

Vancouver Island West School District 84

VIOLENT INCIDENT REPORT FORM

Pages 1 and 2 are to be completed by the person(s) most directly involved in the violent incident, and given to the worksite supervisor and the worksite OH&S rep. If additional space is required, please use a separate sheet and attach to this report. NOTE: If this is a report about a teacher, a copy is to be provided to the VIWTU.

VIOLENCE IN THE WORKPLACE:

OHS Regulation 4.27 Definition: 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 the worker is at risk of injury.

In your best professional judgment, this incident involving violence can be best categorized as (check more than one box if necessary):

- Bullying/Intimidation
Fighting
Gang Related Incident
Inciting Others to Violence
Physical Assault Against : District Employee Student
Property Damage/Vandalism
Racial Confrontation
Sexual Assault Against: District Employee Student
Verbal Threat to: District Employee Student
Violence by Intruder
Weapon Involved: No Yes: Identify Weapon:
Written Threat to: District Employee Student
Other (explain):

Horizontal lines for additional information or explanation.

Continued

THREAT/VIOLENCE REPORT

Date and Time of Incident: _____

Name of Person Making Threat (indicate "parent", "student", "Special Needs student", or "other" if name is unknown):

Employee(s) Involved: _____

School / Location of Incident: _____

Damage to Property? No ____ Yes (*provide details*): _____

Type of Incident: Threat/Intimidation ____ Possession/Use of Weapon ____ Assault ____

Other: _____

Details of Incident (who, what, when, where, why):

Action Taken:

- Administration Notified? Yes No
- Did you require First Aid or Medical Aid? Yes No

Employee's Signature: _____

Witness Name and Signature: _____

Copy of Incident Report to be shared with the worker and the worksite's OH&S Safety Committee or OH&S Safety Representative.

VIOLENT INCIDENT INVESTIGATION REPORT

If additional space is required, please use a separate sheet and attach to this report.

(WCA 174.(1)) An investigation required under Workers Compensation Act Part 3 Division 10 must be carried out by persons knowledgeable about the type of work involved and, if they are reasonably available, with the participation of the employer or a representative of the employer and a worker representative. As far as possible, the investigation must:

- a. determine the cause or causes of the incident;*
- b. identify any unsafe conditions, acts or procedures that contributed in any manner to the incident; and,*
- c. if unsafe conditions, acts or procedures are identified, recommend corrective action to prevent similar incidents.*

Worksite and location where incident occurred: _____

Date/Time of Incident: _____ **Date of Investigation:** _____

Persons in attendance at investigation: _____

Injured Person(s) Name/Occupation: _____

Nature of Injury/Injuries: _____

Note: If the worker reported an injury or adverse symptom as a result of an incident of violence, the worker must be advised to consult a physician of the worker's choice for treatment or referral.

Witnesses to this incident:

Last Name	First Name	Address	Telephone

Describe in full how the incident occurred: _____

What caused this violent incident? *(List any unsafe conditions, acts or procedures that in any manner contributed to the violent incident.)* _____

Did the violent incident meet the definition as per OHS Reg. 4.27 (Page 1)? Yes _____ No _____

Has a risk assessment been performed? Yes _____ No _____

ACTION PLAN: *(Identify any corrective actions that have been taken and any recommended actions to prevent similar incidents.)*

Recommended Corrective Action	Action by Whom	Action by Date

Persons Conducting Investigation:

Name	Signature	Type of Representative Employer, Worker or Other	Date

FOR OFFICE USE ONLY:

Action Taken by Supervisor:

- Parent/Guardian Notified? Yes No
- Have staff members been informed? Yes No
- Has the student been identified as a student with special needs? Yes No
- If identified, what category does the student fall under? Category: _____
- Has IEP been modified to include a safety plan? Yes No
- Did the victim require First Aid? Yes No
- Was the victim advised to consult a physician of the worker's choice for treatment or referral? Yes No
- Did the victim require time off work? Yes No
- If yes, Employer Form 7, First Aid Report and Preliminary Investigation Submitted to District Office on Date: _____
- Police Notified? Yes No
- Name of Investigating Officer: _____
- Case #: _____

Note: A copy of this report is to be sent to the Human Resources Administrator and kept on file at the worksite. A summary of the investigation should be shared with the worker and worksite OH&S Safety Committee or OH&S Safety Representative.

Supervisor Signature

Date