



South Shore

Regional Centre for Education

VIOLENCE IN THE WORKPLACE INCIDENT REPORT FORM

(Confidential)

Definition of "Violence" - any of the following:

- a) Threats, including a threatening statement or threatening behaviour that gives an employee reasonable cause to believe that the employee is at risk of physical injury,
- b) Conduct or attempted conduct of a person that endangers the physical health or physical safety of an employee.

EMPLOYEE SECTION:

Employee Involved:

Name of School:

Name of Source of Violence (if known):

Location of Incident:

Witnesses:

Date and Time of Incident:

Did an injury occur as a result of the incident?

Yes

No

If yes, was medical attention required?

Yes

No

If yes, was there time lost from work?

Yes

No

Description of Incident, including triggers, lead-ups, sequence of events, attempted interventions and resulting injuries:

Description of how incident concluded:

Signature of Employee:

Date:

Employees affected by a Violence in the Workplace incident are encouraged to seek appropriate debriefing and consultation with a Health Professional of their choice. Below is the contact information for Employee Assistance Programs:

- Non-Teachers: Shepell-FGI, 1-866-833-7690, <https://www.workhealthlife.com>
- Teachers: NSTU Early Intervention Program, 1-800-565-6788, <https://www.homewoodhumansolutions.com/MSA/Manulife/MyResilience>

ORIGINAL TO PRINCIPAL/SUPERVISOR

PRINCIPAL/SUPERVISOR SECTION:

Was the Source of Violence from another Employee: Yes No
 (If yes, contact that Employee's Principal/Supervisor
 and Human Resources immediately)

Was the Incident criminal in nature: Yes No
 (If yes, report to Police immediately)

Identify causes or contributing factors:

Identify preventative actions to reduce or eliminate the chance of recurrence:

Does the preventative action require revision the Yes No
 Prevention Procedures, including a student's BMP or IPP?
 (Consult with appropriate Program Planning team as needed)

Confirmation of notification of preventative actions to JOHSC/Rep Yes No

Any additional recommendations from JOHSC/Rep:

Confirmation of notification of preventative actions to Employee Yes No

Signature of Employee: _____

Date: _____

Other comments:

Signature of Principal/Supervisor: _____

Date: _____

COPY TO HEALTH & SAFETY MANAGER:
gsinclair@ssrc