

**SCHOOL DISTRICT NO. 50 HAIDA GWAII**

**107 3rd Avenue, Daajing Giids, BC V0T 1S0**

**Phone: 250-559-8471 Fax: 250-559-8849**

Workplace Violence Incident Report and Review Form

k-12 public education - compliance

## Section One – Employee Report

1. About You

|  |  |
| --- | --- |
| Your Name (First and last name)      | Date of Report      |
| Work site location (site name/school name)      | Supervisor’s Name      |
| Work email      | Work phone – cell or direct      |
| Were you injured during the workplace violence incident? [ ]  Yes, [ ]  NoIf “Yes” you must also complete and submit to the employer the required WCB report.If “No”, do you believe there was the potential for a “Serious Injury\*” as a result of this workplace violence incident? [ ]  Yes, [ ]  No\*A **serious injury** is an injury that results in a loss of consciousness or can reasonably be expected at the time of the incident to endanger life or cause permanent injury. |

1. About the Other Person

|  |  |  |
| --- | --- | --- |
| **[ ]  Student (Type II)** | **[ ]  Member of the public known (Type II)****[ ]  Social relationship to worker (Type IV)** | **[ ]  Member of the public unknown (Type I)**  |
| Initials (max of 3 characters)      | Name      | [ ]  Male [ ]  Female [ ]  Unknown |
| Ministry Identification – if applicable      | Relationship to the school/site      | Height      | Weight       |
| Teacher/Case Manager/Counselor       | [ ]  Parent [ ]  Sibling  | Complexion      | Hair Colour      |
| Other key details if you are not familiar with the student | [ ]  Other Family member[ ]  Spouse/Partner of a worker  | Voice (high/low)      | Accent      |
|       | [ ]  Acquaintance of a worker[ ]  Service provider/Contractor | Clothing      | Vehicle Description      |
|  | [ ]  Other       | Other distinguishing features (to assist in the identification of the individual involved)      |

### The Incident Details

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| **Which school/site did this workplace violence incident take place? (include physical address)**      |
| **Where in the site did this incident happen?** |
| [ ]  Classroom[ ]  Elevator[ ]  Field Trip [ ]  Gymnasium | [ ]  Hall[ ]  Library[ ]  Music room [ ]  Office | [ ]  Outdoor[ ]  Parking Lot[ ]  Playing Field[ ]  Portable Teaching Unit | [ ]  Reception/Service kiosk[ ]  Stairs[ ]  Washroom[ ]  Other       |
| **Where specifically did this incident happen?**      |
| **What was happening prior to this incident (antecedents)?**      |
| **Date of incident** | **Time of Day** |  |
|       |       | [ ]  a.m. [ ]  p.m. |
| **What happened during this incident?**      |
| **What might have contributed to this incident occurring?**      |
| **What do you believe caused the student to react in this way? (check all that apply)**       |
| [ ]  An attempt to regulate[ ]  An attempt to gain processing time[ ]  Avoid or delay a non-preferred task[ ]  Communication of a boundary[ ]  Communication of…      | [ ]  Delay a transition[ ]  Escape or avoid[ ]  Illness[ ]  Physical discomfort (hunger, thirst)[ ]  Obtain objects / sensory needs | [ ]  Understanding/clarity[ ]  Seeking attention from peers[ ]  Seeking connection[ ]  Seeking release of tension[ ]  Other:       |
| **Violence Category (check one)** |
| [ ]  Physical contact (from body or object)[ ]  Use of a weapon\* - contact \*weapon **–** an item **intended** for causing death or injury. E.g., firearm/knife/baseball bat | [ ]  Attempted physical contact [ ]  Possession of a weapon\* – non-contact | [ ]  Intimidation/gestures – non-contact[ ]  Threats – non-contact |
| **Action/Behaviour/Activity (check all that apply)** |
| [ ]  Aiming/Pointing[ ]  Biting[ ]  Body checking[ ]  Grabbing[ ]  Hair pulling  | [ ]  Head butting[ ]  Jabbing[ ]  Kicking/Stomping[ ]  Pinching[ ]  Pulling | [ ]  Punching/Hitting [ ]  Pursuing[ ]  Pushing/Shoving[ ]  Scratching[ ]  Shooting  | [ ]  Slapping[ ]  Slicing/cutting[ ]  Stabbing[ ]  Swinging  | [ ]  Throwing [ ]  Tripping[ ]  Verbal threats[ ]  Other       |
| **Incident Intensity Rating** | **Incident Duration** | **Impact to Worker Mental Health** |
| [ ]  High[ ]  Moderate[ ]  Low | [ ]  1 – 5 min[ ]  15 – 30 min[ ]  > 60 min | [ ]  5 – 15 min[ ]  30 - 60 min | [ ]  High[ ]  Moderate[ ]  Low |

1. Response Actions

|  |  |
| --- | --- |
| Was the response plan used during this incident?[ ]  Yes, [ ]  No, [ ]  Unknown | Is there a Safe Work Instruction for the work being carried out?[ ]  Yes, [ ]  No, [ ]  Unknown |
| Were external community emergency services called? [ ]  Yes, [ ]  No, If “Yes” please select applicable services.[ ]  Police/RCMP, [ ]  Emergency Medical Services, [ ]  Fire Department, [ ]  Other       |
| Details of response actions (clear and concise Who, What, When, Where, and How) |
|       |
| Please give any suggestions or observations for changes required to reduce these incidents. |
|       |
| Was restraint used during this incident?[ ]  Yes, [ ]  No, [ ]  Unknown | Was Seclusion used during this incident?[ ]  Yes, [ ]  No, [ ]  Unknown |

1. Multiple Daily Incidents

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| Were there multiple incidents during the day that are included in this one report? [ ]  Yes, [ ]  No, If “Yes” use the Multiple Daily Incident Log (item 5.1) to list each subsequent incident. |

Multiple Daily Incidents Log for (YYYY-MM-DD):

| **Time of Incident** | **Incident description** (lead up, during, and response) | **Violence Category** and action / behaviour | **Intensity** (L, M, H) | **Duration**(in Minutes) | **Location** |
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Section Two – Review (To Be Completed by Employer/Supervisor)

1. Report Received by Employer

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| Received by (First and last name)      | Date Received      | Time Received      |
| **This incident report requires immediate follow up if any of the following are true:**1. There was an injury that required medical attention or led to a time loss claim? [ ]  Yes, [ ]  No,
2. There was the potential for a serious injury\* as indicated in “Section One, item 1” above. [ ]  Yes, [ ]  No,

\*A **serious injury** is an injury that results in a loss of consciousness or can reasonably be expected at the time of the incident to endanger life or cause permanent injury.If “Yes” has been selected for any of the above two (2) questions, the supervisor or designate must be notified and an Employer Incident Investigation Report (EIIR) must begin as soon as it is safe and appropriate to do so. You may also use the “Section Two – Review” below to support your EIIR process.1. The incident intensity was high and the worker mental health impact was high. [ ]  Yes, [ ]  No
2. The incident involved a known or unknown member of the public. [ ]  Yes, [ ]  No

If “Yes” has been selected for any of the above two (2) items (#3 or #4) the supervisor or designate must be notified and the incident review using “Section Two – Review” below must begin as soon as it is safe and appropriate to do so – and EIIR is not necessary.Check here [ ]  if None of the above four (4) questions apply. Forwarded this report to the supervisor or designate for information purposes. |

1. Incident Review - to be led by the supervisor or designate (for incidents involving injuries to the worker or potential serious injuries, ensure to complete the EIIR as well)

|  |  |  |
| --- | --- | --- |
| Supervisor or Designate Name (First and last name)      | Date of Review      | Time of Review      |
| Review Team Members (Names)      |
| After reviewing the report and speaking with the affected worker(s) does the incident meet the definition of Workplace Violence?[ ]  Yes, [ ]  No* If “Yes” please continue to complete the applicable review process outlined below (7.1, or 7.2 as well as capture corrective actions in 7.3 if necessary)
* If “No”, no further review is required. Discuss the findings with the worker that submitted the report, if they are not part of this review.
* If unsure review the “Workplace Violence Examples” document, ask for support from a member of the site JHSC, or talk to your OHS designate for the district.
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* 1. Review of Incidents Involving Students

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| **Student Support**  |
| Understanding the behaviour history |
| **Frequency of incidents trend** | **Intensity of incident trend** | **Duration of incidents trend** |
| [ ]  Not applicable – first time[ ]  Decreasing[ ]  Staying the same[ ]  Increasing | [ ]  Not applicable – first time[ ]  Decreasing[ ]  Staying the same[ ]  Increasing | [ ]  Not applicable – first time[ ]  Decreasing[ ]  Staying the same[ ]  Increasing |
| Does this incident require the initiation of the Violent Threat Risk Assessment (VTRA) Screening Tool?[ ]  Yes, [ ]  NoIf “Yes”, please, initiate the school district VTRA process, If “No”, is there a Positive Behaviour Support Plan (PBSP) in place [ ]  Yes, [ ]  NoIf “Yes” review the PBSP document for any required updates. If “No” should a Functional Behaviour Assessment (FBA) and PBSP be considered? [ ]  Yes, [ ]  NoIf “Yes” initiate the process for the consideration of an FBA and PBSP. Then proceed to the Process Support sectionIf “No” review the Process Support section below. |
| **Process Support**Is there an Individual Safety or Behaviour Plan for this work? [ ]  Yes, [ ]  NoIf “Yes” review the documents with the team and determine if any updates or amendments are required. Consider if any of the following apply? |
| * New risks not previously identified
* Changes needed to the baseline risk
* Changes needed to the response
* Changes needed to the environment
* Changes needed to the equipment
* Changes needed to the support team
* Changes needed to the communications
* Other changes
 | [ ]  Yes, [ ]  No[ ]  Yes, [ ]  No[ ]  Yes, [ ]  No[ ]  Yes, [ ]  No[ ]  Yes, [ ]  No[ ]  Yes, [ ]  No[ ]  Yes, [ ]  No[ ]  Yes, [ ]  No |
| If “No” plan to draft an Individual Safe Work Instruction for this work. Then proceed to the Worker Support section. |
| **Worker Support** |
| As applicable:* Was/Were the affected worker(s) advised to consult a physician for treatment? [ ]  Yes, [ ]  No, [ ]  N/A
* Was the affected worker(s) referred to the employee assistance program or other community resources? [ ]  Yes, [ ]  No, [ ]  N/A
* Is there a short term, or longer-term change required to support the worker? [ ]  Yes, [ ]  No, [ ]  N/A
* Is a team meeting with the affected worker(s) going to be completed to address feedback from the incident? [ ]  Yes, [ ]  No

If “No” please explain why a team meeting will not be held.       |
| **Review summary** |
|        |

* 1. Review of Incidents Involving Members of the Public Known or Unknown

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| **Process Support**Has the risk of this type of workplace violence been captured in the site-specific workplace violence risk assessment? [ ]  Yes, [ ]  NoIf “Yes” review the risk assessment with the team and determine if any updates or actions are required. Consider if any of the following apply? |
| * New information about the risk not previously included
* Changes needed to the response
* Changes needed to the environment
* Changes needed to the engineering controls
* Other changes
 | [ ]  Yes, [ ]  No[ ]  Yes, [ ]  No[ ]  Yes, [ ]  No[ ]  Yes, [ ]  No[ ]  Yes, [ ]  No |
| If “No” begin to update the site-specific workplace violence risk assessment to include this new risk. Notify the district person responsible for OHS of this new risk. |
| **External Support**If external community emergency services were not involved in this incident response is there reason to believe that the risk is still active and they should be involved or notified? [ ]  Yes, [ ]  NoIf “Yes” notify the appointed school district resource and discuss the matter further.If “No” proceed to the section on Worker Support. |
| **Worker Support** |
| As applicable:* Was/were the affected worker(s) advised to consult a physician for treatment? [ ]  Yes, [ ]  No, [ ]  N/A
* Was the affected worker(s) referred to the employee assistance program or other community resources? [ ]  Yes, [ ]  No, [ ]  N/A
* Is there a short term, or longer-term change required to support the worker? [ ]  Yes, [ ]  No, [ ]  N/A
* Is a team meeting with the affected worker(s) going to be completed to address feedback from the incident? [ ]  Yes, [ ]  No

If “No” please explain why a team meeting will not be held.       |
| **Review summary** |
|        |

* 1. Corrective actions identified and taken to prevent recurrence of similar incidents

| **Action** | **Action assigned to**(name and job title) | **Expected completion date**(yyyy-mm-dd) | **Completed date**(yyyy-mm-dd) |
| --- | --- | --- | --- |
| a)       |       |       |       |
| b)       |       |       |       |
| c)       |       |       |       |
| d)       |       |       |       |
| e)       |       |       |       |

### Revision Log

Major revisions include substantial changes to the meaning or wording of the document and are noted by a change in the whole number. For example, n+1.0, where n is the existing version number.

Minor revisions such as administrative corrections to language for clarity or formatting are noted as #.n+1 where n is the decimal point of the existing version.

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| Revision Number | Date of Change | Description of changes |
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