

SOAS-RE

The Staff Observation Aggression Scale – Revised – Emergency primary care

The form is to be completed by the staff member who has exposed to aggressive behavior defined as: any verbal, nonverbal or physical behavior that was threatening (to self, others, property), or physical behavior that did harm (to self, others, property).

1. When was the incident?
Date (dd/mm 20yy) / 20
Time
2. Where was the incident?
At the clinic
Over the phone
At home visit
Other.....
3. **Staff member exposed to incident:**
Age
Occupation
Sex: Female Male
4. Were you alone in the situation?
Yes No
5. **Aggressor:**
Who: Patient Next-of-kin Other
Sex: Female Male
6. Does the aggressor have a known mental illness?
Yes No Unknown
7. Was the aggressor under influence of drugs or alcohol?
Yes No Unknown

Mark at least one alternative in each of the six columns below

Provocation of aggressive behaviour	Means used by the aggressor	Target of aggression	Consequence(s) for victim(s)	Measure(s) to stop aggression	Persons involved in measure(s) to stop aggression
No understandable provocation <input type="checkbox"/> Provoked by: Person had to wait <input type="checkbox"/> The person was denied something <input type="checkbox"/> The person disagreed about assessment/ advice <input type="checkbox"/> Involuntary assessment of health condition <input type="checkbox"/> Other, describe: <input type="checkbox"/>	Verbal aggression <input type="checkbox"/> Threat <input type="checkbox"/> Ordinary objects Room contents/ objects <input type="checkbox"/> Parts of the body Hand <input type="checkbox"/> Foot <input type="checkbox"/> Other, describe: <input type="checkbox"/> Dangerous objects or methods Attempt of strangulation <input type="checkbox"/> Used/had weapon <input type="checkbox"/> Used/had pointed weapon <input type="checkbox"/> Other dangerous objects incl. syringe <input type="checkbox"/>	None <input type="checkbox"/> Furniture/objects <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Ambulance personnel <input type="checkbox"/> Security guard <input type="checkbox"/> Police <input type="checkbox"/> Other patients <input type="checkbox"/> Other persons, describe: <input type="checkbox"/>	None <input type="checkbox"/> Objects Damaged <input type="checkbox"/> Person Psychological/ emotional stress <input type="checkbox"/> Felt threatened <input type="checkbox"/> Pain <input type="checkbox"/> Visible injury <input type="checkbox"/> Need for treatment by a physician <input type="checkbox"/> Needed to be taken off duty <input type="checkbox"/> Other, describe: <input type="checkbox"/>	None <input type="checkbox"/> Talked to person <input type="checkbox"/> Took the person aside <input type="checkbox"/> Withdrew from situation/ ended call <input type="checkbox"/> Complied with the person's wish <input type="checkbox"/> Asked the person to leave the site <input type="checkbox"/> Forced the person to leave <input type="checkbox"/> Held the person by force <input type="checkbox"/> Medication <input type="checkbox"/> Other, describe: <input type="checkbox"/>	Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Ambulance personnel <input type="checkbox"/> Security guard <input type="checkbox"/> Police <input type="checkbox"/> Other patients <input type="checkbox"/> Next-of-kin <input type="checkbox"/> Others, describe: <input type="checkbox"/>

Adjusted from "The Staff Observation Aggression Scale-Revised (SOAS-R)" (Nijman et al. 1999)

Visual Analogue Scale (VAS)

Mark on the line
The aggressive incident was

