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|  | SAFETY AND CLAIMS MANAGEMENT SECTION**Report of Possible Client Assault****(Per RCW 72.01.045, RCW 74.04.790)*****Submit to local supervisor as attachment to form DSHS 03-133 within one business day of incident.*** | DATE OF INCIDENT (PER 03-133) |
| TIME OF INCIDENT  | [ ]  AM[ ]  PM |
| 1. NAME OF EMPLOYEE (FIRST, MIDDLE, LAST) | 2. EMPLOYEE ID NUMBER  | 3. DATE OF REPORT |
| 4. Were you conducting your official duties when the incident occurred? [ ]  Yes [ ]  NoPlease describe what you were doing at the time of the incident:  |
| 5. Were you personally familiar with, or had you been briefed about, the client who was involved in this incident? [ ]  Yes [ ]  No |
| 6. Which best describes your immediate vicinity in the moments leading up to the incident **(check one)**: [ ]  a. I was alone.  [ ]  b. I was alone with the client involved in the incident.  [ ]  c. I was alone with other clients, including the client involved in the incident. [ ]  d. I was alone with other clients, **not** including the client involved in the incident. [ ]  e. I was with other staff, but no clients. [ ]  f. I was with other staff and the client involved in the incident. [ ]  g. I was with other staff and other clients, including client involved in the incident. [ ]  h. I was with other staff and other clients, **not** including client involved in the incident |
| 7. Which best describes your proximity to the client involved in the incident just prior to the incident (**check one)**: [ ]  a. Client was within arm’s reach. [ ]  b. Client was greater than arm’s reach, but less than six feet away. [ ]  c. Client was greater than six feet, but less than twenty feet away. [ ]  d. Client was greater than twenty feet away. [ ]  e. The client was not in the immediate proximate area. |
| 8. Which best describes your activities in the moments leading up to the incident **(check one)**: [ ]  a. My attention was on my primary duties that did not involve clients.  [ ]  b. My attention was on the client involved in the incident.  [ ]  c. My attention was on several clients, including the client involved in the incident.  [ ]  d. My attention was on several clients, **not** including the client involved in the incident.  [ ]  e. I was attempting to restrain an out of control client alone. [ ]  f. I was helping other staff attempt to restrain an out of control client.  [ ]  g. I was transiting to / from another location alone or with other staff. [ ]  h. I was transiting to / from another location accompanying clients.  [ ]  i. I was on my break / meal. [ ]  j. Other (please describe):  |
| 9. Which of the following best describes your relative position to the client involved in the incident at the moment the incident occurred **(check one)**: [ ]  a. I was seated facing the client.  [ ]  b. I was seated with my side to the client.  [ ]  c. I was seated with my back to the client.  [ ]  d. I was on my feet facing the client.  [ ]  e. I was on my feet with my side to the client.  [ ]  f. I was on my feet with my back to the client. [ ]  g. Other (please describe):  |
| 10. Which of the following best describes the client’s demeanor at the moment of assault **(check one)**: [ ]  Happy [ ]  Threatened [ ]  Agitated [ ]  Excited [ ]  Fearful [ ]  Angry [ ]  Playful [ ]  Sad [ ]  Non-lucid[ ]  Other (please describe):  |
| 11. If you know, describe exactly what the client was doing just prior to the incident. (Attach additional pages if needed.) |
| 12. Describe the communication, if any, you had with the client just prior to the incident. (Attach additional pages if needed.) |
| EMPLOYEE’S SIGNATURE DATE |
| **FOR QUESTIONS: Call the Enterprise Risk Management, Insurance Services, Claims Program at 1-866-712-3890, or consult the Claims SharePoint at**: <http://one.dshs.wa.lcl/FS/Loss/WorkersComp/Pages/default.aspx> |
| **General Instructions** **This document should be completed by an employee reporting an alleged assault and provided to the employee’s supervisor within one (1) business day of the incident.** * Answer all questions as completely as possible. Incomplete forms will be returned for additional information and may delay payment of qualified benefits.
* Be sure to include the employee’s name and date of the incident on any sheets required to be attached.
* Sign and date the form, and submit all documents to the local chain-of-command. Copies must be forwarded to the local safety office and retained in local files for six years.
* The Safety Officer / representative must forward copies to:

ERMO Insurance Services OfficePO Box 45882Mail Stop: 45882Olympia WA 98504-5882  |