



SD 28 Workplace Violence Incident Report and Review Form (770)

“Workplace Violence” means the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury.

Workplace violence applies to all persons committing violence except where a worker of the same employer is the victim. Workers of the same employer are covered by section 4.25 of the Occupational Health and Safety Regulation.

Verbal abuse or harassing behaviour is not included in the definition of violence for the purpose of section 4.27 (violence) unless it includes threats or behaviour which give the worker reasonable cause to believe that the worker is at risk of injury. Source Worksafebc

See also Workplace Violence Examples

Revised \ , 2023 WK

Section One - Report

1. About You - Completed by Employee

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
<p>Were you injured during the workplace violence incident? <input type="checkbox"/> Yes, <input type="checkbox"/> No</p> <p>If "Yes" you must also complete and submit to the employer an injury report form (Form 6A).</p> <p>If "No", do you believe there was the potential for an "Injury" as a result of this workplace violence incident (Near Miss)?</p> <p><input type="checkbox"/> Yes, <input type="checkbox"/> No (if "yes" then worker completes Form 6A)</p>	

2. About the Student - Completed by Employee

: JfghBUa Y.	@UghBUa Y.
--------------	------------

3. The Incident Details - Completed by Employee

<p>Where in the site did this incident happen?</p> <p> <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Outdoor <input type="checkbox"/> Reception/Service kiosk <input type="checkbox"/> Elevator <input type="checkbox"/> Library <input type="checkbox"/> Parking Lot <input type="checkbox"/> Stairs <input type="checkbox"/> Field Trip <input type="checkbox"/> Music room <input type="checkbox"/> Playing Field <input type="checkbox"/> Washroom <input type="checkbox"/> Gymnasium <input type="checkbox"/> Office <input type="checkbox"/> Portable Teaching Unit <input type="checkbox"/> Other </p>				
<p>Violence Category</p> <p> <input type="checkbox"/> Assault – physical - contact <input type="checkbox"/> Attempted Assault – non-contact <input type="checkbox"/> Intimidation/gestures – non-contact <input type="checkbox"/> Use of a weapon - contact <input type="checkbox"/> Possession of a weapon – non-contact <input type="checkbox"/> Threats – non-contact </p>				
<p>Action/Behaviour/Activity</p> <p> <input type="checkbox"/> Aiming/Pointing <input type="checkbox"/> Hair pulling <input type="checkbox"/> Pulling <input type="checkbox"/> Shooting <input type="checkbox"/> Throwing <input type="checkbox"/> Biting <input type="checkbox"/> Head butting <input type="checkbox"/> Punching/Hitting <input type="checkbox"/> Slapping <input type="checkbox"/> Tripping <input type="checkbox"/> Body checking <input type="checkbox"/> Jabbing <input type="checkbox"/> Pursuing <input type="checkbox"/> Slicing/cutting <input type="checkbox"/> Verbal threats <input type="checkbox"/> Grabbing <input type="checkbox"/> Kicking/Stomping <input type="checkbox"/> Pushing/Shoving <input type="checkbox"/> Stabbing <input type="checkbox"/> Spitting (Intentional) <input type="checkbox"/> Hacking <input type="checkbox"/> Pinching <input type="checkbox"/> Scratching <input type="checkbox"/> Swinging Other </p>				
<p>Incident Intensity Rating</p> <p> <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High </p>		<p>Incident Duration</p> <p> <input type="checkbox"/> Less than 1 min <input type="checkbox"/> 5 – 15 min <input type="checkbox"/> 1 – 5 min <input type="checkbox"/> 30 - 60 min <input type="checkbox"/> 15 – 30 min <input type="checkbox"/> > 60 min </p>		<p>Impact to Worker Mental Health</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High </p>

What happened? - Completed by Employee

Section One - Report

1. About You - Completed by Employee

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
<p>Were you injured during the workplace violence incident? <input type="checkbox"/> Yes, <input type="checkbox"/> No</p> <p>If "Yes" you must also complete and submit to the employer an injury report form (Form 6A).</p> <p>If "No", do you believe there was the potential for an "Injury" as a result of this workplace violence incident (Near Miss)?</p> <p><input type="checkbox"/> Yes, <input type="checkbox"/> No (if "yes" then worker completes Form 6A)</p>	

2. About the Student - Completed by Employee

: JfghBUa Y.	@UghBUa Y.
--------------	------------

3. The Incident Details - Completed by Employee

<p>Where in the site did this incident happen?</p> <p> <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Outdoor <input type="checkbox"/> Reception/Service kiosk <input type="checkbox"/> Elevator <input type="checkbox"/> Library <input type="checkbox"/> Parking Lot <input type="checkbox"/> Stairs <input type="checkbox"/> Field Trip <input type="checkbox"/> Music room <input type="checkbox"/> Playing Field <input type="checkbox"/> Washroom <input type="checkbox"/> Gymnasium <input type="checkbox"/> Office <input type="checkbox"/> Portable Teaching Unit <input type="checkbox"/> Other </p>				
<p>Violence Category</p> <p> <input type="checkbox"/> Assault – physical - contact <input type="checkbox"/> Attempted Assault – non-contact <input type="checkbox"/> Intimidation/gestures – non-contact <input type="checkbox"/> Use of a weapon - contact <input type="checkbox"/> Possession of a weapon – non-contact <input type="checkbox"/> Threats – non-contact </p>				
<p>Action/Behaviour/Activity</p> <p> <input type="checkbox"/> Aiming/Pointing <input type="checkbox"/> Hair pulling <input type="checkbox"/> Pulling <input type="checkbox"/> Shooting <input type="checkbox"/> Throwing <input type="checkbox"/> Biting <input type="checkbox"/> Head butting <input type="checkbox"/> Punching/Hitting <input type="checkbox"/> Slapping <input type="checkbox"/> Tripping <input type="checkbox"/> Body checking <input type="checkbox"/> Jabbing <input type="checkbox"/> Pursuing <input type="checkbox"/> Slicing/cutting <input type="checkbox"/> Verbal threats <input type="checkbox"/> Grabbing <input type="checkbox"/> Kicking/Stomping <input type="checkbox"/> Pushing/Shoving <input type="checkbox"/> Stabbing <input type="checkbox"/> Spitting (Intentional) <input type="checkbox"/> Hacking <input type="checkbox"/> Pinching <input type="checkbox"/> Scratching <input type="checkbox"/> Swinging Other </p>				
<p>Incident Intensity Rating</p> <p> <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High </p>		<p>Incident Duration</p> <p> <input type="checkbox"/> Less than 1 min <input type="checkbox"/> 5 – 15 min <input type="checkbox"/> 1 – 5 min <input type="checkbox"/> 30 - 60 min <input type="checkbox"/> 15 – 30 min <input type="checkbox"/> > 60 min </p>		<p>Impact to Worker Mental Health</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High </p>

What happened? - Completed by Employee

What might have contributed to this incident occurring? - Completed by Employee

4. Report Submitted to Employer and filled out by Employee and Employer

Received by (First and last name)	Date Received	Time Received
<p>This incident report requires immediate follow up if any of the following occurred:</p> <p>1. There was an injury that required medical attention or led to a time loss claim? <input type="checkbox"/> Yes <input type="checkbox"/> No,</p> <p>2. There was the potential for a serious injury as indicated in "Section One, item 1" above. <input type="checkbox"/> Yes <input type="checkbox"/> No,</p> <p>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.</p> <p>3. The incident intensity was high <u>and</u> the worker mental health impact was high. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. The incident involved a known or unknown member of the public. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>Check here <input type="checkbox"/> if None of the above four (4) questions apply.</p> <p>Forward this report to: Administrative Assistant to the Secretary Treasurer, Tracy Reuther District Principal of Support Services, Robyn Anderson Site/School Based Health and Safety Committee</p>		

Section Two – Reviewed by Employee and Employer

5. 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)		
<p>After reviewing the report and speaking with the affected worker(s) does the incident meet the definition of Workplace Violence? <input type="checkbox"/> Yes, <input type="checkbox"/> No</p> <ul style="list-style-type: none"> If "Yes" please continue to complete the applicable review process outlined below (5.1, 5.2 and 5.3, as well as capture corrective actions in 6 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. 		
5.1 Student Support		
Understanding the behaviour history		
Frequency of incidents trend	Intensity of incident trend	Duration of incidents trend
<input type="checkbox"/> Not applicable – first time	<input type="checkbox"/> Not applicable – first time	<input type="checkbox"/> Not applicable – first time
<input type="checkbox"/> Decreasing	<input type="checkbox"/> Decreasing	<input type="checkbox"/> Decreasing
<input type="checkbox"/> Staying the same	<input type="checkbox"/> Staying the same	<input type="checkbox"/> Staying the same
<input type="checkbox"/> Increasing	<input type="checkbox"/> Increasing	<input type="checkbox"/> 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 as per Policy 305 (Procedures 305B),

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.

5.2 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?

- If Yes, was the plan followed? Yes, No **Note:** _____
- 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

If "No" plan to draft an Individual Safe Work Instruction for this work. Then proceed to the Worker Support section.

5.3 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.

6.Actions identified

Action	Action assigned to (name and job title)	Completed date (yyyy-mm-dd)
Functional Behaviour Assessment <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> N/A		
Physical Environment Change <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> N/A		
Review Student Plan by Student Team <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> N/A		
Develop Safe Work Plan <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> N/A		
Other: _____		

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.					