

HPAE WORKPLACE VIOLENCE REPORTING FORM

A reportable violent incident is any threatening remark or overt act of physical violence against a person(s) or property. Do not include a patient's name or any information that may compromise a patient's right to privacy.

1. Date and Time of Incident _____ Incident report filed with Hospital Yes No

2. Specific Location: _____

3. Violence Directed Toward: Patient Staff Visitor Other

Assailant: Patient Staff Visitor Other

Assailant: Unarmed Armed Specify weapon _____

4. Predisposing Factors (check all that apply):

Drug/alcohol use Dissatisfied w/ Care/Waiting Time Grief Reaction Prior History of Violence

Short staffing Other (Describe) _____

5. Description of Incident: Physical Abuse Verbal Abuse Other

Describe (including any weapons used): _____

6. Injuries: Yes No Describe _____

7. Name and job title of other employees present at the time of the incident _____

8. What measures were taken in response to the incident? _____

9. Termination of Incident: Incident Diffused Yes No Security Notified Yes No

Police Notified Yes No Assailant Arrested Yes No

10. Disposition of Assailant: Stayed on Premises Escorted off Premises Left on Own Other

11. Restraints Used: Yes No Type: _____

12. What measures do you think could be taken to prevent further incidents of this type? (You may use the back of this form)

13. Supervisor Notified: _____ Date and Time: _____

14. Report Completed By (Print): _____ Signature: _____ Date: _____

Please put additional comments, according to numbered section, on reverse side of form. Please make three copies. Give one copy to supervisor, put one in the union mailbox and keep one copy for yourself.