Nicola Similkameen School District

Workplace Violence Incident Report and Review Form

If you are an employee reporting an incident, please complete Sections 1-5 and submit this report to your Administrator or member of your site Joint Occupational Health and Safety Committee as soon as possible.

Note: All Administrators are members of their site Joint Occupational Health and Safety Committees (JOHSC).

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Workplace Violence Incident Report and Review Form

Section One - 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, ☐ No

If "Yes" you must also complete and submit to the employer an **injury report form**.

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.

2. 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)

3. The Incident Details

Which school/site did this workplace violence incident take place?

Where in the site did this incident happen?

☐ Classroom	☐ Hall	☐ Outdoor	☐ Reception/Service kiosk
☐ Elevator	☐ Library	☐ Parking Lot	☐ Stairs
☐ Field Trip	☐ Music room	☐ Playing Field	☐ Washroom
☐ Gymnasium	☐ Office	☐ Portable Teaching Unit	☐ Other

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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? (specific details of the workplace violence act)

What might have contributed to this incident occurring?

What do you believe the individual gained from the action?

☐ Avoid or delay a non-preferred task	☐ Escape or avoid	☐ Gain attention from peers
☐ Delay a transition	☐ Gain attention	☐ Obtain objects / sensory needs
☐ Personal comfort	☐ Communication of...	☐ Other:
☐ Understanding/clarity	☐ Access to other	

Violence Category

☐ Assault – physical - contact	☐ Attempted Assault – non-contact	☐ Intimidation/gestures – non-contact
☐ Use of a weapon - contact	☐ Possession of a weapon – non-contact	☐ Threats – non-contact

Action/Behaviour/Activity

☐ Aiming/Pointing	☐ Hair pulling	☐ Pulling	☐ Shooting	☐ Throwing
☐ Biting	☐ Head butting	☐ Punching/Hitting	☐ Slapping	☐ Tripping
☐ Body checking	☐ Jabbing	☐ Pursuing	☐ Slicing/cutting	☐ Verbal threats
☐ Grabbing	☐ Kicking/Stomping	☐ Pushing/Shoving	☐ Stabbing	☐ Other
☐ Hacking	☐ Pinching	☐ Scratching	☐ Swinging	

Incident Intensity Rating	**Incident Duration**		**Impact to Worker Mental Health**
☐ High	☐ 1 – 5 min	☐ 5 – 15 min	☐ High
☐ Moderate	☐ 15 – 30 min	☐ 30 - 60 min	☐ Moderate
☐ Low	☐ > 60 min		☐ Low

4. 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

5. Multiple Daily Incidents

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.

5.1. 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
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

6. Report Received by Employer

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,

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.

3. The incident intensity was high and the worker mental health impact was high. ☐ Yes, ☐ No
4. 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.

Section Two - Review

7. 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.

7.1. Review of Incidents Involving Students

Student Support

Understanding the behaviour history

Frequency of incidents trend	Intensity of incident trend	Duration of incidents trend
☐ Not applicable – first time	☐ Not applicable – first time	☐ Not applicable – first time
☐ Decreasing	☐ Decreasing	☐ Decreasing
☐ Staying the same	☐ Staying the same	☐ Staying the same
☐ Increasing	☐ Increasing	☐ Increasing

Does this incident require the initiation of the Violent Threat Risk Assessment (VTRA) Screening Tool? ☐ Yes, ☐ No

If "Yes", please, initiate the school district VTRA process,

If "No", is there a Positive Behaviour Support Plan (PBSP) in place ☐ Yes, ☐ No

If "Yes" review the PBSP document for any required updates.

If "No" should a Functional Behaviour Assessment (FBA) and PBSP be considered? ☐ Yes, ☐ No

If "Yes" initiate the process for the consideration of an FBA and PBSP. Then proceed to the Process Support section

If "No" review the Process Support section below.

Process Support

Is there an Individual Safe Work Instruction for this work? ☐ Yes, ☐ No

If "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 ☐ Yes, ☐ No
- Changes needed to the baseline risk ☐ Yes, ☐ No
- Changes needed to the response ☐ Yes, ☐ No
- Changes needed to the environment ☐ Yes, ☐ No
- Changes needed to the equipment ☐ Yes, ☐ No
- Changes needed to the support team ☐ Yes, ☐ No
- Changes needed to the communications ☐ Yes, ☐ No
- Other changes ☐ 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

7.2. Review of Incidents Involving Members of the Public Known or Unknown

Process Support

Has the risk of this type of workplace violence been captured in the site specific workplace violence risk assessment? ☐ Yes, ☐ No

If "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 ☐ Yes, ☐ No
- Changes needed to the response ☐ Yes, ☐ No
- Changes needed to the environment ☐ Yes, ☐ No
- Changes needed to the engineering controls ☐ Yes, ☐ No
- Other changes ☐ 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, ☐ No

If "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

7.3. 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.

Revision Number	Date of Change	Description of changes
1.1	20211015	Updated section 6 which included references to sections 6.1, 6.2 and 6.3 which should have read 7.1, 7.2, 7.3