

# Violence and aggression incident record

Form | WRK-FRM-003

|                                  |                                                                                                                             |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Document type                    | Form                                                                                                                        |
| Title                            | Violence and aggression incident record                                                                                     |
| Document ID                      | {{facility.code}}-WRK-FRM-003                                                                                               |
| Version and status               | 1.0   Draft, for ASF Expert Committee approval                                                                              |
| Prepared by                      | {{roles.quality_lead.name}}, Quality lead                                                                                   |
| Reviewed by                      | {{roles.clinical_director.name}}, Clinical director      Date: _____                                                        |
| Approver and signature           | {{roles.clinical_director.name}}, Clinical director<br>Signature: _____      Date: _____                                    |
| Effective date                   | {{document.effective_date}}                                                                                                 |
| Next review                      | {{document.review_date}} (12 months, or sooner after any incident or change)                                                |
| Replaces                         | None (new document)                                                                                                         |
| Standards and criteria supported | Standard 2E, criterion 2E.5                                                                                                 |
| Evidence basis                   | E-006, E-009                                                                                                                |
| Status of this document          | Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria. |

## Use this form when

Records every incident of violence or aggression against staff, from any source, on the day it happens.

## 1. How to complete

- Complete on the day of the incident.
- Describe what happened in facts, not opinions.
- Tick the support offered to each person affected.

## 2. Items to check

| # | Item                                                        | Standard or evidence     | Yes                      | No                       | N/A                      | Action if No           |
|---|-------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| 1 | Date, time and place recorded                               | Yes                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 2 | Source of the aggression recorded (patient, visitor, staff) | Yes                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 3 | Risk assessment on arrival available                        | Yes or not done, and why | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 4 | Help called and time recorded                               | Yes                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 5 | Each person affected offered support                        | Yes                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 6 | Follow-up review at one week                                | Date                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |

Completed by (name and role): \_\_\_\_\_ Date/time: \_\_\_\_\_ Signature: \_\_\_\_\_

### 3. Evidence

| ID    | Source and status               |
|-------|---------------------------------|
| E-009 | ASF Expert Committee consensus. |

*EC = ASF Expert Committee consensus.*

### 4. Change history

| Version | Date                        | What changed  | Approver and signature            |
|---------|-----------------------------|---------------|-----------------------------------|
| 1.0     | {{document.effective_date}} | First version | Pending Expert Committee approval |