Site:

## Health care Investigation checklist

Location:

## Violence and aggression incident investigation checklist

This checklist designed for employees, OSH Reps or supervisors to assist with investigation of incidents resulting from violence and aggression from clients/residents or visitors. If violence or aggression is between staff members, please refer to grievance resolution procedures/code of conduct breaches.

Type of aggression:    Property	Employee Name:		Date of Incident:					
Property damage   Inappropriate sexual behaviour	Type of aggression	_			-			
Aggressor / Perpetrator  Aggressor / Perpetrator  Did the aggressor have a medical condition that increased the potential for aggressive behaviour?  Was the aggressor known to have a history of aggression?  Aggression triggers  Organic (dementia, ABI)  Frustration  Provoked  Pain  Delay in treatment / assistance  Removal of privileges / belongings  Confusion / lack of understanding Infection  Infection  Infection  If yes, how?   fixed duress   pendant duress   phone call   PA system  Was an alarm (e.g. Code Black) called?  If yes, was the correct documentation completed?  If yes, was the correct documentation completed?  If Security attended in response to a duress alarm, how long did it take them to respond?	Property							
Aggressor / Perpetrator  Did the aggressor have a medical condition that increased the potential for aggressive behaviour?  Was the aggressor known to have a history of aggression?  Aggression triggers  Organic (dementia, ABI) Frustration Frustration Pain Delay in treatment / assistance Removal of privileges / belongings Confusion / lack of understanding Infection  Infection  Infection  Refusal of medications / treatment misunderstanding Inadequate staffing Environment (way-finding, noise)  Incident Management  Was an alarm (e.g. Code Black) called?  If yes, how?   fixed duress   pendant duress   phone call   PA system  Was a restraint completed (physical / chemical / mechanical)?  If yes, was the correct documentation completed?  If Security attended in response to a duress alarm, how long did it take them to respond?	Was the aggressor a service	user?	No					
Did the aggressor have a medical condition that increased the potential for aggressive behaviour?  Was the aggressor known to have a history of aggression?  Aggression triggers  Organic (dementia, ABI)  Frustration  Provoked  Pain  Delay in treatment / assistance  Removal of privileges / belongings  Confusion / lack of understanding  Infection  Incident Management  Was the aggressor asked to leave, if appropriate?  Was an alarm (e.g. Code Black) called?  If yes, how?   fixed duress   pendant duress   phone call   PA system  Was a restraint completed (physical / chemical / mechanical)?  If yes, was the correct documentation completed?  If Security attended in response to a duress alarm, how long did it take them to respond?	Contributing factors							
Was the aggressor known to have a history of aggression?	Aggressor / Perpetrator				Yes	No	N/A	
Aggression triggers  Organic (dementia, ABI) Frustration Provoked Pain Delay in treatment / assistance Removal of privileges / belongings Confusion / lack of understanding Infection  Incident Management  Was an alarm (e.g. Code Black) called?  Was a restraint completed (physical / chemical / mechanical)?  If yes, was the correct documentation completed?  If Security attended in response to a duress alarm, how long did it take them to respond?	,							
□ Organic (dementia, ABI)       □ Conflict with employees, residents, visitors         □ Frustration       □ Hunger / thirst         □ Provoked       □ Medication effect         □ Pain       □ Refusal of medications / treatment         □ Delay in treatment / assistance       □ Language barrier or cultural misunderstanding         □ Confusion / lack of understanding       □ Inadequate staffing         □ Infection       □ Environment (way-finding, noise)         Incident Management       Yes       No       N/A         Was the aggressor asked to leave, if appropriate?       □ □ □       □         □ Was an alarm (e.g. Code Black) called?       □ □ □       □         □ If yes, how? □ fixed duress □ pendant duress □ phone call □ PA system         Was a restraint completed (physical / chemical / mechanical)?       □ □ □       □         □ If yes, was the correct documentation completed?       □ □ □       □         If Security attended in response to a duress alarm, how long did it take them to respond?       □ □ □       □	Was the aggressor known to have a history of aggression?							
Was the aggressor asked to leave, if appropriate?  Was an alarm (e.g. Code Black) called?  If yes, how?	□ Organic (dementia, ABI)       □ Conflict with employees, residents, visitors         □ Frustration       □ Hunger / thirst         □ Provoked       □ Medication effect         □ Pain       □ Refusal of medications / treatment         □ Delay in treatment / assistance       □ Language barrier or cultural         □ Removal of privileges / belongings       misunderstanding         □ Confusion / lack of understanding       □ Inadequate staffing					tment		
Was an alarm (e.g. Code Black) called?  If yes, how?	Incident Management				Yes	No	N/A	
If yes, how?	Was the aggressor asked to leave, if appropriate?							
Was a restraint completed (physical / chemical / mechanical)?  If yes, was the correct documentation completed?  If Security attended in response to a duress alarm, how long did it take them to respond?	Was an alarm (e.g. Code Black) called?							
If yes, was the correct documentation completed?  If Security attended in response to a duress alarm, how long did it take them to respond?	If yes, how? ☐ fixed duress ☐ pendant duress ☐ phone call ☐ PA system							
If Security attended in response to a duress alarm, how long did it take them to respond?	Was a restraint completed (physical / chemical / mechanical)?							
them to respond?								
How was the incident resolved?	· · · · · · · · · · · · · · · · · · ·							
	How was the incident resolved?							



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Incident Management		No	N/A
Was formal debriefing offered to all involved in the incident?			
When did the debriefing session occur?			
Was the incident reported to the WA Police?			
If yes, what was the incident number:			
Procedures	Yes	No	N/A
Is there clear criteria (documented) for the types of service users that the service accepts?			
If the aggressor is a service user, did they meet these criteria?			
Is there a risk assessment / screening tool used to identify residents / visitors with high potential for aggressive behaviour?			
If yes, was the risk assessment tool used to assess the level of aggression of this resident?			
If yes, was there a prevention action / behavior / care plan in place?			
Was this care plan easily accessible at this time of incident?			
Was information regarding resident behaviours and history of aggression provided by referring organisations or family?			
If the aggressor was known to have a history of aggression, was this information passed on to relevant employees?			
Was there an appropriate skill mix of employees available?			
If the incident was between two employee members, was the formal grievance process followed?			
Had the aggressor been informed of their rights and responsibilities at the commencement of service?			
Does the incident require escalation to the directorate's executive director?			
Training	Yes	No	N/A
Had all employees involved in the incident completed appropriate Management of Aggression training?			
If yes, what type of training have employees completed (breakaway, online traini	ng)?		
If no, how many had not? Why?			
Are the employees due to complete refresher training?			
Does the training provided cover responses to this type of incident?			
Do all employees know where the duress alarm is located?			
Do all employees know how to use duress systems available to them?			
If any of the employees are new to the workplace or casual / agency, did they receive orientation to duress system and required response to aggressive incidents?			

Environment		No	N/A
Was lighting adequate at the time of incident?			
Were noise levels in the area suitable?			
Is there easy access to a duress alarm at the site of incident?			
Did the duress alarm work?			
If no, has the duress alarm been tested? When?			
Does the location of the area facilitate natural surveillance, allowing employees to view and monitor the area?			
Were employees and residents / visitors able to retreat to a safe area?			
Does the design and location of the entry / exit door facilitate surveillance of people entering / exiting?			
Is there adequate space in the workplace to allow easy exit from the area?			
Does the design of the workplace mean that residents / visitors are not able to jump counters / easily strike an employee across a desk or counter?			
Is CCTV in place and functional?			
Were 'employee only' areas secured at the time?			
Are there other aspects of the environment that may increase frustration in residents/visitors/employee?			
Personal / Physical	Yes	No	N/A
Does the employee have physical limitations that impacts ability to remove self from an aggression situation?			
Was the employee fatigued as per the WorkSafe Code of Practice, Work Hours?			
Did employee clothing increase the risk of injury during the aggressive incident (eg. earrings, tie, necklace, scarf)?			
Was the employee affected by anything that may reduce their ability to respond effectively to this incident e.g. experiencing other work-related stress, physical illness or under the influence of substances (drugs / alcohol)?			
Has the employee been involved in previous incidents of violence and aggression?			

## Hierarchy of control

A cross in a highlighted box in the above checklist may indicate further controls are needed to reduce the risk of an incident occurring in the future.

Examples of controls are given below:

Eliminate the hazard	Prevent aggressor from entering premises/refuse service
Substitution	Replace furniture and other items with type which prevents use as a weapon
Isolation	Ensure controlled access areas remain controlled Provide reception barrier Provide separate egress to controlled-access area Ability to remove person to quiet area.
Engineering controls (redesign)	Design comfortable, calming waiting areas. Fix furniture to the floor.  Noise dampening – (walls, equipment) to reduce noise levels  Appropriate temperature  Soft lighting (not creating shadows) calming colours.
Administrative controls	Additional violence and aggression management training Care plan amended or medical/nursing review Clear signage of location of facilities Communication strategies between employees re history of aggression and management strategies Consider provision of customer service / communication skills / assertiveness training for employees (verbal and non- verbal) Induction of new employees as to location of duress alarms Review resident/patient contact with visitors (where appropriate) Services reduced or discontinued for clients who present a level of risk that cannot be managed within existing resources
Personal protective equipment	Personal duress alarms provided/maintained/accessible

Please attach completed checklist to the incident report.

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