

**EMERGENCY MEDICAL SERVICES AND TRAUMA  
REGISTRIES**

**HOSPITAL SUBMERSION DATA  
DICTIONARY 2024**



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

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## Introduction

The Texas Department of State Health Services (DSHS) Emergency Medical Services and Trauma Registries (EMSTR) designed the Hospital Submersion Data Dictionary to establish the Texas registry data exchange standard and serve as the EMSTR operational definitions. In accordance with the [Texas Administrative Code, Title 25, Part 1, Chapter 103](#), hospitals should report all individuals satisfying the inclusion criteria described in this document to the EMSTR online reporting system. An entity shall submit data to EMSTR within ninety (90) days of an individual's discharge from their facility. All entities should submit reportable data at least quarterly, though monthly electronic data submissions are recommended.

## 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: International Classification of Disease, Tenth Revision, Clinical Modification (ICD-10-CM) code examples:**

#### ICD-10-CM

- T75.1, 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:** Use these values with each of the data elements described in this document which have been defined to accept the null values. A Null Value is an option provided to the practitioner when the answer to a required field is unknown or has not been documented.

- 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.

### Field Values

- 1) Not applicable.
- 2) Not known/Not recorded.

## 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. The entity must complete this element or the entity's record will not pass validation to be accepted into the new platform.
- The entity's DSHS number (DSHS ID) will auto-fill once the correct entity is selected. This is a non-editable field.
- To locate the DSHS (facility) Identification Number, please refer to the instructions on how to run the Entity Reference Code Report.

[dshs.texas.gov/sites/default/files/injury/EMSTR%20Resources/SHARP\\_Report-Guide\\_Update\\_Mar2024.pdf](https://dshs.texas.gov/sites/default/files/injury/EMSTR%20Resources/SHARP_Report-Guide_Update_Mar2024.pdf)

### 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 entry length is 50 characters.
- If an 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 optional.
- The maximum entry 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 entry length is 50 characters.
- If individual name is not known, please enter UNKNOWN for this element.

### Associated Edit Checks

- None.

## Individual's Street Address

**Definition:** The individual's home address.

### Field Values

- Relevant data for this element.

### Additional Information

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

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## 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 mandatory.
- The maximum entry 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 mandatory.
- If the individual lives outside the U.S., select "Non-U.S. Country."

### 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 U.S. or Canada or can be stored in the postal code format of the applicable country.

### Associated Edit Checks

- If the patient's zip code and corresponding residence county do not pass validation, the entity may report the zip code as Not known/Not recorded to allow the other address information to be transmitted to EMSTR.

## 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

- If the patient's postal zip code and corresponding residence county are not passing validation, the zip code may be reported as Not known/Not recorded to allow the other address information to be transmitted to EMSTR.

## Individual's Date of Birth

**Definition:** The individual's date of birth.

### Field Values

- Relevant data for this element.

### Additional Information

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

### Associated Edit Checks

- None.

## Individual's Sex

**Definition:** The individual's sex.

### Field Values

- 1) Male.
- 2) Female.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.



## 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.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## Individual's Ethnicity

**Definition:** The individual's ethnicity.

### Field Values

- 1) Hispanic or Latino.
- 2) Not Hispanic or Latino.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## 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 required.
- Collected as MM/DD/YYYY.
- If individual's ED discharge date is unknown, must select "Not known/Not recorded."

### Associated Edit Checks

- None.

### Allows Null Values

- Not known/Not recorded.

## 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 required.
- Collected as MM/DD/YYYY.
- If individual's hospital discharge date is unknown, must select "Not known/Not recorded."

### Associated Edit Checks

- None.

### Allows Null Values

- Not known/Not recorded.

## 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.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## 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.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## 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 injury date should be based upon report by the individual, witness, family, or health care provider.

### Associated Edit Checks

- None.

### Allows Null Values

- Not known/Not recorded.



## 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 p.m. is entered as 13:00).
- Base time of injury estimates on report by the individual, witness, family, or health care provider. Do not use other proxy measures (e.g., 911 call times).

### Associated Edit Checks

- None.

### Allows Null Values

- Not known/Not recorded.

## 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 entry length is 50 characters.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## 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.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## 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.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## 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 U.S. or Canada or can be stored in the postal code format of the applicable country.

### Associated Edit Checks

- If the incident postal zip code and corresponding incident county are not passing validation, the zip code may be reported as Not known/Not recorded to allow the other address information to be transmitted to EMSTR.

## 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

- If the incident postal zip code and corresponding incident county are not passing validation, the zip code may be reported as Not known/Not recorded to allow the other address information to be transmitted to EMSTR.

## 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.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## 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.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.



## Scene Location

**Definition:** The location where the submersion event occurred. If applicable, note where the swimming pool was located.

### 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).

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## Patient Activity

**Definition:** The activity the individual was 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.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## Motor Vehicle Related

**Definition:** Enter if this incident was motor vehicle related. Note – users should eliminate other types of motorized transport incidents (i.e., scooter, aircraft, motorized boat etc.).

### Field Values

- 1) Yes.
- 2) No.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## Personal Floatation Device

**Definition:** Enter the type of floatation device the individual was 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.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## Supervised

**Definition:** Enter if anyone was supervising (observing) or keeping watch over the individual in the interest of their security and/or safety at the time of the incident.

### Field Values

- 1) Yes.
- 2) No.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## Supervisor Witness

**Definition:** Enter if anyone witnessed the submersion event.

### Field Values

- 1) Yes.
- 2) No.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## Was Lifeguard Present

**Definition:** Enter if a lifeguard was present at the time of incident.

### Field Values

- 1) Yes.
- 2) No.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## Alcohol Use Indicator

**Definition:** Enter if there was 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.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.



## Drug Use Indicator

**Definition:** Enter if there was 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.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## Moved from Water Breathing

**Definition:** Enter if, when moved from the water, the individual was breathing.

### Field Values

- 1) Yes.
- 2) No.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## Moved from Water Pulse Detected

**Definition:** Enter if, when moved from the water, there was a pulse detected on the individual.

### Field Values

- 1) Yes.
- 2) No.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## Outcome

**Definition:** Enter if the outcome of the submersion incident was known.

### Field Values

- 1) Death.
- 2) Morbidity.
- 3) No morbidity.

### Additional Information

- This element is required.
- Select “Morbidity” if the submersion incident results in an altered state of physiological or psychological well-being.
- Select “No morbidity” if the submersion incident does not result in any change to the state of physiological or psychological well-being of the individual.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## Cause of Injury ICD-10-CM Category

**Definition:** The ICD-10-CM primary cause of injury category.

### Field Value

- Relevant data for this element.

### Additional Information

- This element is required.

### Associated Edit Checks

- None.

### Allows Null Values

- Not applicable.
- Not known/Not recorded.

## 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.
- Maximum entry length is 2500 characters.

### Associated Edit Checks

- None.

## General Informational Page

### General Information

The Emergency Medical Services and Trauma Registries (EMSTR) is comprised of four registries: the EMS Registry; the Acute Traumatic Injury Registry; the Traumatic Brain Injury Registry/Spinal Cord Injury Registry; and the Submersion Registry. EMSTR is a statewide surveillance system collecting reportable event data from EMS providers, hospitals, justices of the peace, medical examiners, and rehabilitation facilities. Texas is home to one of the largest EMS registries in the U.S. with more than 4 million records submitted annually.



**TEXAS**  
Health and Human Services  

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**Texas Department of State  
Health Services**

### Our Goals

- Provide a robust registry reporting framework for recording reportable traumas;
- Reduce the burden of injury to the public resulting from preventable occurrences using trend analysis; and
- Provide data as close to real-time as possible for local, state, and national leadership use.

### Our Mission

- Improve Texans' health, safety, and well-being through good stewardship of public resources with a focus on core public health functions.
- The Injury Prevention Unit works to understand how injuries impact Texans. By providing injury and violence data and education, we can help you lead the way on injury prevention in homes, workplaces, and communities.

### Contact Information

#### **EMSTR**

Texas Department of State Health  
Services  
1100 West 49<sup>th</sup> Street  
Mail Code 1922  
Austin, Texas 78756

Phone: 800-242-3562

[Injury.web@dshs.texas.gov](mailto:Injury.web@dshs.texas.gov)

[\*\*\*dshs.texas.gov/injury-prevention\*\*\*](https://dshs.texas.gov/injury-prevention)

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