Workplace Violence Reporting Process

ABBOTSFORD SCHOOL DISTRICT

The following steps must be followed for incidents involving a threat or violent act towards a worker.

If a **Threat/Violent Act towards a Worker** occurs:

Step 1. Call for Assistance/Mitigate Damage (i.e. ensure safety and contact supervisor)

Step 2. Get Prompt Care for Injuries (e.g. First Aid, Medical Aid, 911, etc.)

All worker injuries must be investigated; see the workplace incident reporting process for details

Step 3. Report the Incident by following the applicable process below

Student

If the Threat/Violent Act was from a Student

- **Complete Student Safety Incident or Threat Report Form**

  Located at: http://hr.abbyschools.ca/resources/forms

3rd Party

If the Threat/Violent Act was from a Person outside the District (Parent or Public)

- **Complete Violence in the Workplace Form**

  Located at: http://hr.abbyschools.ca/resources/forms

Co-worker

If the Threat/Violent Act was from a Co-worker

- **Contact your supervisor as outlined in Administrative Procedure 413 and 418**

  Located at: http://www.abbyschools.ca/node/6661

This notice should be posted on the workplace safety board onsite

STUDENT SAFETY INCIDENT OR THREAT REPORT

ABBOTSFORD SCHOOL DISTRICT

ABBOTSFORD SCHOOL DISTRICT HUMAN RESOURCES

The Occupational Health and Safety Regulation under the Workers Compensation Act requires the District to provide direction to report, investigate and implement corrective action where violence as defined in Policy No. 3.180 has occurred. Under this policy, violence is defined as an 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. Workers must promptly report situations of concern and/or incidents of violence. Workers reporting an injury or adverse symptom as a result of an incident of violence may consult a physician of the worker's choice for treatment or referral. Any personal information that is collected herein is collected under the authority of, and used for the purposes of administering the *School Act*. All information provided pursuant to this policy will be considered as supplied in confidence. Under certain circumstances, some information may be released subject to the provisions of the *Freedom of Information and Privacy Act*. If any person has any questions about the collection and use of this information, please contact the Secretary-Treasurer's Office.

See reverse side for instructions on how to complete this form and for an explanation of the appeal process.

Student Safety Incident - Confidential

Section 1: To be completed by the worker

Worker's Last Name:	First Name:	Employee Number:
Job Title:	Casual ☐ TOC ☐ Full time ☐ PT ☐	Student(s) involved:
Principal/Vice-Principal/Supervisor notified? Yes ☐ No ☐ Time and Date _____	Date and Time of Incident: YYYY / MM / DD at HR : MN AM ☐ PM ☐	
School/Site/Room of incident:	Date and Time Incident Reported: YYYY / MM / DD at HR : MN AM ☐ PM ☐	
Are you planning to see a Doctor or miss time from work? Yes ☐ No ☐ If Yes, complete WorkSafeBC injury report (6a)	Did the incident occur during your normal shift? Yes ☐ No ☐	Were you performing your normal assignment? Yes ☐ No ☐
Severity of Injury/Illness ☐ First Aid ☐ Medical Aid ☐ Lost Time Accident	Have you received CPI training Yes ☐ No ☐ If yes please provide date of course _____	
Does the student have a Safety Plan? Yes ☐ No ☐	What was the last date you reviewed the Safety Plan? Date _____	

Type of Incident:

☐ Physical ☐ Struck ☐ Pushed ☐ Bitten or pinched ☐ Other – Please describe	☐ Threat ☐ Verbal threat in person ☐ Verbal threat by telephone ☐ Written threat ☐ Physical threat	☐ Other - Please describe

Describe incident (Antecedent – what happened before the incident; Behaviour – what happened)

Describe immediate actions taken by school to address this situation.

Who was involved in the incident (participants and/or witnesses)

Student Name: _____ Grade:_____ MOE Designation: _____

List others directly involved in incident, including name and how to locate the person – position if worker; address if other.

Please provide any additional information you think may be relevant, including any recommendations for preventative measures.

Section 2: To be completed by the Principal/Supervisor

PRINCIPAL/SUPERVISOR RECOMMENDATIONS/FOLLOWUP

1.

2.

3.

Signatures

Worker's Signature	Date:
Principal/Supervisor Signature:	Date:

Copies to: Worker, Principal, HR – Occupational Health and Safety

Please report any student incidents of violent or threatening behaviour that occur by fully completing this form within 48 hours of the incident(s) Fax to 604 859 6187

May 2014

Instructions to Complete Form

Section 1: To be completed by the worker

a) Keep a copy for your own records.
b) Deliver the entire form to the principal/manager or designate who will complete section 2 and distribute copies as indicated below.

Note: Maintenance/Transportation/Custodial Employees
Student Safety Incident or Threat Report should be delivered to the principal/supervisor at the school/facility where the incident occurs. The principal/supervisor may contact the requisite Operation Manager to advise them of the report and of actions to be taken. The Operations Manager will work with the principal and the claimant to resolve the issue.

The principal/supervisor will complete the form with the action to be taken and will provide a copy of the form to the employee, a copy to the Site-Based Health & Safety Committee (or the First Aid Designate where no committee exists) and a copy will be sent to the District Occupation Health & Safety Committee at 604-859-6187.

Appeal to the District Occupational Health and Safety Committee

If the student safety incident cannot be resolved with a satisfactory time frame or if the principal/supervisor cannot resolve the issue in consultation with the worker(s) and the site based Health & Safety Committee, where applicable the worker should prepare a letter and mail it, along with a copy of the form, to the District Occupational Health and Safety personnel, c/o Human Resources Department, School Board Office or fax it to 604-859-6187.

If, by working with the worker and the principal or supervisor, the district Occupational Health & Safety Committee representatives are unable to find a resolution, the matter will be referred to a WorkSafe BC officer.

Student Safety

When recurring incidents of student aggression escalate and when the same student is involved, the site-based Health & Safety Committee will forward a letter to the District Occupational Health & Safety Committee for action to be taken. The District Occupational Health & Safety Committee will forward their response to the Director of Instruction – Learning Support Services. Upon receipt of this letter, Learning Support Services will review the efficacy of the existing Safety Plan and will either adjust the plan accordingly, increase support or review placement of the student.

Worker Distribution **(when Section 1 is completed)** **Copy to – Employee** **Original – Principal/Supervisor**	**Principal/Supervisor Distribution** **(when Section 2 is completed)** **Copy to each of the following: Worker, Principal/Supervisor, District Occupational Health & Safety Committee (via Human Resources)**

ABBOTSFORD SCHOOL DISTRICT
RESPECT OPPORTUNITY INNOVATION

THE BOARD OF EDUCATION OF SCHOOL DISTRICT NO. 34 (ABBOTSFORD)

SAFETY INCIDENT REPORT: VIOLENCE IN THE WORKPLACE

The Occupational Health and Safety Regulation under the Workers Compensation Act requires the District to provide direction to report, investigate and implement corrective action where violence as defined in Policy No. 3.180 has occurred. Under this policy, violence is defined as an 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. Workers must promptly report situations of concern and/or incidents of violence. Workers reporting an injury or adverse symptom as a result of an incident of violence may consult a physician of the worker's choice for treatment or referral. Any personal information that is collected herein is collected under the authority of, and used for the purposes of administering the *School Act*. All information provided pursuant to this policy will be considered as supplied in confidence. Under certain circumstances, some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If any person has any questions about the collection and use of this information, please contact the Secretary-Treasurer's Office.

See reverse side for instructions on how to complete this form and for an explanation of the appeal process.

SECTION 1: TO BE COMPLETED BY WORKER.

Worker Name _____ Position _____

School/Facility (where incident occurred) _____ Date _____

Details of Safety Incident (Use attached sheet if necessary.)

Date and time of incident _____, _____ a.m./p.m.

A. Type of incident

- ___ Damage to property
- ___ Loud/abusive/threatening language
- ___ Direct disobedience (where it is believed the employee is at risk of injury)
- ___ Harassment/intimidation
- ___ Assault (physical) or Attempted Assault
- ___ Fighting
- ___ Possession/Use of Weapon
- ___ Other

B. Description of incident *(Include a description of the person(s) involved including name(s) if known, vehicle and weapon used if applicable.)* _____

_____

C. Person(s) involved. Name(s) if known _____

___ Parent ___ Student ___ Public ___ Other: Specify____

D. First Aid/medical attention sought. ___ Yes ___ No

E. Time lost beyond date of the incident. ___ Yes ___ No

Signature: _____ Date: _____

Note: Complete the Safety Incident Report: Violence in the Workplace and the Report of Injury or Occupational Disease form (Form 6A).

SECTION 2 TO BE COMPLETED BY THE ADMINISTRATIVE OFFICER/FACILITY SUPERVISOR

Actions to be taken: _____

_____

Name of Administrator/Supervisor (please print) _____ Signature _____

Date _____

Safety Incident Report: Violence in the Workplace
Instructions to Complete Form

Section 1

a) Worker to complete this section
b) Fax a copy immediately to the District Occupational Health & Safety Committee personnel, c/o Human Resources Department at (604) 859-6187.
c) The District Occupational Health & Safety Committee personnel will give a copy to the Directo site-based Health & Safety Committee at Facilities, as appropriate.
d) Keep a copy for your own records.
e) Deliver the entire form to the principal/manager or designate.

Note: Maintenance/Transportation/Custodial Employees
Safety Incident Reports completed should be delivered to the principal/manager at the school/facility where the incident occurs. The principal/manager may contact the requisite Operations Manager to advise them of the report and of actions to be taken. The Operations Manager will work with the principal and the claimant to resolve the issue.

Section 2 The Principal/manager will complete the form with the action to be taken and will provide the yellow copy of the form to the employee, the pink copy to the Site-Based Health & Safety Committee (or the First Aid Designate where no committee exists) and the goldenrod copy will to be sent to the Human Resources Department.

Appeal to the District Occupational Health and Safety Committee

If the safety incident cannot be resolved within a satisfactory time frame or if the principal/manager cannot resolve the issue in consultation with the worker(s) and the site based Health & Safety Committee, where applicable, the worker should prepare a letter and mail it, along with a copy of the yellow form, to the District Occupational Health and Safety personnel, c/o Human Resources Department, School Board Office or fax it to (604) 859-6187.

If by working with the worker and the school administrator or site manager, the District Occupational Health & Safety Committee representatives are unable to find a resolution, the matter will be referred to a WorkSafe BC officer.

Incidents of Student Violence

When recurring incidents of student violence escalate and when the same student is involved, the site-based Health & Safety Committee will forward a letter to the District Occupational Health & Safety Committee for action to be taken. The District Occupational Health & Safety Committee will forward their response to the Director of Instruction – Learning Support Services. Upon receipt of this letter, Learning Support Services will review the efficacy of the existing Safety Plan and either adjust the plan accordingly, increase support or review placement of the student.

Worker Distribution (when Section 1 is completed)	Principal/Manager Distribution (when Section 2 is completed)
White copy Employee *All Other Copies* Administrator/Supervisor	*Yellow Copy* Worker *Pink Copy* Facility Occupational Health & Safety Committee (or Worker Representative if no committee exists) *Goldenrod Copy* Dist. Occupational Health & Safety Committee (via Human Resources)