### Associated Edit Checks

- None

## DRUG USE INDICATOR

### Definition

Was there suspected or confirmed drug use by the individual at the time of incident?

### Field Values

1. No, not suspected
2. No, laboratory confirmed
3. Suspected, not laboratory confirmed
4. Yes, laboratory confirmed
5. Not known / Not recorded

### Additional Information

- This element is optional.

### Associated Edit Checks

- None

## MOVED FROM WATER BREATHING

### Definition

When moved from the water, was the individual breathing?

### Field Values

1. Yes
2. No
3. Not known / Not recorded

### Additional Information

- This element is optional.

### Associated Edit Checks

- None

## MOVED FROM WATER PULSE DETECTED

### Definition

When moved from the water, was a pulse detected on the individual?

### Field Values

1. Yes
2. No
3. Not known / Not recorded

### Additional Information

- This element is optional.

### Associated Edit Checks

- None

## OUTCOME

### Definition

What was the outcome of the submersion incident?

### Field Values

1. Death
2. Morbidity
3. No morbidity
4. Not known / Not recorded

### Additional Information

- This element is optional.
- Select “Morbidity” if the submersion incident results in any departure, subjective or objective, from a state of physiological or psychological well-being.
- Select “No morbidity” if the submersion incident does not result in any departure, subjective or objective, from a state of physiological or psychological well-being.

### Associated Edit Checks

- None

## CAUSE OF INJURY ICD-10-CM CATEGORY

### Definition

The ICD-10-CM primary cause of injury category.

### Field Values

- Relevant data for this element

### Additional Information

- This element is optional.

### Associated Edit Checks

- None

## CAUSE OF INJURY ICD-10-CM SUBCATEGORY

### Definition

The ICD-10-CM primary cause of injury subcategory.

### Field Values

- Relevant data for this element

### Additional Information

- This element is optional.

### Associated Edit Checks

- None

## CAUSE OF INJURY ICD-10-CM

### Definition

The ICD-10-CM primary cause of injury.

### Field Values

- Relevant data for this element

### Additional Information

- This element is optional.

### Associated Edit Checks

- None



## OTHER CONTRIBUTING FACTORS

### Definition

Enter any circumstances not previously entered / recorded that further describe this incident.

### Field Values

- Relevant data for this element

### Additional Information

- This element is optional.

### Associated Edit Checks

- None