



VIOLENCE INCIDENT REPORT

Please print clearly.

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):

Person Committing Assault/Threat:

FULL NAME: _____

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.

SECTION A

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 behavior/violence between students – *** IF YES** proceed with office visit protocols Yes No
- Is the individual (Person Committing Assault/Threat) designated Special Needs? Yes No
- Does the individual have a Safety/Behaviour Plan that includes the behaviors that prompted this incident? Yes No
- Was the Safety/Behaviour 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 would be likely to reduce day to day function for responder

LOW: No injury or emotional response that is considered likely to reduce day to day function for responder

N/A: Appropriate measures averted injury or emotional response.

SELF - REFLECTION

What do you believe the individual gained from the action?

<input type="checkbox"/> Avoid or delay a non-preferred task	<input type="checkbox"/> Escape or Avoid	<input type="checkbox"/> Gain attention from peers	<input type="checkbox"/> Delay a transition
<input type="checkbox"/> Gain attention	<input type="checkbox"/> Personal comfort	<input type="checkbox"/> Obtain objects / sensory needs	<input type="checkbox"/> Access to others
<input type="checkbox"/> Understanding clarity	<input type="checkbox"/> Communication of...		<input type="checkbox"/> Other:

Completed By: _____ Date: _____

Copy to the Occupational Health and Safety Manager



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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 or CPI strategies?

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

ADMINSTRATOR SECTION

- Is there a Safety/Behaviour plan that includes these behaviors? Yes No
- Was the plan followed adequately? Yes No
- Were there any factors that prompted the incident that are not included in the plan?

- | | | |
|--|---|---|
| <input type="checkbox"/> New risks not previously identified | <input type="checkbox"/> Changes to baseline risk | <input type="checkbox"/> Changes to response needed |
| <input type="checkbox"/> Changes to environment needed | <input type="checkbox"/> Change equipment | <input type="checkbox"/> Changes to support team needed |
| <input type="checkbox"/> Changes to communication | <input type="checkbox"/> NONE | <input type="checkbox"/> 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: **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)
 - Behavior/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
 - 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.

Completed By: _____ Date: _____

Copy to the Occupational Health and Safety Manager

N (Shared): Health and Safety~Threat & Violence Reports~Incident Report Form

Updated: July 2022