

Documentation of Investigation of Workplace Violence Incident

Instructions

This form may be used to document workplace violence incident investigations. The employer must conduct a post-incident debriefing as soon as possible after the incident with all employees, supervisors, and security involved in the incident. The information required to be documented may be obtained during this debriefing or at another time. After the form is completed, please send it to:

_____ [hospital to insert name of person or department to receive completed forms]

If you have questions related to the completion of this form, contact: _____ [hospital to insert name and phone number of person who can assist in completion of the form]

****NOTE:** This form should not include the patients' or employees' names, addresses, email addresses, phone numbers, social security numbers, or other information that, alone or in combination with other publicly available information, reveals an employee's or patient's identity. Hospitals should assign a case number to each incident and keep a separate, confidential list of the case numbers and the names of all patients and employees involved in each incident. CHA has developed a form, WVP Form 1-A, "Workplace Violence Incident Case Number Assignment Form," that hospitals may use to track the case number and the individuals involved.

Attach extra pieces of paper if necessary.

Date of incident: _____ Time of incident: _____ AM/PM

Unit where incident occurred: _____

Case number**: _____

Name of person completing this form: _____

Title: _____

Phone number: _____

Please include all information requested below, to the extent available.

1. Describe the incident: _____

2. Describe any patient-specific risk factors: _____

Patient's mental status/behaviors: _____

Patient's use of drugs (prescribed or illicit): _____

Patient's use of alcohol: _____

Patient's condition or disease process that would cause confusion and/or disorientation: _____

Patient history of violence: _____

Other: _____

3. Describe any risk reduction measures that were specified for the patient: _____

4. Were appropriate corrective measures developed under the hospital's WVP plan effectively implemented? Yes No

Describe: _____

5. Document whether any alarms (or other means of summoning assistance) were available in the area of the incident: _____

6. Document whether any alarms (or other means of summoning assistance) were used during the incident: _____

7. If assistance was summoned, document the response by staff or law enforcement: _____

8. Were any other corrective measures developed under the hospital's WVP plan implemented?

(Corrective actions may include removal of sight barriers, provision of surveillance systems or other sight aids such as mirrors, buddy system, improved illumination, removing/controlling objects that may be used as weapons in areas where patients at-risk for Type 2 violence are anticipated to be, weapon detection devices, etc. See *CHA's Healthcare Workplace Violence Prevention guidebook for more information on corrective measures.*)

Describe: _____

9. Ask the injured employee his or her opinion about the cause of the incident. Write down the injured employee's answer: _____

10. Ask the injured employee whether any measure would have prevented the injury. Write down the injured employee's answer: _____

11. Ask all other personnel involved in the incident their opinions about the cause of the incident. Write down their answers: _____

12. Ask all other personnel involved in the incident whether any measure would have prevented the injury. Write down their answers: _____

Signature of person completing this form: _____

Date of completion: _____ Time of completion: _____ AM/PM

REMINDER: The employer must provide immediate medical care or first aid to injured employees, as well as trauma counseling to all employees affected by the incident.

This form and attachments (if any) must be retained for at least FIVE YEARS.

