Northern Territory Government

DEPARTMENT OF
HEALTH AND FAMILIES

REMOTE HEALTH

VERBAL AGGRESSION REPORTING - FORM

- *This form is for use by Remote Health staff to report **Low incidents of verbal abuse / aggression***
- *For **Moderate / severe incidents of verbal abuse / aggression** – complete an Incident Reporting Form and notify the Area Service Manager (ASM) / Manager On-Call as soon as practicable following the event*
- *Remote Health Management encourages staff to report severe incidents to Police and seek prosecution*
- *Discuss aggression minimisation strategies with the PHCM, ASM or other Remote resources*
- *When verbal abuse / aggression has been recorded please submit this form at the end of each month via the usual incident reporting processes:*
  - ~ ***Central Australia**: fax to **08 8951 7185** - General Manager's (GM) Administration Support Officer*
  - ~ ***Top End**: send to the relevant ASM. The ASM should fax to **08 8922 8178** – Att: GM's Admin Support*
- *Data will be used as part of the overall Remote Health statistical collection on aggressive incidents.*

References: Remote Health Atlas Section 26 OH&S, in particular Managing Aggressive Incidents and Incident Reporting.

For electronic entry, please type in boxes provided; cells will expand as text is entered

HEALTH CENTRE / WORK UNIT: **MONTH:**

DATE & TIME	**VERBAL ABUSE** LOW SEVERITY *Please* ☑	**STAFF MEMBER INVOLVED** NAME	**AGGRESSOR** Note: If Client, provide HRN for reference	**COMMENTS** Only if desired	**OFFICE USE** Incident ID #

Primary Health Care Manager:

Signature _____ Date _____

Area Services Manager:

Signature _____ Date _____

General Manager– CA / TE:

Signature _____ Date _____

Professional Practice Nurse:

Signature _____ Date _____

Entered on RHB Incident reporting database: ☐ **Master copy to Master Incident file:** ☐