

## Leader Response to Workplace Violence Checklist

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Name of Leader completing form: \_\_\_\_\_

**GATHERING INFORMATION**

- What happened?
- Who was involved?
- Is the threat ongoing or situational?

**COMMUNICATIONS**

- Who needs to be informed?

**STAFF SUPPORT**

- Do staff need to be relieved?
- Do staff need medical care?

**ORGANIZE STAFF COMMUNICATIONS**

- How will you communicate from shift to shift?
- Guidelines for patient interaction: Locate near nursing station, never close door, never enter room alone

Staff Member	Yes	N/A	Notes
Sent to ED/Home			
EAP Referral			
Adjust Care Assignments			
Manager weekly touch point with staff			
<b>Team/Patient Care</b>			
Team Informed			
Team Meeting Scheduled *			
Medication Management			
Broset Scale Initiated			
Restraints Ordered (if applicable)			
Pt. informed of expectations (if pt. has decision-making capacity)			
<b>Supportive Services</b>			
CSO (Required at Level 4)			
vSitter/In-Person Sitter			
Behavioral SW Notified			
<b>Environment</b>			
Visual Cues/Alerts on door			
Room Safety Check			
<b>Communications</b>			
Reported to Safety Huddle			
Reported End of Shift			
Shift to Shift Awareness Plan			
SSRA Review Requested (AC to facilitate)			

\*\*Do not scan in Chart