

Occupational Violence and Aggression (OVA) Incident Investigation Tool



To be used by Managers (eg Unit Manager, Associate Unit Manager) to guide investigation of OVA incidents. This may include acting out, challenging behaviour or behaviours of concern.

COMPLETING THIS INCIDENT INVESTIGATION TOOL CAN HELP PREVENT FURTHER INCIDENTS

Manager Name: _____ Ward: _____

Today's date _____ Date of incident _____ Incident number: _____

- Has the situation been made safe?
- Have all staff present for the incident and the relevant health and safety representative (HSR) been spoken to?
- Have all patients and visitors present for the incident been spoken to?
- Have all relevant staff been informed of the incident?
- Is this incident notifiable to WorkSafe?

Please provide information about the incident

Where and when did it occur? _____

Aggressive individual was a patient family member visitor other _____

Who was there/involved? _____

What happened? _____

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

What characteristics of the situation just prior to the incident were different from usual? _____

Please select **all** of the **factors** that **may** have contributed to the incident. Can any of these be eliminated or controlled?

Communication

Incomplete information about:

- Behaviour management
- Prior aggressive behaviour
- Aggression triggers
- Changes in behaviour
- Language/cultural differences
- Other: _____

Physical environment

- Change in environment
- Objects used as weapons
- Lack of visibility of patients treatment area
- Noisy (e.g. construction)
- Family/friends visiting
- Other: _____

Staffing

- Working alone
- Fatigue
- Code grey/black not called
- Problematic code grey/black response
- Inappropriate staff/patient allocation
- Lack of supervision of inexperienced staff
- Lack of security staff available
- Other: _____

Patient care or patient/visitor concerns

- 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
- Long waiting times
- Frustration due to: _____

Patient clinical factors

- Pain
- Acute & chronic mental health conditions
- Dementia/delirium
- Confusion/disorientation/infection
- Alcohol/drug withdrawal, substance abuse/misuse
- Cognitive impairment
- Change in clinical state
- Influence of medication
- Other: _____

Taking into consideration the factors above, what controls are already in place on the ward to prevent and manage OVA? Here are some examples, add any others that exist for your ward:

Communication

System to document handover of information about:

- Behaviour management
- Prior aggressive behaviour
- Aggression triggers
- Changes in behaviour
- Consultation with family about care plan/behaviour management plan
- Other:

Physical environment

- Change in environment to suit patient
- Removal or replacement of objects that could be used as weapons
- Increased visibility of patients/treatment area
- CCTV cameras/footage recorded
- Other:
- Other:

Staffing

- Suitable staff/patient allocation
- Supervision of inexperienced staff
- Training / refresher training
- Other:
- Other:

Patient care or patient/visitor concerns

- 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
- Other:

Patient clinical factors

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

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

If not, why not?

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

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.

Action:	Your responsibility in this:	Which contributing factors does this action address?	Who have you escalated this to? When?	Date to be completed by:	Date for review:
1.					
2.					
3.					
4.					

Communication

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