

REPORT OF A VIOLENT INCIDENT

This form should be completed after any incident where a member of staff has been threatened, verbally abused, attacked or otherwise harassed in the course of their duty.

On completion the form will be sent to the relevant Health and Safety link person. The Senior Manager will retain a copy for their records and also send a quarterly statistics report to the Internal Health and Safety Unit.

Name of Staff Member

Workplace

Date and Time of Incident

PRN

Service Unit

Names of Other Staff Involved

Names of Witnesses

Place where incident occurred.

(Give accurate description e.g. in corridor, interview room, clients premises etc.).

First Aid. Was first aid given? Yes/No

If yes, by whom (name and address)

Did the injured person go to the hospital or need further medical attention? Yes/No

Details of any injuries sustained.

Details of incident: Did any of the following occur? (Tick relevant items)

Verbal aggression/threats
Throwing of/damaging objects
Physical violence
Posturing/challenging behaviour
Verbal/emotional abuse
Were weapons or objects used to injure/threaten?

Description of the incident: Mention any others involved eg. other resident, family member, adult or animal. If so describe briefly:

Did any property get damaged?

Brief description of the incident: Comment on whether the violence was directed at you or occurred indirectly, eg. while you were walking away, dealing with another incident etc.

What do you think caused the incident? Consider your own and others actions and try to identify other circumstances that may have contributed, e.g. shortage of staff, location, training, facilities etc.

If a physical assault took place were the Police called? Yes/ No:

If no, please give details as to why not

Debrief:-

Was the incident later discussed? Yes/No If so with whom?

Did you feel supported by your colleagues? Yes/No

Did you feel supported by your service unit? Yes/No

Were you happy with the outcome of the debrief? Yes/No

Comments:

Signed Manager.....

Designation Designation

Date Date