COWICHAN VALLEY
School District

VIOLENCE INCIDENT REPORT

Use separate form for each employee

School District Facility: _____ Date of Incident: _____

EXACT Location of Incident: _____ Time of Incident: _____

Your Full Name: _____ Occupation: _____

Type of Incident:

☐ Use of Weapon – **Contact** ☐ Assault –**Contact** ☐ Intimidation – Non-Contact ☐ Attempted Assault – Non-Contact

☐ Threats -Non-contact ☐ Possession of a weapon (Non-Contact)

Witnesses (if not employee, include address and phone number):

_____

_____

Individual of concern:

FULL NAME:_____ DOB _____

☐Parent ☐Other_____ **Complete Section A**

☐Student _____ **Complete Section B**

Describe the Incident:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Complete for ALL incidents:

- Did you sustain an injury that will require you take time off work? ☐Yes ☐No
- Did you sustain an injury that required first aid, or will/did require medical treatment? ☐Yes ☐No
- Are you filing a WorkSafeBC claim? ☐Yes ☐No

***IF YES** to any of the above, you must complete the Worker's Report of Injury (Form 6A) on the SD79 website and submit to your Supervisor or directly to the Health and Safety Manager

*The form 6A will prompt the related reporting and investigation of the incident as required by WorkSafeBC.

Copy to OneDrive/shared 'School & IL – VIR folder' within 5 working days – share/notify SSS-2 &Rentals Sec

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SECTION A (if not a student)

Description of Person Committing Assault/Threat:

☐Male ☐Female Age:____ Weight:_____ Height:____Hair Colour & Length: _____

Clothing:_____

Other Identifying Marks (Scars, Tattoos, Birth Marks, Etc.):_____

SECTION B

• **Is the incident a result of behaviour/violence between students?** *** IF YES** proceed with school protocols	☐Yes	☐No
• Is the individual of concern a student with a Ministry designation?	☐Yes	☐No
• Is there a Staff Safety Plan related to this incident?	☐Yes	☐No
• Was the Staff Safety Plan followed?	☐Yes	☐No

INTENSITY OF SPECIFIC INCIDENT

HIGH: Resulted in injury to responder that required immediate medical attention or time away from work.	☐
MODERATE: Resulted in injury or emotional response that didn't require immediate medical attention but may require follow-up.	☐
LOW: No injury or emotional response that requires follow-up.	☐
N/A: Appropriate measures averted injury or emotional response.	☐

SELF - REFLECTION

What do you believe was the motivation of the action?

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

SELF -REFLECTION

What actions did you take that assisted to reduce the intensity of the incident?_____

_____

_____

_____

_____

What other interventions could you have employed, if the situation presented again, such as UKERU strategies?_____

_____

_____

_____

_____

Are there any parts of the current plans that you feel present a hazard, and if so what?_____

_____

_____

_____

_____

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ADMINISTRATORS SECTION

- Is there a Staff Safety Plan that addresses these behaviours? ☐Yes ☐No
- Was the plan followed? ☐Yes ☐No
- Were there any factors that contributed to the incident that are not included in the plan? ☐Yes ☐No
- Had all involved staff members reviewed and signed the Staff Safety Plan prior to incident? ☐Yes ☐No

☐ New risks not previously identified	☐ Changes to baseline risk	☐ Changes to response needed
☐ Changes to environment needed	☐ Change equipment	☐ Changes to support team needed
☐ Changes to communication	☐ NONE	☐ Other:

Comments/Recommendations:_____

_____

_____

_____

INCIDENT REPORT NUMBER (EX: School initials-MMDD-number: ex. EMP-1112-2) Use this number when discussing incident at Health and Safety Committee:

☐ Worker Debrief completed

- High/Moderate Severity Intensity complete within 24hrs (See **COPING: A DEBRIEFING GUIDE AFTER CRISIS)**
- Low/ N/A Severity Intensity: review incident report and reflection section

☐ Discuss high level of steps taken in response (communicate to worker all that apply)

- Staff Safety plan is reviewed by the School Based Team
  - School Based Team determined plan to continue as prescribed
  - School Based Team amended plan based on recent activity/information/assessment
- If no current staff safety plan, principal must complete **Staff Safety Plan Pre-Checklist and attach to this form**
- Parent consult takes place
- Tracking with health and safety – health and safety committee keeps track if there is a plan in place for the incident.

Staff Member Signature: _____ **Date:** _____

Principal/VP Signature: _____ **Date:** _____

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