Department of Human Services

Division of Developmental Disabilities

**Workplace Violence Quarterly Report**

July 1, 2020 – September 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) |
| 07/13/2011:38am | RN II | Assault | Patient | Magnolia Hall West end dorm room | Yes | Yes | 0 | Yes |
| 07/13/2011:50am | MHT | Assault | Patient | Magnolia Hall West end dorm room | Yes | Yes | 0 | Yes |
| 07/13/2011:50am | MHT | Assault | Patient | Magnolia Hall West end dorm room | Yes | Yes | 3 | 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) |
| None | None | None | None | None | None | None | None | None |
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**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 | Workers’ Comp Claim (Yes or No) |
| 07/19/20 7:00pm | MHT1 | Assault | Patient | Kiley Home 42 | Yes | Yes | 22 | Yes |
| 07/24/209:20am | MHT1 | Assault | Patient | Kiley Home 42 | Yes | Yes | 0 | No |
| 08/01/20 8:30am | MHT2 | Assault | Patient | Kiley Home 31 | Yes | Yes | 30 | Yes |
| 08/25/207:50am | MHT3 | Assault | Patient | Kiley Home 8 | Yes | Yes | 0 | No |
| 08/25/20 7:50am | MHTTR | Assault | Patient | Kiley Home 8 | No | No | 0 | No |
| 08/26/20 11:05 am | MHT2 | Assault | Patient | Kiley Home 31/32 | Yes | Yes | 9 | Yes |
| 08/26/20 3:05pm | RSS | Assault | Patient | KileyHome 7 | Yes | Yes | 25 | Yes |
| 08/28/20 7:15am | MHT3 | Assault | Patient | Kiley Home 31 | Yes | Yes | 1 | Yes |
| 08/29/20 8:24pm | RSS | Assault | Patient | Kiley Home 31 | Yes | Yes | 1 | Yes |
| 09/07/20 11:00am | MHT2 | Assault | Patient | Kiley Home 9 | no | no | 0 | no |
| 09/15/20 9:00am | MHT3 | Assault | Patient | Kiley Home 32 | Yes | Yes | 2 | 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) |
| None | None | None | None | None | None | None | None | None |
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**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) |
| 07/04/206:10pm | MHT-2 | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 07/08/203:10pm | MHT-1 | Assault | Patient | Berry Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 07/09/2011:00am | LPN | Assault | Patient | Daisy Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 07/09/206:00pm | MHT-3 | Assault | Patient | Berry Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 07/12/209:45am | MHT-TR | Assault | Patient | Daisy Cottage, B Wing, Unit 2 | No | No | 0 | No |
| 07/18/204:00pm | MHT-TR | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 07/21/203:30pm | MHT-2 | Assault | Patient | Daisy Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 07/22/206:47pm | MHT-TR | Assault | Patient | Daisy Cottage, A Wing, Unit 2 | No | No | 0 | No |
| 07/23/206:05pm | MHT-2 | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | Yes | Yes | 5 | Yes |
| 07/28/206:25pm | MHT-1 | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 08/08/208:00pm | MHT-2 | Assault | Patient | Daisy Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 08/09/2010:05am | MHT-2 | Assault | Patient | Grape Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 08/24/205:45am | MHT-2 | Assault | Patient | Daisy Cottage, B Wing, Unit 2 | No | No | 0 | No |
| 08/25/205:15pm | MHT-2 | Assault | Patient | Berry Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 08/26/204:00pm | MHT-2 | Assault | Patient | Berry Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 09/02/201:45pm | MHT-2 | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 09/09/207:40am | MHT-TR | Assault | Patient | Berry Cottage, B Wing, Unit 1 | No | No | 0 | No |
| 09/10/204:50pm | MHT-1 | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 09/10/208:05pm | MHT-TR | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 09/13/208:40pm | MHT-TR | Assault | Patient | Berry Cottage, A Wing, Unit 2 | No | No | 0 | No |
| 09/20/206:15pm | MHT-TR | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 09/25/203:55pm | MHT-1 | Assault | Patient | Daisy Cottage, B Wing, Unit 2 | No | No | 0 | No |
| 09/25/207:00pm | MHT-TR | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | No | No | 0 | No |
| 09/26/208:40am | MHT-TR | Assault | Patient | Daisy Cottage, B Wing, Unit 2 | No | No | 0 | No |
| 09/29/203:00pm | MHT-TR | Assault | Patient | Daisy Cottage, A Wing, Unit 1 | 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) |
| 07/01/208:20pm | MHT 1 TR | Assault | Patient | 313B | Yes | Yes | 0 | Yes |
| 07/06/2011:35am | MHT 1/TAQIDP | Assault | Patient | 704D | Yes | No | 0 | Yes |
| 07/12/201:15pm | MHT 1 | Assault | Patient | 514A | Yes | Yes | 80 | Yes |
| 07/13/207:20am | MHT 2 | Assault | Patient | 318 | Yes | Yes | 0 | Yes |
| 07/14/202:30pm | MHT 1 | Assault | Patient | 415A | Yes | Yes | 0 | Yes |
| 07/15/201:20pm | MHT 4 | Assault | Patient | 603B | Yes | Yes | 4 | Yes |
| 07/23/208:20am | MHT 1 | Assault | Patient | 514B | Yes | Yes | 19 | Yes |
| 07/31/205:15pm | MHT 2 | Assault | Patient | 704C | Yes | No | 0 | Yes |
| 08/26/207:30am | MHT 2 | Assault | Patient | 514A | Yes | Yes | 3 | Yes |
| 80/28/208:45am | MHT 1 | Assault | Patient | 514B | Yes | No | 0 | Yes |