

STUDENT SAFETY INCIDENT OR THREAT REPORT

ABBOTSFORD SCHOOL DISTRICT



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

Type of Incident:

<input type="checkbox"/> Physical <input type="checkbox"/> Struck <input type="checkbox"/> Pushed <input type="checkbox"/> Bitten or pinched <input type="checkbox"/> Other – Please describe	<input type="checkbox"/> Threat <input type="checkbox"/> Verbal threat in person <input type="checkbox"/> Verbal threat by telephone <input type="checkbox"/> Written threat <input type="checkbox"/> Physical threat	<input type="checkbox"/> Other - Please describe
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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 other individuals 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

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 Occupational 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 WorkSafeBC 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 the 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)

SAMPLE ONLY