



SD 28 Workplace Violence Incident Report and Review Form (770)

“Workplace Violence” means 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 he or she is at risk of injury.

Workplace violence applies to all persons committing violence except where a worker of the same employer is the victim. Workers of the same employer are covered by section 4.25 of the Occupational Health and Safety Regulation.

Verbal abuse or harassing behaviour is not included in the definition of violence for the purpose of section 4.27 (violence) unless it includes threats or behaviour which give the worker reasonable cause to believe that the worker is at risk of injury.
Source Worksafebc

See also Workplace Violence Examples

Revised March 11, 2024 WK

Section One - Report

1. About You - Completed by Employee

Your Name (First and last name)	Date of Report (dd-mmm-yyyy)
Work site location (site name/school name)	Supervisor's Name
Work email	Work phone – cell or direct
Date of Incident (dd-mmm-yyyy) _____	
Were you injured during the workplace violence incident? <input type="checkbox"/> Yes, <input type="checkbox"/> No	
If "Yes" you must also complete and submit to the employer an injury report form (Form 6A) .	
If "No", do you believe there was the potential for an "Injury" as a result of this workplace violence incident (Near Miss)?	
<input type="checkbox"/> Yes, <input type="checkbox"/> No (if "yes" then worker completes Form 6A)	

2. About the Student - Completed by Employee

First Name:	Last Name:
Grade:	

3. The Incident Details - Completed by Employee

Where in the site did this incident happen?		
<input type="checkbox"/> Classroom	<input type="checkbox"/> Hall	<input type="checkbox"/> Outdoor
<input type="checkbox"/> Elevator	<input type="checkbox"/> Library	<input type="checkbox"/> Parking Lot
<input type="checkbox"/> Field Trip	<input type="checkbox"/> Music room	<input type="checkbox"/> Playing Field
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Office	<input type="checkbox"/> Portable Teaching Unit
<input type="checkbox"/> Reception/Service kiosk	<input type="checkbox"/> Stairs	<input type="checkbox"/> Washroom
<input type="checkbox"/> Other		
Violence Category		
<input type="checkbox"/> Assault – physical - contact	<input type="checkbox"/> Attempted Assault – non-contact	<input type="checkbox"/> Intimidation/gestures – non-contact
<input type="checkbox"/> Use of a weapon - contact	<input type="checkbox"/> Possession of a weapon – non-contact	<input type="checkbox"/> Threats – non-contact
Action/Behaviour/Activity		
<input type="checkbox"/> Aiming/Pointing	<input type="checkbox"/> Hair pulling	<input type="checkbox"/> Pulling
<input type="checkbox"/> Biting	<input type="checkbox"/> Head butting	<input type="checkbox"/> Punching/Hitting
<input type="checkbox"/> Body checking	<input type="checkbox"/> Jabbing	<input type="checkbox"/> Pursuing Pushing/
<input type="checkbox"/> Grabbing	<input type="checkbox"/> Kicking/Stomping	<input type="checkbox"/> Shoving Scratching
<input type="checkbox"/> Hacking	<input type="checkbox"/> Pinching	<input type="checkbox"/> Shooting
		<input type="checkbox"/> Slapping Slicing/
		<input type="checkbox"/> cutting Stabbing
		<input type="checkbox"/> Swinging
		<input type="checkbox"/> Throwing
		<input type="checkbox"/> Tripping
		<input type="checkbox"/> Verbal threats
		<input type="checkbox"/> Spitting (Intentional)
		<input type="checkbox"/> Other
Incident Intensity Rating	Incident Duration	Impact to Worker Mental Health
<input type="checkbox"/> Low	<input type="checkbox"/> Less than 1 min	<input type="checkbox"/> None
<input type="checkbox"/> Moderate	<input type="checkbox"/> 1 – 5 min	<input type="checkbox"/> Low
<input type="checkbox"/> High	<input type="checkbox"/> 15 – 30 min	<input type="checkbox"/> Moderate
	<input type="checkbox"/> > 60 min	<input type="checkbox"/> High (advised to seek physician attention)

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§ - **Completed by Employee**

Who was involved?

When did it happen?

Details of the event:

What might have contributed to this incident occurring?

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4. Report Submitted to Employer and filled out by Employee and Employer

Received by (First and last name)	Date Received (dd-mmm-yyyy)	Time Received
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This incident report requires immediate follow up if any of the following occurred:

1. There was an injury that required medical attention or led to a time loss claim? ☐ Yes, ☐ No,
2. There was the potential for a serious injury as defined by WorkSafe BC Guidelines*? ☐ Yes, ☐ No,

***G-P2-68-1 WorkSafeBC notification of serious injuries**

"Serious Injury"

Section 68 provides that employers must notify WorkSafeBC of an accident that resulted in the "serious injury" or death of a worker. The term "serious injury" is not defined in the Act.

A serious injury is any injury that can reasonably be expected at the time of the incident to endanger life or cause permanent injury. Serious injuries include both traumatic injuries that are life threatening or that result in a loss of consciousness, and incidents such as chemical exposures, heat stress, and cold stress which are likely to result in a life threatening condition or cause permanent injury or significant physical impairment.

For further clarification see Appendix

If "Yes" has been selected for any of the above two (2) questions, the supervisor or designate must be notified and an Employer Incident Investigation Report (EIIR) must begin as soon as it is safe and appropriate to do so. You may also use the "Section Two –Review" below to support your EIIR process.

3. The incident intensity was high and the worker mental health impact was high. ☐ Yes, ☐ No
4. The incident involved a known or unknown member of the public. ☐ Yes, ☐ No

If "Yes" has been selected for any of the above two (2) items (#3 or #4) the supervisor or designate must be notified and the incident review using "Section Two – Review" below must begin as soon as it is safe and appropriate to do so and EIIR is not necessary

Check here ☐ if None of the above four (4) questions apply.

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Section Two – Reviewed by Employee and Employer

5. Incident Review - to be led by the supervisor or designate (for incidents involving injuries to the worker or potential serious injuries, ensure to complete the EIR as well)

Supervisor or Designate Name (First and last name)	Date of Review (dd-mmm-yyyy)	Time of Review
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Review Team Members (Names)

After reviewing the report and speaking with the affected worker(s) does the incident meet the definition of Workplace Violence?
☐ Yes, ☐ No

- If “Yes” please continue to complete the applicable review process outlined below (5.1, 5.2 and 5.3, as well as capture corrective actions in 6 if necessary)
- If “No”, no further review is required. Discuss the findings with the worker that submitted the report, if they are not part of this review.
- If unsure review the “Workplace Violence Examples” document, ask for support from a member of the site JHSC, or talk to your OHS designate for the district.

5.1 Student Support

Understanding the behaviour history

Frequency of incidents trend
☐ Not applicable – first time
☐ Decreasing
☐ Staying the same
☐ Increasing

Intensity of incident trend
☐ Not applicable – first time
☐ Decreasing
☐ Staying the same
☐ Increasing

Duration of incidents trend
☐ Not applicable – first time
☐ Decreasing
☐ Staying the same
☐ Increasing

Does this incident require the initiation of the Violent Threat Risk Assessment (VTRA) Screening Tool? ☐ Yes, ☐ No
If “Yes”, please, initiate the school district VTRA process as per Policy 305 (Procedures 305B),
If “No”, is there a Student Support Plan (SSP) in place? ☐ Yes, ☐ No
If “Yes” review the SSP document for any required updates.
If “No” should an SSP be considered? ☐ Yes, ☐ No
If “Yes” initiate the process for the consideration of an SSP. Then proceed to the Process Support section
If “No” review the Process Support section below.

Comments:

5.2 Process Support

Is there an Individual Safe Work Instruction for this work? ☐ Yes, ☐ No

If “Yes” review the documents with the team and determine if any updates or amendments are required. Consider if any of the following apply?

- ☐ If Yes, was the plan followed? ☐ Yes, ☐ No **Note:** _____
- ☐ New risks not previously identified ☐ Yes, ☐ No
- ☐ Changes needed to the baseline risk ☐ Yes, ☐ No
- ☐ Changes needed to the response ☐ Yes, ☐ No
- ☐ Changes needed to the environment ☐ Yes, ☐ No
- ☐ Changes needed to the equipment ☐ Yes, ☐ No
- ☐ Changes needed to the support team ☐ Yes, ☐ No
- ☐ Changes needed to the communications ☐ Yes, ☐ No
- ☐ Other changes

If “No” plan to draft an Individual Safe Work Instruction for this work. Then proceed to the Worker Support section.

5.3 Worker Support

As applicable:

- Was/Were the affected worker(s) advised to consult a physician for treatment? ☐ Yes, ☐ No, ☐ N/A
- Was the affected worker(s) referred to the employee assistance program or other community resources? ☐ Yes, ☐ No, ☐ N/A
- Is there a short term, or longer term change required to support the worker? ☐ Yes, ☐ No, ☐ N/A
- Is a team meeting with the affected worker(s) going to be completed to address feedback from the incident? ☐ Yes, ☐ No

If “No” please explain why a team meeting will not be held. _____

6. Possible Actions identified

Action	Action assigned to (name and job title)	Completed or Reviewed date (dd-mmm-yyyy)	Next Review or Revision date (dd-mmm-yyyy)
Physical Environment Change <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> N/A			
Review Student Support Plan (SSP) <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> N/A			
Develop Worker Safety Plan (WSP) <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> N/A			
Co-regulation Curve <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> N/A			
Individual Safe Work Instruction <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> N/A			
Other: _____			

Time of Incident	Incident description (lead up, during, and response)	Violence Category and action / behaviour	Intensity (L, M, H)	Duration (in Minutes)	Location
1.					
2.					
3.					
4.					
5.					

FOR OFFICE USE

To be completed by Principal/Vice Principal

Note: if completed digitally some fields will auto-fill corresponding fields in the form. Unique fields are indicated in RED

Date of Report:

Date of Incident:

Site of Incident:

Employee Name:

Student First Name:

Student Last Name:

Grade:

Violence Category

- | | | |
|---|---|--|
| <input type="checkbox"/> Assault – physical - contact | <input type="checkbox"/> Attempted Assault – non-contact | <input type="checkbox"/> Intimidation/gestures – non-contact |
| <input type="checkbox"/> Use of a weapon - contact | <input type="checkbox"/> Possession of a weapon – non-contact | <input type="checkbox"/> Threats – non-contact |

Action/Behaviour/Activity

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Aiming/Pointing | <input type="checkbox"/> Hair pulling | <input type="checkbox"/> Pulling | <input type="checkbox"/> Shooting | <input type="checkbox"/> Throwing |
| <input type="checkbox"/> Biting | <input type="checkbox"/> Head butting | <input type="checkbox"/> Punching/Hitting | <input type="checkbox"/> Slapping | <input type="checkbox"/> Tripping |
| <input type="checkbox"/> Body checking | <input type="checkbox"/> Jabbing | <input type="checkbox"/> Pursuing | <input type="checkbox"/> Slicing/cutting | <input type="checkbox"/> Verbal threats |
| <input type="checkbox"/> Grabbing | <input type="checkbox"/> Kicking/Stomping | <input type="checkbox"/> Pushing/Shoving | <input type="checkbox"/> Stabbing | <input type="checkbox"/> Spitting (Intentional) |
| <input type="checkbox"/> Hacking | <input type="checkbox"/> Pinching | <input type="checkbox"/> Scratching | <input type="checkbox"/> Swinging | <input type="checkbox"/> Other |

Is a Form 6A being completed? ☐ Yes, ☐ No

Is there an Individual Staff Safe Work Instruction for this work? ☐ Yes, ☐ No

Is an EIIR being completed? ☐ Yes, ☐ No

A copy of this form was emailed to:

- ☐ Patricia Reistad- patriciareistad@sd28.bc.ca
☐ Robyn Anderson - robynanderson@sd28.bc.ca
☐ Site-based Health & Safety Committee

APPENDIX

*FROM WORKSAFE GUIDELINES - WORKERS COMPENSATION ACT
G-P2-68-1 WorkSafeBC notification of serious injuries*

"Serious Injury"

Section 68 provides that employers must notify WorkSafeBC of an accident that resulted in the "serious injury" or death of a worker. The term "serious injury" is not defined in the Act.

A serious injury is any injury that can reasonably be expected at the time of the incident to endanger life or cause permanent injury. Serious injuries include both traumatic injuries that are life threatening or that result in a loss of consciousness, and incidents such as chemical exposures, heat stress, and cold stress which are likely to result in a life threatening condition or cause permanent injury or significant physical impairment.

Traumatic injuries that should be considered "serious injuries" include

- Major fractures or crush injuries, such as
 - A fracture of the skull, spine, or pelvis
 - Multiple, open or compound fractures, or fractures to major bones such as the humerus, fibula or tibia, or radius or ulna
 - Crushing injuries to the trunk, head or neck, or multiple crush injuries
- An amputation, at the time of the accident, of an arm or leg or amputation of a major part of a hand or foot
- Penetrating injuries to eye, head, neck, chest, abdomen, or groin
- An accident that caused significant respiratory compromise, or punctured lung
- Circulatory shock (i.e., internal hemorrhage) or injury to any internal organ
- Lacerations that cause severe hemorrhages
- All burns that meet the rapid transport criteria of the Occupational First Aid Training Manual, including
 - Third degree burns to more than 2% of the body surface
 - Third degree burns to the face, head, or neck
 - Burns of any degree with complications
- An asphyxiation or poisoning resulting in a partial or total loss of physical control (i.e., loss of consciousness of a worker in a confined space) or a respiratory rate of fewer than 10 breaths per minute or severe dyspnea (difficult or laboured breathing)
- Decompression illness, or lung over-pressurization during or after a dive or any incident of near drowning
- Traumatic injury which is likely to result in a loss of
 - Sight
 - Hearing
 - Touch

Injuries that require a critical intervention such as CPR, artificial ventilation or control of hemorrhaging or treatment beyond First Aid, such as the intervention of Emergency Health Services personnel (e.g. transportation to further medical attention), a physician and subsequent surgery, or admittance to an intensive care unit should also be considered "serious injuries."