

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) Details of Safety Incident (Use attached sheet if necessary.)		Date	
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 	
В.	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		
D.	First Aid/medical attention sought.	Yes No	
E.	Time lost beyond date of the incident.	Yes No	
	Signature:	Date:	
<u>Note:</u> (Form	Complete the Safety Incident Report: Violence in the WoodA).	orkplace and the Report of Injury or Occupational Disease form	
SECTION 2 TO BE COMPLETED BY THE ADMINISTRATIVE OFFICER/FACILITY SUPERVISOR			
Action	s to be taken:		
Name of Date	f Administrator/Supervisor (please print)	ignature	

3.180-1 *January 7, 2008*

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.
- The District Occupational Health & Safety Committee personnel will give c) site-based Health & Safety Committee at Facilities, as appropriate.

a copy to the Directo

- Keep a copy for your own records. d)
- Deliver the entire form to the principal/manager or designate. e)

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

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