

**Appendix C3:**

Nursing Home/Hospital Administrators- Employee Incident Information

Hospital Code: \_\_\_\_\_

Incident ID: \_\_\_\_\_

## Workplace Violence Prevention Study

### EMPLOYEE INCIDENT INFORMATION

Data Source: \_\_\_\_\_ Electronic Source: 01 Yes 02 No

1. Date of Incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 99 Unknown / Not specified
2. Time of Incident: \_\_\_\_\_ am / pm 99 Unknown / Not specified
3. Department Where Incident Occurred: \_\_\_\_\_ 99 Unknown / Not specified
4. Location of Incident: (check all that apply)  
01 Admitting / Triage 05 Entrance / Exit / Restricted Entry 09 Seclusion / Time Out Room  
02 Corridor Hallway/Stairwell 06 Lobby / Waiting Room 10 Dining Area  
03 Day Room 07 Nurses Station 11 Outdoor Areas  
04 Bathroom 08 Patient Room 99 Unknown / Not Specified  
88 Other (Specify: \_\_\_\_\_)
5. Victim occupation: \_\_\_\_\_ 99 Unknown / Not specified  
(See NHSN Occupation Codes)
6. Activity at Time of Incident: (check all that apply)  
01 Escorting 07 Combative / Defiant / Unruly (further unspecified)  
02 Restraining 08 Elopement  
03 Approaching / Redirecting 09 Unprovoked / Came up from behind  
04 Assisting co-worker 10 Monitoring / Observing  
05 Medical care / Nursing duties 99 Unknown / Not Specified  
06 Responding to code / Intervening / Physically confronting / Taking down  
88 Other (Specify: \_\_\_\_\_)
7. Perpetrator Relationship to Victim:  
01 Criminal 03 Employee (Circle one: present / past ) 05 Patient Visitor  
02 Patient 04 Domestic 99 Unknown / Not Specified
8. Number of Perpetrators: \_\_\_\_\_ 99 Unknown / Cannot be determined
9. Type of Violent Event: (check all that apply)  
01 Physical Assault 03 Sexual Assault / Harassment  
02 Verbal Assault / Threat 04 Unknown / Not Specified  
88 Other (Specify: \_\_\_\_\_)

Public reporting burden of this collection of information is estimated to average 60minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0914).

10. Weapon(s) Used: (check all that apply)

- 01 Fists / Hands / Nails
- 02 Feet Threat
- 03 Gun / Knife
- 04 Teeth
- 05 Floor / Door / Wall
- 06 Body (nonspecific)
- 07 Furniture
- 08 Medical supply / Instrument
- 09 Food / Utensils / Meal tray
- 11 Words / Verbal
- 99 Unknown / Not Specified
- 88 Other (Specify: \_\_\_\_\_)

11. Type of Physical Injury: (check all that apply)

- 01 Abrasion / Cut / Laceration / Scratch
- 02 Bite
- 03 Bruise / Contusion / Blunt Trauma
- 04 Sprain / Strain
- 05 Dislocation / Fracture
- 06 Exposure to bodily fluids
- 07 No Physical Injury
- 99 Unknown / Not Specified
- 88 Other: (Specify: \_\_\_\_\_)

12. Part of Body Injured: (check all that apply)

- 01 Head/Face/Neck
- 02 Arm/Hand/Shoulder
- 03 Chest/Abdomen
- 04 Back
- 05 Groin / Buttocks
- 06 Leg / Hip / Feet
- 07 Multiple body parts (not further specified)
- 08 No body part was physically hurt
- 99 Unknown / Not Specified
- 88 Other (Specify: \_\_\_\_\_)

13. Was the employee unable to work for at least one full day after the incident?

- 01 Yes - Number of days: \_\_\_\_\_
- 02 No
- 99 Unknown

14. Did the employee have restricted work duty?

- 01 Yes - Number of days: \_\_\_\_\_
- 02 No
- 99 Unknown

15. Was medical attention provided?

- 01 Yes
- 02 No
- 99 Unknown

16. Number of employees in the vicinity when the incident occurred? \_\_\_\_\_ (For each employee, describe their actions in response to the incident, if any.)

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

17. Recommendations, if applicable, of police advisors, employees, or consultants.

Recommendation	Title of Person Making Recommendation
a.	

b.	
c.	
d.	
e.	
f.	

18. Actions taken by the facility in response to the incident.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

19. Was law enforcement called?      001 Yes      002 No      099 Unknown

**ADDITIONAL COMMENTS:**

Nursing Home Code: \_\_\_\_\_

Incident ID: \_\_\_\_\_

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- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

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Recommendation	Title of Person Making Recommendation
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- e. \_\_\_\_\_
- f. \_\_\_\_\_

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**ADDITIONAL COMMENTS:**