THREAT OF VIOLENCE TOOL

PART I: Interview Person Affected

PERSON AFFECTED: (Team member, physician, visitor)

NAME__________________________________________ TITLE__________________________

DATE AND TIME OF THREAT_______________________________________________________

BRIEF FACTUAL DESCRIPTION OF THREAT: (Include Pre-disposing Factors: Grief, intoxication, dissatisfied with care, prior history of violence)

_______________________________________________________________________________

_______________________________________________________________________________

DESCRIPTION AND/OR NAME OF PERSON MAKING THREAT:

_______________________________________________________________________________

_______________________________________________________________________________

NAME/DATE/TIME______________________________________________________________

Part II: Discuss with AOD

NAME OF AOD NOTIFIED/DATE/TIME______________________________________________

IMMEDIATE PLAN DISCUSSED AND/OR IMPLEMENTED: □ YES □ NO  IF YES DESCRIBE:

_______________________________________________________________________________

_______________________________________________________________________________

STOP: If AOD, CHARGE, SUPERVISOR, MANAGER can handle issue with patient directly (disrespect/profanity use to staff) the rest of this form DOES NOT need to be completed. (retain form till patient discharge)

_______________________________________________________________________________

PART III: Security

Notify Security Shift Supervisor or Manager after interviews and plan discussed with AOD

_______________________________________________________________________________

SECURITY RESPONDS TO AREA TO SPEAK TO PERSON AFFECTED AND/OR PERSON MAKING THREAT AND/OR WITNESSES:

NAME OF PERSON INTERVIEWED DATE/TIME________________________________________

NAME OF PERSON INTERVIEWED DATE/TIME________________________________________
BRIEF FACTUAL DESCRIPTION OF INTERVIEW(S):

PART IV: VERIFY AOD NOTIFICATIONS:

☐ AOC________________________ DATE/TIME______________________

☐ MANAGER OF AREA___________________ DATE/TIME_________________

☐ DIRECTOR OF AREA___________________ DATE/TIME_________________

☐ ENTER ON SHIFT REPORT DETAILS OF THREAT AND ACTION PLAN

AOD/SECURITY ASSESSMENT/PLAN:

________________________________________

________________________________________

________________________________________

PART V: OUTCOME:

☐ ESCORTED OFF PREMISES (BY WHOM)______________________________

________________________________________

☐ PERSON TRESPASSED FROM PROPERTY

☐ POLICE OFFICER IN ED INVOLVED /ACTIONS:________________________

________________________________________

☐ POLICE NOTIFIED FOR RESPONSE AND ASSISTANCE_____________________

________________________________________

☐ 911 IMMEDIATE THREAT IDENTIFIED

☐ COMPLETE PRISM REPORT/SECURITY FORM/THREAT OF VIOLENCE

☐ RETURN THIS COMPLETED FORM TO SECURITY TO BE ATTACHED TO PRISM REPORT

SIGNATURE OF AOD COMPLETING FORM

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