

UNIT/DEPARTMENT:
DATE & TIME OF INCIDENT:

MANAGER/DESIGNEE:

**MANAGER/DESIGNEE CHECKLIST POST WORK PLACE VIOLENT EVENT
THIS CHECKLIST CAN BE INITIATED BY ANYONE BUT MANAGER COMPLETES**

This checklist is a list of items that should be considered by the manager or designee in the manager's absence and is meant to be used to support the employee immediately and in an on-going manner after the event. Not all items on the list will apply to every event, but should be considered.

MEDICAL TREATMENT				COMMENTS
o Prompt and appropriate medical care (First Aid, Occ. Health, ED visit)	YES	NO	NA	
o DO NOT BILL EMPLOYEE FOR ED VISIT	YES	NO	NA	
NOTIFICATIONS TO FIRST 5 INDIVIDUALS MUST OCCUR:				
o Notification to Security	YES	NO	NA	
o Notification to Human Resources	YES	NO	NA	
o Notification to Risk Management	YES	NO	NA	
o Notification to Manager/Supervisor/Shift Director/Patient Care Coordinator	YES	NO	NA	
o Notification to Occupational Health/Occupational Health Injury/Worker's Comp	YES	NO	NA	
o Notification to Administrator On Call/ Hospital Executive Leadership Team	YES	NO	NA	
o Notification to the Media/Public Relations Department	YES	NO	NA	
o Notification to the Emergency Management Director for Incident Command Center opening for major crimes to navigate communications; a wide spread alert /page /notification to all staff if the perpetrator still on the loose	YES	NO	NA	
DOCUMENTATION:				
o Employee Accident/Incident/ Injury Report (even if no harm occurred)	YES	NO	NA	
o Security Incident Report	YES	NO	NA	
o Hopkins Event Online Reporting System (HERO) before leaving shift	YES	NO	NA	
o Obtain written statements from all involved	YES	NO	NA	
o Security, Shift Director, Patient Care Coordinator and RM safeguard evidence	YES	NO	NA	
POST INCIDENT EMPLOYEE EVENTS:				
o Debrief the incident (immediately after incident)	YES	NO	NA	
o Resilience in Stressful Events (RISE) referral	YES	NO	NA	
o Employee Assistance Program (EAP)	YES	NO	NA	
o The Faculty and Staff Assistance Program (FASAP)	YES	NO	NA	
o SAFE at Hopkins	YES	NO	NA	
POST INCIDENT HOSPITAL RESPONSE: MANAGER TO FOLLOW-UP WITH THE RESPECTIVE DEPARTMENT TO DETERMINE IF ANY THERE ARE ANY FURTHER NEEDS				
OCCUPATIONAL HEALTH/OCCUPATIONAL INJURY				
o Workers' Compensation	YES	NO	NA	
SHIFT DIRECTOR/ AOC/ SHIFT SUPERVISOR /PATIENT CARE COORDINATOR				
o Support the staff	YES	NO	NA	
o Safeguard evidence	YES	NO	NA	
o Ensure patient and perpetrator of the violence receive appropriate medical care post event	YES	NO	NA	
SECURITY				
o Secure the crime scene/ Safeguard evidence	YES	NO	NA	
o Report to the appropriate authorities	YES	NO	NA	
o Press Charges using the hospital address	YES	NO	NA	
o Assistance with Court Services	YES	NO	NA	
o Maintain eyes on material witnesses at all times	YES	NO	NA	
o Crowd control (during and after event)	YES	NO	NA	
HUMAN RESOURCES				
o Benefit or paid time for court cases	YES	NO	NA	
o Leave of absence	YES	NO	NA	
o Return to work support (Restrictive/Light Duty)	YES	NO	NA	
RISK MANAGEMENT/SHIFT DIRECTOR/PATIENT CARE COORDINATOR				
o Investigation of the event	YES	NO	NA	
o Safeguard evidence	YES	NO	NA	
o RCA	YES	NO	NA	
o Behavioral Flag	YES	NO	NA	
o Regulatory reporting (MDH, TJC, MOSH, DOH)	YES	NO	NA	
o States Attorney and Law enforcement management (interviews/subpoenas)	YES	NO	NA	

*THESE ROLES AND RESPONSIBILITIES MAY VARY BY INSTITUTION. THIS DOCUMENT SERVES ONLY AS A GUIDE.

RETURN TO DIGNA PEARSON YOUR LOCAL REPRESENTATIVE WITHIN 10 DAYS. THIS DOCUMENT IS NOT A PERMANENT PART OF THE MEDICAL RECORD