



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, 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.**

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.

2. About the Other Person

<input type="checkbox"/> Student (Type II)	<input type="checkbox"/> Member of the public known (Type II) <input type="checkbox"/> Social relationship to worker (Type IV)	<input type="checkbox"/> Member of the public unknown (Type I)
Initials (max of 3 characters)	Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Ministry Identification – if applicable	Relationship to the school/site	Height Weight
Teacher/Case Manager/Counselor	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling	Complexion Hair Colour
Other key details if you are not familiar with the student	<input type="checkbox"/> Other Family member <input type="checkbox"/> Spouse/Partner of a worker <input type="checkbox"/> Acquaintance of a worker <input type="checkbox"/> Service provider/Contractor <input type="checkbox"/> Other	Voice (high/low) Accent Clothing Vehicle Description 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? (include physical address)

Where in the site did this incident happen?

<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

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Where specifically did this incident happen?		
What was happening prior to this incident (antecedents)?		
Date of incident	Time of Day	<input type="checkbox"/> a.m. <input type="checkbox"/> 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)		
<input type="checkbox"/> An attempt to regulate <input type="checkbox"/> Delay a transition <input type="checkbox"/> Understanding/clarity <input type="checkbox"/> An attempt to gain processing time <input type="checkbox"/> Escape or avoid <input type="checkbox"/> Seeking attention from peers <input type="checkbox"/> Avoid or delay a non-preferred task <input type="checkbox"/> Illness <input type="checkbox"/> Seeking connection <input type="checkbox"/> Communication of a boundary <input type="checkbox"/> Physical discomfort (hunger, thirst) <input type="checkbox"/> Seeking release of tension <input type="checkbox"/> Communication of... <input type="checkbox"/> Obtain objects / sensory needs <input type="checkbox"/> Other:		
Violence Category (check one)		
<input type="checkbox"/> Physical contact (from body or object) <input type="checkbox"/> Attempted physical 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 <small>*weapon – an item intended for causing death or injury. E.g., firearm/knife/baseball bat</small>		
Action/Behaviour/Activity (check all that apply)		
<input type="checkbox"/> Aiming/Pointing <input type="checkbox"/> Head butting <input type="checkbox"/> Punching/Hitting <input type="checkbox"/> Slapping <input type="checkbox"/> Throwing <input type="checkbox"/> Biting <input type="checkbox"/> Jabbing <input type="checkbox"/> Pursuing <input type="checkbox"/> Slicing/cutting <input type="checkbox"/> Tripping <input type="checkbox"/> Body checking <input type="checkbox"/> Kicking/Stomping <input type="checkbox"/> Pushing/Shoving <input type="checkbox"/> Stabbing <input type="checkbox"/> Verbal threats <input type="checkbox"/> Grabbing <input type="checkbox"/> Pinching <input type="checkbox"/> Scratching <input type="checkbox"/> Swinging <input type="checkbox"/> Other <input type="checkbox"/> Hair pulling <input type="checkbox"/> Pulling <input type="checkbox"/> Shooting		
Incident Intensity Rating	Incident Duration	Impact to Worker Mental Health
<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	<input type="checkbox"/> 1 – 5 min <input type="checkbox"/> 5 – 15 min <input type="checkbox"/> 15 – 30 min <input type="checkbox"/> 30 - 60 min <input type="checkbox"/> > 60 min	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low

4. Response Actions

Was the response plan used during this incident? <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown	Is there a Safe Work Instruction for the work being carried out? <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown
Were external community emergency services called? <input type="checkbox"/> Yes, <input type="checkbox"/> No, If "Yes" please select applicable services. <input type="checkbox"/> Police/RCMP, <input type="checkbox"/> Emergency Medical Services, <input type="checkbox"/> Fire Department, <input type="checkbox"/> 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? <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown	Was Seclusion used during this incident? <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> 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.

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

Time of Incident	Incident description <small>(lead up, during, and response)</small>	Violence Category and <small>action / behaviour</small>	Intensity <small>(L, M, H)</small>	Duration <small>(in Minutes)</small>	Location
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Section Two – Review (To Be Completed by Employer/Supervisor)

6. Report Received by Employer

Received by (First and last name)	Date Received	Time Received
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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.

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.

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
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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
<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,

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.

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Process Support

Is there an Individual Safety or Behaviour Plan 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