

Last Name		First Name	
NHS No.		Date of Birth	
		Unit / Ward	

Alert Form

VIOLENT PATIENT MARKER REQUEST/ALERT

The following risk factors should be considered when determining whether or not a record should be marked:

- Is there an immediate risk to life or property? If yes – please call the police on 999 and state ‘there is an immediate risk to life or property’
- Is an immediate response required to alerts staff (if yes please contact the Risk Team on [REDACTED])
- Nature of any relevant incident (physical or non-physical violence)
- Degree of violence perpetrated
- Injuries sustained by the victim
- The level of risk posed by the individual
- Impact on staff of relevant incident
- Impact on service provision
- Likelihood of a reoccurrence
- Time delay since relevant incident
- Outcome of last clinical review
- If request is driven by other factors – what are they
- All evidence of risk of violence to be recorded on this form
- Next appointment date for individual
- Is this escalating behaviour
- Mental health state and capacity of individual
- Physical health state of individual

Date of request		Dates reviewed	
Perpetrator			
First Name		Last Name	
Date of Birth		NHS Number	
Patient		Relative / Carer	
		Ex – Patient	
		Member of the public	

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	First Name	Last Name	
Responsible Clinician			
Care Coordinator			
		Yes	No
Is this an urgent request – is there an imminent threat		<input checked="" type="checkbox"/>	<input type="checkbox"/>
If there is an imminent threat, please tick what action has been taken	Reported to police	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Staff all safe	<input type="checkbox"/>	<input type="checkbox"/>
	Trust property secure	<input type="checkbox"/>	<input type="checkbox"/>
	Line Manager informed	<input type="checkbox"/>	<input type="checkbox"/>
	Datix completed	<input type="checkbox"/>	<input type="checkbox"/>
	Risk reviewed	<input type="checkbox"/>	<input type="checkbox"/>
	Control measures in place	<input type="checkbox"/>	<input type="checkbox"/>

Incident History					
Nature of previous incidents (<i>please mark all that apply</i>)					
Physical violence / assault harassment	<input type="checkbox"/>	Threats to kill	<input type="checkbox"/>	Threats to harm	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	Attempted assault	<input type="checkbox"/>	Firearms	<input type="checkbox"/>
Knife / blade	<input type="checkbox"/>	Other weapons	<input type="checkbox"/>	Verbal abuse	<input type="checkbox"/>
Criminal damage	<input type="checkbox"/>	Other – please state	<input type="checkbox"/>		<input type="checkbox"/>
Please give a summary of the most recent Trust incident including date of incident and Datix reference number if known					
What was the degree of violence used or threatened					
Negligible (<i>no harm</i>)	<input type="checkbox"/>	Minor (<i>low harm</i>)	<input type="checkbox"/>	Moderate (<i>moderate harm</i>)	<input type="checkbox"/>
Major (<i>severe harm</i>)	<input type="checkbox"/>	Catastrophic (<i>death / catastrophic</i>)	<input type="checkbox"/>		<input type="checkbox"/>

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What injuries were sustained by the victim – physical and non – physical			
What was the impact of the incident on staff and others who witnessed it			
Was mental health state a contributing / causative factor	Yes	<input type="checkbox"/>	No
Was there any impact of the last incident on service provision (if yes please explain e.g. building locked down)			
Was this an isolated incident or part of an escalating pattern of behaviour			

Risk Rating Information					
What is the likelihood that this incident will be repeated					
How likely a risk is to occur or to recur is an important part of assessing a risk and its ability to cause harm. Some risk only cause harm with repeated exposure, others by their very nature are harmful with only one occurrence. Assess how likely a risk is to occur or recur according to the table below.					
Likelihood of Risk					
Level	Detail description examples				Tick
1	Rare This will probably never happen / recur or may occur only in exceptional circumstances (<20%). The expected frequency is no more than once.				<input type="checkbox"/>
2	Unlikely Do not expect it to happen / recur but it could occur at some time (21 – 40%)				<input type="checkbox"/>
3	Possible Might happen or recur at some time (41 – 60%)				<input type="checkbox"/>
4	Likely Will probably happen or occur in most circumstances (61 – 80%)				<input type="checkbox"/>
5	Almost certain Is expected to occur in most circumstances or recur, possibly frequently (>81%)				<input type="checkbox"/>
What is the potential impact of a reoccurrence					
1	2	3	4	5	
Negligible (no harm)	Minor (low harm)	Moderate (moderate harm)	Major (severe harm)	Catastrophic (death / catastrophic)	

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The overall score or Risk Rating is determined by multiplying the impact and the likelihood scores together. The grid below should be used to circle the overall risk rating

Risk Rating

		Impact									
		1		2		3		4		5	
Likelihood	1	Low 1		Low 2		Low 3		Medium 4		Medium 5	
	2	Low 2		Medium 4		Medium 6		Medium 8		High 10	
	3	Low 3		Medium 6		Medium 9		High 12		High 15	
	4	Medium 4		Medium 8		High 12		High 16		Extreme 20	
	5	Medium 5		High 10		High 15		Extreme 20		Extreme 25	

Forensic History (please include any criminal violence where the individual was not charged by the police)

Date	Offence / charge	Outcome / sanction (include no further action from police)

Is the person on Probation Yes No

Has the person been referred to the CJMHT Yes No

Current mental health diagnosis / issues

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Current MHA status (include CTO)

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Current clinical risk		
Risk	Reason	Plan in place

Please list services accessed by patient		
Service	Frequency	Point of contact
<i>E.g. Depot Clinic at Warrior House</i>	<i>E.g. Weekly</i>	<i>E.g. CPN Smith</i>

Action to be taken by staff that will have contact with this individual		
Please give specific instruction as to what action is required that has been agreed by the clinical team. (E.g. do not visit at home, must be seen by 2 clinicians, banned from unit please call the police etc.)		
	First Name	Last Name
Form completed by		
Team Manager		
Date		

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Please return form to your LSMS in the Risk Team for a violent marker / risk alert to be presented to the Security Management Director for approval and placing on the record					
For LSMS/SMD use only					
	First Name		Last Name		
Approved by					
Date marker placed on record		Patient informed	Yes	No	
Date patient informed		How was patient informed			
Reasons for informing/not informing patient					
Date marker reviewed		Marker retained or removed			
Date removed from record		Date patient informed of removal			
MARKER DENIED					
	First Name		Last Name		
Denied by					
Reasons for denial					

Signature		Date Completed	
First Name		Last Name	
Designation			