Prevention of Violence in Healthcare Suggested Data Collection Elements

- Recipient of violent/threatening act
 - o Employee
 - Type of employee
 - Visitor
 - o Patient/Resident
- Perpetrator of violent/threatening act
 - o Employee
 - Type of employee
 - o Visitor
 - o Patient/Resident
- MR # of patient involved
 - o Inpatient
 - Outpatient
- Time and date of incident
- Unit/Location of incidence occurrence
- Incident
 - Verbal threat or written threats that express intent to harm
 - Non-physical assault
 - o Physical assault, including: biting, kicking, punching, spitting, etc...
 - o Any other perceived act that causes fear or harm to someone
- Prior to the incident, was there a verbal or written threat? Y/N
- Injury/harm rating
 - o No harm
 - Monitoring required
 - Treatment required
 - Serious injury
 - o Death
- Security involvement Y/N
- Police involvement Y/N