

Have all witnesses (e.g. members of the public/volunteers/visitors who were present for the incident) been spoken to and have statements and contact details been taken? Yes No

Provide details:

Have all relevant staff been informed of the incident? Yes No

Provide details:

Is this incident notifiable to Workplace Health and Safety Queensland? Yes No

If so, has the incident been reported to Workplace Health and Safety Queensland? Yes No

Provide details:

Has this incident been reported to the Queensland Police? Yes No

Provide details:

Has adequate support (e.g. Employee Assistance Service, psychological support) been offered to the affected worker/s? Yes No

Provide details:

Site inspection and walk through:

Have you conducted a post-incident site walk through/inspection? Yes No

During the walk through, did you consider:

- Security Lighting Natural surveillance points Electronic surveillance
 Entry/Exit points Physical layout Service delivery points Access control

Information about the incident:

Where (exact area or department within health service/hospital) and when (time) did the incident occur?

Aggressive/violent individual was a:

- Patient Visitor Worker
 Family member Member of the public Other:

Who was there/involved?

What happened directly before the incident?

What (physical or psychological) injuries/impact/damage occurred?

What characteristics of the situation just prior to the incident were different from usual (if any)? What had taken place in the days and hours leading up to the incident?

Select all factors that may have contributed to the incident:

Patient clinical factors

- Pain as a result of injury/illness
- Distress as a result of injury/illness
- Acute/chronic mental health condition
- Dementia/delirium
- Confusion/disorientation/infection
- Alcohol/drug withdrawal
- Substance abuse/misuse
- Cognitive impairment
- Change in clinical state
- Influence of medication
- Incorrect medication administered
- Boredom
- Other:

Patient care or patient/visitor factors

- Patient/visitor denied something
- Patient wanted to leave
- Changes in task/care routine
- Nursing intervention/care
- Lack of information for patient/family about care
- Patient/family not satisfied with care
- Family not satisfied with visiting times
- Wait times for service
- Length of stay
- Volatile emotional situations
- Family disputes
- Frustration due to:

Work design factors

- Lack of human resources
- Lack of financial resources
- Level of bureaucratic demands (e.g. paperwork required to manage risk)
- Fatigue
- Distraction
- Code black not called
- Problematic code black response
- Personal duress alarm not charged
- Personal/fixed duress alarm not working
- Poor design of the workspace (too crowded, limited seating, no television or other entertainment, long waiting times).
- High-risk area (e.g. Emergency Department, maternity or paediatric unit, aged care, disability care, mental health etc.).

Communication factors

Incomplete clinical information regarding:

- Behaviour management plan
- Prior aggressive or violent behaviour
- Aggression triggers
- Changes in behaviour
- Language/cultural differences

Operational communication

- Poor handover conducted by staff
- Poor handover conducted by emergency personnel (or other units)
- Lack of communication about staffing changes/movements
- Confrontational style of communication amongst staff
- Other:

Staffing factors

- Working alone
- Inappropriate staff-to-patient allocation
- Lack of supervision of inexperienced staff
- Lack of security staff available
- Inappropriate mix of casual/agency workers and permanent staff
- Staff competency/lack of training
- Working with valuables (e.g. drugs or cash)
- Lack of co-worker support
- Poor interpersonal relationships amongst staff
- Staff movement between units
- Rushed/overloaded
- Other:

Work environment factors

- Change in physical environment
- Nature of physical environment (e.g. no/minimal activities to reduce boredom)
- Objects used as weapons
- Lack of visibility of patients' treatment area
- Visibility of work environment
- Noise (e.g. construction, other patients)
- Poor lighting (e.g. no natural light, glare, too dark, too bright)
- Odour or poor ventilation
- Temperature is too hot or too cold
- Family/friends visiting
- Lack of space
- Other:

Taking into consideration the factors above, what controls are already in place to prevent and manage risks associated with work-related violence and aggression?

Work design controls

- Document Code of Conduct for workers
- Formal written policy for the prevention of WVA
- Procedures including, but not limited to, preventing, responding to and investigating acts of WVA
- Procedures in place to provide workers with backup when working alone or in isolation
- Appropriately qualified and experienced workers available/rostered to cover all hours of operation
- Incident data tabled at relevant meetings and analysis/tracking of trends of time
- Suitable staff-to-patient allocation
- Adequate supervision of new or inexperienced staff

Training/refresher training in:

- work health and safety
- communication skills
- assertiveness
- recognising, preventing, and responding to violence and aggression
- de-escalation techniques
- restraint and seclusion of clients
- Consultation with workers, especially those working in 'high risk' areas (e.g. mental health, emergency department or unit, maternity and paediatric, aged care and disability care)
- Communication channels when assistance is required (from staff, security) are made clear
- Removal or replacement of objects that could be used as weapons
- Increased visibility of patients/treatment area

- CCTV cameras/footage recorded
- Fixed duress alarms
- Personal duress alarms
- Duress alarms are maintained
- Use of security, including where appropriate specialised security staff
- Worker only access areas
- Safe access to and from the workplace, including entry/exits and carpark facilities
- Public access restrictions
- Restricted access to staff areas
- Protective barriers for high risk areas
- Emergency response plan
- Dynamic risk assessment and management plan for worker safety
- Workplace inspections are conducted regularly, both proactively and post-incident
- Other:

Clinical review

- Changes to clinical care
- Changes to medication
- Other:

Patient care or patient/visitor controls

- Flexibility to change task/care routine to suit patient needs
- Flexibility to deliver nursing intervention/care to suit patient needs
- Provision of information for patient/family about care
- Setting standards for appropriate behaviour for patient/family
- Medical intervention/nursing care
- Other:

Work environment controls

- Break out/rest room for staff
- Entry/exit points for workers to retreat to safety
- Lighting controls (e.g. carparks are well-lit, lighting levels are appropriate for staff/client activities)
- Redesign physical layout
- Natural surveillance points
- Service delivery points
- Noise controls
- Temperature/humidity/ventilation measures
- Odour controls
- Activities for patients and visitors
- Other:

Review and monitor effectiveness of control measures:

During the incident, were the above controls effective? Yes No

Provide details:

How could these controls be improved and/or what additional controls could address the identified contributing factors?

Have you taken into account the static WVA risk assessment in reviewing this incident? Yes No

Risk management plan:

Use this table to document changes you will make to existing controls or new controls you will introduce, to prevent a similar incident from happening again.

Risk factor	Control measure	Action to implement	Who has responsibility for addressing this action?	Which contributing factors does this action address?	Who have you escalated this to? When?	Date to be completed by:	Date for review:

Communication and consultation

Date completed

Staff have been consulted during the investigation as appropriate, including the HSR.	
All relevant staff have been informed of the identified contributing factors and actions (updates are to be communicated to the relevant staff on an ongoing basis).	
The relevant information from this form has been entered into the incident reporting system.	
Any additional documents and attachments have been added into the incident reporting system.	
The relevant risk assessment/register has been updated in accordance with the investigation findings and any actions/additional control measures required have been implemented.	
Data associated with all incidents is maintained to enable analysis, tracking and identification of trends over time.	

Changes or controls have been made in consultation and communicated to relevant external agencies or service providers (i.e. police, ambulance, GP). Yes No

Provide details: