

# Characteristics of the Aggressive/Abusive Incident for Community Care – Committee Report and Follow-up

Was an Incident Report completed?  Yes  No  
Was a Workers' Compensation Report completed:  Yes  No

## Identifying Data

Date: \_\_\_/\_\_\_/\_\_\_ Shift:  12 hr  8 hr  4 hr  
(month/day/year)

Day of Week: Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Place where behaviour occurred (specify area:)  
\_\_\_\_\_

Time incident began: \_\_\_\_\_ Duration of incident \_\_\_\_\_ hrs/mins

Persons Involved:  Personnel  Male  Female Classification \_\_\_\_\_  
 Patient  Male  Female Diagnosis \_\_\_\_\_  
 Visitor  Family  Male  Female  
 Friend  Male  Female  
 Other  Male  Female

## Incidents Involving Patients

Patient Orientation

- Sedated
- Disoriented
- Confused
- Language Barrier
- Psychotic
- Violent
- Hostile
- Other (describe) \_\_\_\_\_

Level of Mobility

- Independent with or without aids
- Supervised
- Assisted with 1-2 people
- Dependent or bedridden

## Incident Description

Describe events preceding or precipitating the aggressive/abusive behaviour:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of abuse:  Verbal  Physical  Sexual  Other (specify) \_\_\_\_\_

Witness(es): \_\_\_\_\_

## Aggressive Behaviour (check all that apply)

### **Verbal Aggression against staff**

- makes loud noises, shouts angrily
- yells mild personal insults
- makes moderate threats to others or self
- makes clear threats of violence

### **Physical Aggression against staff**

- makes threatening gestures, swings at people, grabs clothes
- strikes, kicks, pushes, pulls hair (without injury)
- attacks others, causing mild-moderate physical injury (bruises, sprains, welts)
- attacks others, causing severe physical injury

### **Aggression against objects**

- slams doors, scatters clothing makes a mess
- throws objects down, kicks furniture without breaking it, marks walls
- breaks objects, smashes windows, throws objects
- sets fires

Indicate which behaviour(s) occurred most frequently and what changes to the work environment and policies and procedures were made: \_\_\_\_\_

\_\_\_\_\_

Injury Information:     Medical Attention             First Aid

Loss/Damage to personal property:             Yes             No

(specify) \_\_\_\_\_

\_\_\_\_\_

Copy to be submitted to Supervisor same day as incident

Submitted to: \_\_\_\_\_ by: \_\_\_\_\_ Date: \_\_\_\_\_

## Joint Health & Safety Committee Investigation

Contributing Factors; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preventive Action: (measures taken, planned or recommended): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completion dates for action to be taken: \_\_\_\_\_

\_\_\_\_\_

Responsibility for follow-up: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date)

Follow-up:

Specify

- Time away \_\_\_\_\_
- Counselling made available \_\_\_\_\_
- Advised of legal rights \_\_\_\_\_
- Initial discussion/review \_\_\_\_\_
- Comprehensive incident review \_\_\_\_\_
- Law enforcement review \_\_\_\_\_
- OH&S Committee involvement \_\_\_\_\_
- Evaluation of current policies and procedures \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date