Department of Human Services

Division of Developmental Disabilities

**Workplace Violence Quarterly Report**

April 1, 2020 – June 30, 2020

**Name of SODC: Choate**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Incident Date/Time | Employee Title | Threat or Assault | Threat or Assault by Patient, Staff or Other | Location of Event | Injury Resulting from Assault (Yes or No) | Medical Treatment Required (Yes or No) | Number of days off Work Per Injury | Worker’s Comp Claim (Yes or No) |
| 04/08/203:28pm | MHT | Assault | Patient | Dogwood Upper | Yes | Yes | 0 | yes |
| 05/30/203:15pm | MHT | Assault | Patient | Dogwood Upper  | Yes | Yes | 5 | Yes |

**Name of SODC: Fox**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Incident Date/Time | Employee Title | Threat or Assault | Threat or Assault by Patient, Staff or Other | Location of Event | Injury Resulting from Assault (Yes or No) | Medical Treatment Required (Yes or No) | Number of days off Work Per Injury | Worker’s Comp Claim (Yes or No) |
| 05/17/2006:35 | MHT-2 | Assault | Patient | 2B Bathroom | Yes | Yes | 44 | Yes |

**Name of SODC: Ann M Kiley**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Incident Date/Time | Employee Title | Threat or Assault | Threat or Assault by Patient, Staff or Other | Location of Event | Injury Resulting from Assault (Yes or No) | Medical Treatment Required (Yes or No) | Number of days off Work Per Injury | Worker’s Comp Claim (Yes or No) |
| 04/25/20 7:50pm | RN1 | Assault | Patient | Kiley – Home 31 | Yes | Yes | 0 | Yes |
| 06/22/20 5:00pm | MHT2 | Assault | Patient | Kiley – Home 15 | Yes | Yes | 13 | Yes |
| 05/08/2008:05am | MHT3 | Assault | Patient | Kiley – Home 31 | Yes | Yes | 0 | Yes |
| 05/21/20 7:00pm | MHT2 | Assault | Patient | Kiley - Home 31 | Yes | Yes | 56 | Yes |
| 06/23/20 5:15am | MHT1 | Assault | Patient | Kiley – Home 20  | Yes | Yes | 23 | Yes |
| 06/06/20 1:00pm | MHT2 | Assault | Patient | Kiley – Home 4 | Yes | Yes | 40 | Yes |

**Name of SODC: Ludeman**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Incident Date/Time | Employee Title | Threat or Assault | Threat or Assault by Patient, Staff or Other | Location of Event | Injury Resulting from Assault (Yes or No) | Medical Treatment Required (Yes or No) | Number of days off Work Per Injury | Worker’s Comp Claim (Yes or No) |
| None | None | None | None | None | None | None | None | None |
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**Name of SODC: Jack Mabley Developmental Center**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Incident Date/Time | Employee Title | Threat or Assault | Threat or Assault by Patient, Staff or Other | Location of Event | Injury Resulting from Assault (Yes or No) | Medical Treatment Required (Yes or No) | Number of days off Work Per Injury | Worker’s Comp Claim (Yes or No) |
| 04/11/2012:15pm | MHT-2 | Assault | Patient | Bedroom | Yes | Yes | 4 | Yes |
| 06/16/207:00pm | RN-1 | Assault | Patient | Dining/Living Room | Yes | Yes | 4 | Yes |
| 06/26/203:55pm | RN-2 | Assault | Patient | Kitchen | Yes | No | 0 | Yes |
| 06/28/204:30pm | RN-2 | Assault | Patient | Bedroom | Yes | No | 0 | Yes |

**Name of SODC: W.G. Murray Center**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Incident Date/Time | Employee Title | Threat or Assault | Threat or Assault by Patient, Staff or Other | Location of Event | Injury Resulting from Assault (Yes or No) | Medical Treatment Required (Yes or No) | Number of days off Work Per Injury | Worker’s Comp Claim (Yes or No) |
| 04/05/2012:25pm | MHT-3 | Assault | Patient | Daisy Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 04/07/204:00pm | MHT-3 | Assault | Patient | Elm Cottage | No | No | 0 | No |
| 04/09/202:50pm | MHT-1 | Assault | Patient | Daisy Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 04/14/207:35pm | MHT-1 | Assault | Patient | Daisy Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 04/15/2010:10am | MHT-TR | Assault | Patient | Daisy Cottage, B Wing, Unit 2 | No | No | 0 | No |
| 05/06/2009:30am  | MHT-3 | Assault | Patient | Daisy Cottage, B Wing, Unit 2 | No | No | 0 | No |
| 05/06/203:55pm  | MHT-TR | Assault | Patient | Daisy Cottage, B Wing, Unit 2 | No | No | 0 | No |
| 05/08/209:25am  | MHT-2 | Assault | Patient | Daisy Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 05/09/208:35am  | MHT-2 | Assault | Patient | Daisy Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 05/09/2010:20am  | MHT-2 | Assault | Patient | Daisy Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 05/13/205:00am  | MHT-2 | Assault | Patient | Daisy Cottage, B Wing, Unit 2 | No | No | 0 | No |
| 05/15/207:10am  | MHT-2 | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 05/16/2010:00am  | MHT-2 | Assault | Patient | Daisy Cottage, A Wing, Hallway | No | No | 0 | No |
| 05/21/202:15 pm | MHT-2 | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 05/22/207:35am  | MHT-2 | Assault | Patient | Berry Cottage, B Wing, Unit 1 | No | No | 2 | No |
| 05/30/202:25pm  | MHT-TR | Assault | Patient | Daisy Cottage, A Wing, Unit 2 | No | No | 0 | No |
| 05/31/209:10am  | RN-2 | Assault | Patient | Daisy Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 06/04/2011:10am  | MHT-TR | Assault | Patient | Daisy Cottage, B Wing, Unit 2 | No | No | 4 | No |
| 06/05/205:08pm  | MHT-TR | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 06/05/206:20pm  | MHT-1 | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 06/05/207:30pm  | MHT-1 | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 06/07/205:45pm  | MHT-1 | Assault | Patient | Daisy Cottage, A Wing, Unit 2 | No | No | 0 | No |
| 06/07/208:10pm  | MHT-1 | Assault | Patient | Daisy Cottage, A Wing, Unit 2 | No | No | 0 | No |
| 06/08/209:10am  | RN-2 | Assault | Patient | Daisy Cottage, A Wing, Unit 1 Patio | No | No | 0 | No |
| 06/08/204:15 pm | MHT-TR | Assault | Patient | Grape Cottage, A Wing, Unit 1  | No | No | 0 | No |
| 06/09/206:55am  | MHT-TR | Assault | Patient | Daisy Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 06/09/208:10pm  | MHT-1 | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 06/13/2012:50pm  | MHT-1 | Assault | Patient | Daisy Cottage, A Wing, Unit 2 | No | No | 0 | No |

**Name of SODC: SHAPIRO CENTER**

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| Incident Date/Time | Employee Title | Threat or Assault | Threat or Assault by Patient, Staff or Other | Location of Event | Injury Resulting from Assault (Yes or No) | Medical Treatment Required (Yes or No) | Number of days off Work Per Injury | Worker’s Comp Claim (Yes or No) |
| 04/09/20 7:48am | MHT 1 | Assault | Patient | Unit 514B | Yes | No | 0 | Yes |
| 04/23/20 12:10am | MHT 1 | Assault | Patient | Unit 704B | Yes | Yes | 0 | Yes |
| 04/28/207:35am | MHT 2 | Assault | Patient | Unit 704C | Yes | Yes | 0 | Yes |
| 04/30/20 9:00am | MHT 1 | Assault | Patient | Unit 103A | Yes | No | 0 | Yes |
| 05/01/20 5:55pm | MHT 3 | Assault | Patient | Unit 805B | Yes | No | 0 | Yes |
| 05/05/20 10:58pm | MHT 1 | Assault | Patient | Unit 103B | Yes | No | 0 | Yes |
| 05/18/20 6:29am |  MHT 2 | Assault | Patient | Unit 704C | Yes | Yes | 0 | Yes |
| 06/15/20 12:00pm | MHT 1 | Assault | Patient | Unit 514A | Yes | No | 0 | Yes |
| 06/22/20 6:47pm | MHT 1 | Assault | Patient | Cottage 4 | Yes | Yes | 0 | Yes |
| 06/24/206:38pm |  MHT 4 TA | Assault | Patient | Cottage 4 | Yes | Yes | 0 | Yes |
| 06/29/20 8:10pm |  MHT 2 | Assault | Patient | Unit 202B | Yes | Yes | 0 | Yes |