Violence Prevention Protocol

September 2014

Safety First

Greater Victoria School District
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Introduction
The Greater Victoria School District (GVSD) is committed to making our schools a safe and secure work environment for GVSD workers. As a result, the GVSD will respond to all behaviours that pose a potential risk to workers in a timely manner. Our hope is that support for early intervention measures by GVSD and community partners will aid in the prevention of violence acts towards workers.

Purpose
This document is designed to educate employees of GVSD on:
1. Understanding what constitutes a violent incident.
2. Distinguishing between the different violent incident risk levels.
3. Knowing what to do in the event of a violent act towards GVSD workers.
4. Implementing strategies to mitigate future violent acts.
*Please note this protocol does **NOT apply to incidents between employees**, these incidents must be reported to your Principal/Vice Principal or Supervisor.

Responsible Sharing of Information
WorkSafeBC requires employers to provide workers with appropriate information regarding credible risks of violence at their worksite. When an identified risk is known, the identity of the individual and the nature of the risk must be given to staff likely to come in contact with the individual. The information shall not be indiscriminately distributed.

If an individual is in possession of information that may indicate that there is an imminent danger to the health and safety of any person or persons and the source of the information is reliable, the information can be shared without consent. If the information has been shared without consent, the individual shall be advised with whom the information was shared, where required by law.

Duty to Report
To keep school communities safe and caring, staff members have a duty to report all violent behaviours to the school and/or applicable law enforcement. No action will be taken against a person who makes a report unless the report is made maliciously and without reasonable grounds.

Right to Refuse Unsafe Work
Every worker has the right to refuse unsafe work if they believe that to continue to work would create an undue risk to oneself or to others. An employee who refuses to work is not subject to reprimand from the employer.

The Process
*Seek first aid, if required.*
Completion of the following forms is required in a timely manner when responding to violent incidents involving workers:
1. Worker’s Statement of Incident, Form 1.
2. Violent Risk Assessment/Incident Investigation, Form 2.
3. Worker Safety Plan, Form 3.

1. Worker’s Statement of Incident
When a worker is the recipient of a violent act they must report to their Principal/Vice Principal or Supervisor as soon as possible. Reporting an incident will require the worker to complete a Worker’s Statement of Incident (Form 1) and submit to their Principal/Vice Principal or Supervisor once complete.
When an incident is between workers please report to the Principal/Vice Principal or Supervisor as Form 1 is not used in these cases.

Once Form 1 is completed please complete Form 2. In some instances it may not be required to complete any further forms. Completion of Form 2 will depend on several factors:

- The worker’s perception of the incident, if they feel further action is needed to mitigate future incidents.
- If a new behaviour is displayed or a past behaviour has escalated to the point where revisions to previous corrective actions or Worker Safety Plan (Form 3) are needed to protect workers.
- Worker seeks medical aid or misses time from work due to the incident.

### 2. Violence Risk Assessment

When a worker is subject to a violent act, a risk assessment is completed to ensure corrective actions are taken to prevent further incidents and protect the worker.

The risk assessment is coupled with an Incident Investigation and the purpose of the investigation is to determine the contributing factors and root cause(s) so effective corrective actions can be taken. Contributing factors are any factor/fact that may have contributed to the incident. A root cause(s) are contributing factors that if removed from the scenario would have prevented the incident from occurring. Therefore the corrective actions need to address the root cause(s) for effective prevention of similar incidents.

If the Incident Investigation reveals a Worker Safety Plan (Form 3) is needed please complete Form 3 after completion of Form 2.

### Definition of Violence Risk Assessment

According to WorkSafeBC, violence is defined as “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” (WorkSafeBC, 2014). A Violence Risk Assessment (VRA) is used when a violent incident (uttering, writing, gesturing, attempted or actual physical force to cause injury or other act(s) the worker believes to be violent in nature) occurs against a worker. The VRA is an analysis of the incident to determine the likelihood of the incident re-occurring or escalating and to ensure effective corrective actions are taken to prevent further incidents. This assessment will involve the Principal/Vice Principal or Supervisor, worker of the violent incident, JOHS Worker Rep and in some cases, the Health and Safety Advisor and Behavioural Consultant. If the Worker and JOHS Worker Rep are not reasonably available they may review and sign the VRA at a later date or during the next JOHS meeting.

### Behaviours That Initiate a Violence Risk Assessment

VRA will be initiated when behaviours include but are not limited to violence with intent to harm/kill, verbal/written threats to harm/kill others, internet-based threats (Facebook, MSN) to harm/kill others, possession of weapons (including replicas), bomb threats, fire setting, sexual intimidation or assault, and gang related intimidation and violence.

### Types of Violent Acts (not limited to this list):

**Conditional Threat:** the type of threat often seen in extortion cases. It warns that a violent act will happen unless certain demands or terms are met. For example, “If you don’t pay me one million dollars, I will place a bomb in the school.”

**Direct Threat:** identifies a specific act against a specific target and is delivered in a clear, straight-forward and explicit manner. For example, “I am going to place a bomb in the school’s gym.”

**Indirect Threat:** tends to be vague, unclear and ambiguous. The plan, the intended victim, the motivation, and other aspects of the threat are masked and equivocal. For example, “If I wanted to, I could kill everyone at this school.” While violence is implied, the threat is phrased tentatively (“If I wanted to”) and suggests that a violent act could occur, not that it will occur.
Veiled Threat: is one that strongly implies but does not explicitly threaten violence. For example, “We would be better off without you around anymore.” Clearly hints at a possible violent act, but leaves it to the potential victim to interpret the message and give a definite meaning to the threat.

Emotional/Psychological Violence: is a statement or act to make a victim feel stupid, worthless or fearful, to gain control over them; for example to destroy possessions, intimidate, to be verbally aggressive, etc. (Violent Prevention Initiative (VPI), 2013).

Physical Violence: the use of a part of their body or an object to gain control of the victim, e.g. pushing, slapping, choking, etc. (VPI, 2013).

Levels of Risk Related to Violence

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<thead>
<tr>
<th>Low: minor injury and/or felt uncomfortable</th>
<th>Moderate: moderate injury and/or felt unsafe</th>
<th>High: major injury and/or put at risk</th>
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Low
- Minimal risk to identified victim(s) or general safety.
- Resulted in a minor injury such as a bruise or scratch.
- Site first aid administered.
- Threat is usually vague and indirect and information is implausible or lacks detail.
- Threat is unrealistic.
- Content of threat suggests person is unlikely to carry it out.

Examples:
- Student is poking a pencil in a threatening way toward a teacher.
- Student threw a block at a staff member and narrowly missed him/her.
- Student sends an email to teacher stating “I’m going to destroy you dudes with my nuclear bomb.”
- Parent states “You are singling my child out” while posturing towards the staff member.

Moderate
- Possible risk to identify victim(s) of general safety.
- More direct and concrete than a level low risk.
- Resulted in moderate injury that may require medical aid or time loss.
- Wording of threat suggest the threatening individual has given some thought to how the act would be carried out.
- May have general indicators of a possible place and time.
- Lacks indicators that the threatening individual has taken steps to prepare, although there may be a degree of veiled reference or ambiguous or inconclusive evidence.
- There may be a qualifier to suggest the threat is not empty.

Examples:
- Student states to another student: “If I wanted to, I could destroy everyone in this school at one of our assemblies! Don’t think I don’t mean it.”
- Parent threatens and raises hand to staff member attempting/threatening to hit him/her.
- Student shoves a desk toward an EA bruising the EA’s leg.
- Parent says to a teacher “stop picking on my kid or I will get you.”
- “I’m serious,” or “I really mean it.”

High
- Appears to pose an imminent and serious danger to the safety of others.
- Incident that may have resulted in medical aid or lost time.
- Threat is direct, specific and plausible.
- Threat suggests concrete steps have been taken toward carrying it out.
Examples:
- Student posts the following information on Facebook: “I am sick and tired of the way our school is run; at noon on Friday I will lure the Principal out and in front of the school with my 20 cm blade. Believe me I know how to do this and it is about time someone took action against this madman!”
- Strange male enters the girl’s washroom and when asked to leave utters specific threats and expletives.
- Student bites an EAG and breaks the skin while threatening to hurt the EAG.
- Parent hits a staff member during a heated discussion about the parent’s child.
- Student repeatedly hits and spits on a staff member and needs to be restrained.

3. Worker Safety Plan

The Worker Safety Plan is developed after a violent risk assessment and incident investigation are completed and corrective actions deem it necessary. The plan states a description, root cause and corrective measures that are created to ensure worker safety. Creation of the plan will involve the Principal/Vice Principal or Supervisor, victim and a JOHS Worker Rep.

The Worker Safety Plan must be reviewed to ensure corrective actions are effective at preventing violent acts and behaviour. To ensure timely review, a new plan must be reviewed within a month of implementation and at the end of each school year, to determine which aspects of the plan are to remain. A review may take place sooner if a new behaviour is observed or when a current plan is found to be ineffective. If during the annual review it is determined the risk is no longer present then the plan can be closed and, if for a student, a note placed in their file. All copies of old and/or out of date plans will be archived by the Administrator within the Administrator’s Worker Safety Plan binder. A note is to be placed in the Student’s file indicating confidential documents may be found in the Administrator’s Worker Safety Plan binder.

The Principal must forward on a current, unsigned, copy of the Worker Safety Plan (Form 3) and/or applicable District Safety Plan to a school that is at risk of violent acts from a student, parent or other members of the public. Originals with signatures will be archives by the Administrator within the Administrator’s Worker Safety Plan binder.

4. Threat Synopsis

A threat synopsis is completed for students, parents or members of the public that are known to be or could be violent and/or threatening. The purpose is to provide an overview for workers assigned to the site on a regular or occasional basis who may be in contact with or working near the violent person. The synopsis describes the specific threat associated with this person and corrective actions that should be taken to protect against violent acts.

Threat synopses for each school must to be readily available in a binder in the school office. If possible, a photograph of the aggressor should be posted on the Threat Synopsis.

Summary

The goal of the Violent Prevention Protocol is to provide a safe and secure work environment for GVSD students and staff. Effective implementation of the protocol will ensure that all violent acts towards staff are investigated and effective corrective actions are taken. The goal of this program is to provide a workplace where staff can work together to mitigate potentially violent behaviours.
APPENDIX
Flow Charts

Violence Against a Worker Occurs

Worker reports to First Aid and first aid attendant completes WorkSafeBC Form 5SB23

In the event of injury resulting in visit to physician and/or lost time: Worker completes WorkSafeBC Form 6A; Employer completes WorkSafeBC Form 7

Threat Synopsis (Form 4) developed or updated by Principal/Vice Principal or Supervisor

Submit Form 6A, 7 & 2 to OHS Committee

Worker Safety Plan is revised by Principal/Vice Principal or Supervisor, Worker and JOHS Worker Rep

Situation requires further action (Principal/Vice Principal or Supervisor contacts District Health and Safety Advisor)

Worker still refuses unsafe work

WorkSafeBC is notified by employer and the worker. WorkSafeBC process takes over

Worker completes Worker Statement of Incident (Form 1)

Incident investigated by Principal/Vice Principal or Supervisor, Worker and JOHS Worker Rep complete Violent Risk Assessment (Form 2)

Worker Safety Plan (Form 3) developed by Principal/Vice Principal, Worker and JOHS Worker Rep.

Worker Safety Plan is implemented

Worker Safety Plan Review completed by Principal/Vice Principal, Worker and JOHS Worker Rep

JOHS Committee is notified of results of Worker Safety Plan Review and can elect to make recommendations for response to the incident

Final Report issued by Principal/Vice Principal or Supervisor

Situation Resolved

* Please note at any point in the process the worker has the right to refuse unsafe work by reporting to P/VP or supervisor.

Version 1: 09/02/2014
Violent Act or Threat Against a Worker

Worker reports to Principal/Vice Principal or Supervisor and JOHS Worker Rep.

Worker completes Worker Statement of Incident (Form 1)

Incident investigated by Principal/Vice Principal or Supervisor, Worker and JOHS Worker Rep complete Violent Risk Assessment (Form 2B)

JOHS Committee is notified of incident and Worker Safety Plan. They can elect to make recommendations for response to the incident

Worker Safety Plan (Form 3) developed by Principal/Vice Principal or Supervisor, Worker and JOHS Worker Rep.

Worker Safety Plan is implemented

Immediate threat or significant act of violence.

Worker or Principal/Vice Principal or Supervisor calls 911.

* Please note at any point in the process the worker has the right to refuse unsafe work by reporting to PI/VP or supervisor.
* See page 8 for full process.
Workplace Injury Process for Violent Acts or Threats

Worker reports to First Aid and first aid attendant completes WorkSafeBC Form 55B23

In the event of injury resulting in visit to physician and/or lost time:
Worker completes WorkSafeBC Form 6A; Employer completes WorkSafeBC Form 7

Submit Form 6A, 7 & 2 to Occupational Health & Safety Advisor
~ Christine Merner ~ cmerner@sd61.bc.ca

* Please note at any point in the process the worker has the right to refuse unsafe work by reporting to P/VIP or supervisor.
* See page 8 for full process.
Review / Work Refusal Process

Worker Safety Plan is revised by Principal/Vice Principal or Supervisor, Worker and JOHS Worker Rep

Situation requires further action (Principal/Vice Principal or Supervisor contacts District Health and Safety Advisor)

Worker still refuses unsafe work

Worker Safety Plan is implemented

Worker Safety Plan Review completed by Principal/Vice Principal, Worker and JOHS Worker Rep

Situation Resolved

WorkSafeBC is notified by employer and the worker. WorkSafeBC process takes over

JOHS Committee is notified of results of Worker Safety Plan Review and can elect to make recommendations for response to the incident

Final Report issued by Principal/Vice Principal or Supervisor.

* Please note at any point in the process the worker has the right to refuse unsafe work by reporting to P/V/P or supervisor.
* See page 8 for full process.
Form 1

Worker’s Statement of Incident

*This form is N/A for worker to worker incidents

<table>
<thead>
<tr>
<th>School Site:</th>
<th>Specific Location:</th>
</tr>
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<tbody>
<tr>
<td>Date &amp; Time of Incident:</td>
<td>Date &amp; Time Worker Reported Incident:</td>
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<tr>
<td>AM</td>
<td>PM</td>
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<tr>
<td>AM</td>
<td>PM</td>
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<tr>
<th>Name of Worker Involved in Incident:</th>
<th>Work Phone #</th>
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<td>Position</td>
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<tr>
<th>Name of P/VP or Supervisor:</th>
<th>Work Phone #</th>
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<tr>
<td>Position</td>
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<th>Name of Witnesses:</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
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</table>

In your best professional judgment, this incident involving violence can be best categorized as:
- [ ] Verbal abuse
- [ ] Verbal threat
- [ ] Written threat
- [ ] Threatening Gestures
- [ ] Physical assault

Weapon involved
- [ ] yes
- [ ] no

If yes, specify: ____________________________________________________________

Aggressor’s Name (if known):
- [ ] Parent
- [ ] Other
- [ ] Student

DOB: ___________________ Gr: ___

Nature of Injury: (Include body area/part affected; left, right; psychological, etc.)

Did you seek First Aid? [ ] Yes [ ] No

Did you see a physician? [ ] Yes (If yes, complete Form 6A) [ ] No
If yes, when? ____________________________ (Dates)

Were you absent from work? [ ] Yes (If yes, complete Form 6A) [ ] No
If yes, when? ____________________________ (Dates)

Description of Violent Incident: (Attach supporting documents as required. Inc. sequence of events, sketch, equipment, etc.)

Next Steps/Action Taken:
- [ ] Completed Form 2 [ ] Yes [ ] No
- [ ] No Further Action Required [ ]

P/VP or Supervisor’s Signature: ___________________ Date: __________ Worker’s Signature: ___________________ Date: ___________

Copies to:
- [ ] Associate Superintendent (via email)
- [ ] P/VP or Supervisor (redacted version to be shared with JOHS Committee)
- [ ] HR (cmerner@sd61.bc.ca)
- [ ] District Behavioral Consultant (dmarchant@sd61.bc.ca)
- [ ] Worker (redacted)

File this completed form, in a binder, in a secure location in the administrator’s office.

Version 1: 09/02/2014
Violence Risk Assessment (VRA)

Date: ___________ School/Site: __________________ P/VP or Supervisor: __________________
Worker: __________________ Title: __________________ JOHS Worker Rep: __________________

Aggressor’s Name: __________________

☐ Student  DOB: ___________ Grade: ___  ☐ Parent  ☐ Other ____________________

Existing Safety Plan: Y / N  Existing Worker Safety Plan: Y / N

Documentation – Brief Summary (use additional pages if required)

Describe Incident: Risk/Hazard Background Information

Assessed Risk Level

<table>
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<th>Low: minor injury and/or felt uncomfortable</th>
<th>Moderate: moderate injury and/or felt unsafe</th>
<th>High: major injury and/or put at risk</th>
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</table>

Date(s)/Time(s) of exposure to risk: __________________

Who is at risk?

☐ Teacher  ☐ EAG/DEA/EAP  ☐ YFC  ☐ P/VP
☐ Supervisor  ☐ Custodian  ☐ Bus Driver  ☐ TOC
☐ Spareboard EA  ☐ Clerical  ☐ Other ____________________

Where are workers at risk?

(Describe specific locations in workplace)

☐ All areas in workplace  ☐ School grounds/playedground
☐ Classroom  ☐ Library  ☐ Gym  ☐ Shop/Lab Class
☐ Field Trip  ☐ Other ____________________

When are workers at risk?

☐ Time of Day: __________________  ☐ Working Alone
☐ During Specific Activities ____________________

Completed by:
- P/VP or Supervisor
- If reasonably available, Worker
- JOHS Worker Rep

If JOHS Worker Rep not available they will review and sign at a later date.
Incident Investigation

Worker Group: □ GVTA □ CUPE 382 □ CUPE 947 □ ASA □ OTHER ________________

Date of incident: ____________________ Time: ______________

Witnesses:
Name: __________________ Title: ______________
Name: __________________ Title: ______________
Name: __________________ Title: ______________

Contributing Factors
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Root Cause(s)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Corrective Actions

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<tr>
<th>Corrective Actions</th>
<th>Person Responsible</th>
<th>Action Date</th>
<th>Status</th>
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Recommendations to be completed by: ___________________________ (Month/Day/Year)

Parties involved in investigation:

☐ P/VP or Supervisor: ____________________
   Name / Signature / Date

☐ JOHS Worker Rep: ____________________
   Name / Signature / Date

☐ Other: ____________________
   Name / Signature / Date

Copies to: ☐ Associate Superintendent (via email) ☐ P/VP or Supervisor (redacted version to be shared with JOHS Committee)
☐ HR (cmerner@sd61.bc.ca) ☐ District Behavioral Consultant (dmarchant@sd61.bc.ca) ☐ Worker (redacted)

File this completed form, in a binder, in a secure location in the administrator’s office.

Version 1: 09/02/2014
# Worker Safety Plan

## Worker Details:
- **Name of Worker:** ______________________
- **Worksite:** ____________________________
- **Work Assignment:** ____________
- **Received First Aid:** □ Yes □ No
- **Saw a Physician:** □ Yes □ No

## Committee Members Responsible for Plan Creation:
- **P/VP or Supervisor:** __________________
- **Worker:** _________________________
- **JOHS Worker Rep:** __________________
- **Date:** ______________________________

## Incident Caused by:
- □ Student: ___________________ School: ____________
- □ Parent/Guardian: ___________________ Phone #: __________________
- □ Other: ___________________________ Phone #: __________________

## Incident Witnessed by:
1. ___________________________ 2. ___________________________ 3. ___________________________

## Description of Hazard/Incident:
- □ First-time occurrence □ Follow-up to previous occurrence

## Root Cause(s):

## Corrective Actions to Address Hazard/Incident:

<table>
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<tr>
<th>Action</th>
<th>Person Responsible</th>
<th>Implementation Date</th>
<th>Status Upon Review</th>
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*(add additional steps as needed)*

## Committee Member Sign-off:
- **P/VP or Supervisor:** __________________
- **Worker:** _________________________
- **Worker Rep:** _____________________

## Scheduled Review Date:
- Ensure first review is conducted, within, 1 month after incident and at the beginning of each school year thereafter.
- Please note any review changes to plan on reverse side of this page.
Form 3 (cont’d)  
Worker Safety Plan Review

(to be completed following the review of the original Worker Safety Plan on reverse of this page)

<table>
<thead>
<tr>
<th>Worker Details:</th>
<th>Committee Members Reviewing Safety Plan:</th>
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<tbody>
<tr>
<td>Name of Worker:</td>
<td>P/VP or Supervisor: _____________________</td>
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<tr>
<td>Worksite:</td>
<td>Worker: ________________________________</td>
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<tr>
<td>Work Assignment:</td>
<td>JOHS Worker Rep: ________________________</td>
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<td>Review Date: ___________________________</td>
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Original Corrective Actions (OCA) Review:  *(see reverse of this page for OCA’s)*

<table>
<thead>
<tr>
<th>OCA #</th>
<th>OCA Implemented (✓ or X)</th>
<th>OCA Ongoing (✓ or X)</th>
<th>Review Notes regarding status of OCA</th>
<th>Person Responsible</th>
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Additional Corrective Actions Required:

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<thead>
<tr>
<th>Additional Corrective Actions Required:</th>
<th>Person Responsible</th>
<th>Implementation Date</th>
<th>To Be Reviewed On</th>
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(add additional steps as needed)

Additional Notes Relevant to Review:

Committee Member Sign-off:

P/VP or Supervisor: _____________________
Worker: ______________________________
JOHS Worker Rep: ______________________

☐ Plan does not need further revision
☐ Plan requires ongoing monitoring
☐ Plan was revised, further Review Date scheduled for: ____________________________
☐ Plan no longer required, as of date: ____________________________

Copies to:  □ Associate Superintendent (via email)  □ P/VP or Supervisor (to be shared with JOHS Committee)
□ HR (cmerner@sd61.bc.ca)  □ District Behavioral Consultant (dmarchant@sd61.bc.ca)  □ Worker (redacted)

File this completed form, in a binder, in a secure location in the administrator’s office.

Version 1: 09/02/2014
Form 4

Threat Synopsis

Date: _______________ Site/School: _______________

Principal/Vice Principal or Supervisor’s Name: _______________

Signature: _____________________________________________

Aggressor’s Name: ______________________________________

If a Student,
Grade: ___________ DOB: ______________

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<th>Specific Threat</th>
<th>Corrective Measure/Staff Response*</th>
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*If you are directly working with the aggressor please check with P/VP regarding level of risk to determine if there is a student specific plan.

If this person directs the above or any other aggressive activities towards you, please inform your P/VP or Supervisor.

Copies to: □ Student File □ JOHS Committee (redacted document) □ HR (cmerner@sd61.bc.ca) □ District Behavioral Consultant (dmarchant@sd61.bc.ca)

File this completed form in the Threat Synopsis binder in the school office.

Version 1: 09/02/2014
WORKER’S REPORT OF INJURY OR OCCUPATIONAL DISEASE TO EMPLOYER

Section 53(3) of the Workers Compensation Act requires that, where a worker is fit, and on request of the employer, they must provide the employer with particulars of the injury or occupational disease on a report prescribed by WorkSafeBC and supplied to the worker by the employer. This is the report prescribed. If requested by employer, please complete this report as it appears. Submit directly to employer.

This report should be completed by the injured worker if fit to do so. It can be completed by another individual for signature by the injured worker.

<table>
<thead>
<tr>
<th>Worker information</th>
<th>WorkSafeBC claim number</th>
<th>Customer care number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker last name</td>
<td>First name</td>
<td>Middle initl</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Personal health number (from BC CareCard)</td>
<td>Social insurance number</td>
</tr>
<tr>
<td>Address line 1</td>
<td>Address line 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Province/state</td>
<td>Country (Is not Canada)</td>
</tr>
<tr>
<td>Home phonenumber (please include area code)</td>
<td>Business phone number (please include area code)</td>
<td>Business extension</td>
</tr>
<tr>
<td>Occupation</td>
<td>Gender</td>
<td>M □ F □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer organization name</td>
<td>Operating location (if known)</td>
</tr>
<tr>
<td>Type of business (if known)</td>
<td>Address line 1</td>
</tr>
<tr>
<td>City</td>
<td>Province/state</td>
</tr>
<tr>
<td>Employer contact name</td>
<td>Employer phone number (please include area code)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incident information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date and time of incident (yyyy-mm-dd)</td>
<td>a.m. □ p.m. □ OR</td>
</tr>
<tr>
<td>2. Period of exposure resulting in occupational disease (yyyy-mm-dd)</td>
<td>From</td>
</tr>
<tr>
<td>3. My injury or disease was first reported to my employer on (yyyy-mm-dd) (please check one)</td>
<td>at</td>
</tr>
<tr>
<td>4. Name of person reported to</td>
<td></td>
</tr>
<tr>
<td>5. Did you receive first aid?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>6. Date of first aid (yyyy-mm-dd)</td>
<td></td>
</tr>
<tr>
<td>7. Name of first aid attendant</td>
<td></td>
</tr>
<tr>
<td>8. Did you go to the hospital, a medical clinic, or see a physician?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>9. If yes, name of physician or provider (if known)</td>
<td></td>
</tr>
<tr>
<td>10. Address of physician or provider (if known)</td>
<td></td>
</tr>
<tr>
<td>11. Are you aware of any recent pain or disability in the area of your reported injury?</td>
<td>Yes □ No □ If yes, please explain</td>
</tr>
<tr>
<td>12. Was protective equipment being used?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>13. Were there any witnesses?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>14. The supervisor in charge at the time of my injury was</td>
<td></td>
</tr>
<tr>
<td>15. Describe how the incident happened</td>
<td></td>
</tr>
<tr>
<td>16. Describe the injury in detail (what part of the body was injured)</td>
<td></td>
</tr>
<tr>
<td>17. Side of body injured</td>
<td>Left □ Right □ Both □ Not applicable □</td>
</tr>
</tbody>
</table>

Version 1: 09/02/2014
Worker's Report of Injury or
Occupational Disease to Employer (continued)

Worker last name       First name       Middle initial       WorkSafeBC claim number

Social insurance number          Personal health number from BC CareCard

Incident information (continued)

10. Describe the work incident location (address, city, province) and where incident occurred (e.g. shop floor, lunchroom, parking lot).

19. Contributing factors — select AT LEAST ONE, and as many as applicable

<table>
<thead>
<tr>
<th>Lifting</th>
<th>Overexertion</th>
<th>Repetitive (activity repeated over and over again)</th>
<th>Slip or trip</th>
<th>Twist</th>
<th>Fall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal bite</td>
<td>Assailt</td>
<td>Struck</td>
<td>Crush</td>
<td>Sharp edge</td>
<td>Fire or explosion</td>
</tr>
</tbody>
</table>

20. Did you or will you miss any time from work beyond the date of injury or exposure?

Yes ☐ No ☐

Signature and report date

21. Worker signature

22. Date of report (yyyy-mm-dd)

Additional information
**EMPLOYER’S REPORT OF INJURY OR OCCUPATIONAL DISEASE**

As an employer, the Workers Compensation Act requires you to submit this report within three days of an injury to one of your workers, even if you disagree with the claim. By submitting your report promptly, you avoid penalties and delays in the adjudication of the claim. Please report using one of the following options:

1. **Online** — The quickest and easiest option: The online screen application customizes questions to the worker’s injury. You can save your report and update it later with new information. Once submitted, you can follow the status of the claim online. Go to WorkSafeBC.com and select “Report an injury or illness.”
2. **Fillable PDF Form**: Type in your details online, print the form, and submit it by FAX or MAIL. Go to WorkSafeBC.com and select “Report an injury or illness.”
3. **Paper form**: Clearly PRINT details, sign the form, and submit it by FAX or MAIL.
   - **FAX**: 604 233-9777 in Greater Vancouver or toll-free within BC at 1 888 922-8807
   - **MAIL**: WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver BC V6B 1J1

### Employer information

<table>
<thead>
<tr>
<th>Employer information</th>
<th>WorkSafeBC claim number (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer’s name (as registered with WorkSafeBC)</td>
<td>Type of business</td>
</tr>
<tr>
<td>WorkSafeBC account number</td>
<td>Classification unit number</td>
</tr>
<tr>
<td>Employer address line 1 (mailing)</td>
<td>Operating location number</td>
</tr>
<tr>
<td>Employer address line 2 (mailing)</td>
<td>Employer contact last name</td>
</tr>
<tr>
<td>Employer contact telephone (and area code)</td>
<td>Extension</td>
</tr>
<tr>
<td>Employer contact fax (and area code)</td>
<td>Employer contact last name</td>
</tr>
<tr>
<td>City</td>
<td>Provinces/state</td>
</tr>
<tr>
<td>Employer payroll contact last name</td>
<td>Extension</td>
</tr>
<tr>
<td>Employer payroll contact telephone (and area code)</td>
<td>Employer payroll contact fax (and area code)</td>
</tr>
<tr>
<td>Country (if not Canada)</td>
<td>Postal code/zip</td>
</tr>
</tbody>
</table>

### Worker information

<table>
<thead>
<tr>
<th>Worker last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>Gender</th>
<th>Social insurance number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data of birth (yyyy-mm-dd)</td>
<td>Home phone number (include area code)</td>
<td>Social insurance number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Address line 1</th>
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<td>Country (if not Canada)</td>
<td>Postal code/zip</td>
</tr>
</tbody>
</table>

### Incident information

<table>
<thead>
<tr>
<th>Date of incident (yyyy-mm-dd)</th>
<th>Time of incident (a.m. p.m. or 24 hours)</th>
<th>Period of exposure resulting in occupational disease (yyyy-mm-dd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Did worker report injury or exposure to employer?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. The injury or disease was first reported to employer on (yyyy-mm-dd)</td>
<td>(please check one)</td>
<td>(please specify)</td>
</tr>
<tr>
<td>9. Name of person reported to</td>
<td></td>
<td></td>
</tr>
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<tr>
<th>10. Describe how the incident happened</th>
<th>11. Describe the injury in detail (what part of the body was injured)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Side of body injured</td>
<td>Left</td>
</tr>
<tr>
<td>13. Describe the work incident location (address, city, province) and where incident occurred (e.g. shop floor, lunchroom, parking lot)</td>
<td></td>
</tr>
</tbody>
</table>

| 14. Did the injury(ies) or exposure result from a specific incident? | Yes | No |

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Workers’ Compensation Board of B.C.

(R02/11) Page 1 of 3

Version 1: 09/02/2014
If faxing form, please complete this section and fax both sides of page. Missing pages may result in delays in processing.

Worker last name | First name | Middle initial | WorkSafeBC claim number (if known)
--- | --- | --- | ---

Social insurance number | Personal health number (CwCcard) | Date of incident (yyyy-mm-dd) | Date of birth (yyyy-mm-dd)
--- | --- | --- | ---

Return-to-work information

39. Has the worker returned to work?  
   Yes □ No □

40. If YES: Date (yyyy-mm-dd)  
   Since the return to work, have the worker’s duties, hours of work, work schedule, and/or rate of pay changed?  
   Yes □ No □

41. If NO: Do you have any modified or transitional duties available?  
   Yes □ No □
   Have the modified or transitional duties been offered to the worker?  
   Yes □ No □

42. If yes, please describe modified or transitional duties

Signature and report date

43. Employer signature  
44. Employer title  
45. Date of report (yyyy-mm-dd)

For assistance, please call our Claims Call Centre at 804 231-8898 or toll-free within Canada at 1 888 967-5377.  
Please note: If you have concerns with this claim, please contact the officer handling the claim at the WorkSafeBC office to make known your objections or you may submit a letter detailing your specific concerns. Impartial advice on WorkSafeBC claims — To ensure you have an opportunity to obtain impartial advice on WorkSafeBC claims matters, the BC legislature has provided impartial advisers. Employers’ Advisers are available to provide independent advice or certification on a WorkSafeBC claim related to your firm. For additional information on the Employers’ Advisers, please refer to their web site at www.labour.gov.bc.ca/eap/

Lower Mainland  
Kelowna  
Prince George  
Victoria  
604 231-3033 (Richmond)  
250 717-2050  
250 990-4286  
250 950-4421  
Toll-free 1 800 925-2233  
1 866 865-7575  
1 866 505-8562  
1 866 505-5783

Personal information on this form is collected for the purposes of administering a worker’s compensation claim by WorkSafeBC in accordance with the Workers Compensation Act and the Freedom of information and Protection of Privacy Act. For further information about the collection of personal information, please contact WorkSafeBC’s Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-9171.

Version 1: 09/02/2014
Definitions

**Accident:** Is an unplanned, unwanted event that disrupts the orderly flow of the work process. It involves the motion of people, objects, or substances.

**Contributing Factors:** Facts or circumstances that contributed to the cause of an incident. If these factors were removed from the scenario the incident may or may not have occurred. For example, the floor was wet and when a worker was struck by a student the wet floor contributed to their fall to the ground.

**District Safety Plan:** A tool designed to assist all those who work with a student who may present challenging behaviors.

**District Occupational Health & Safety (DOHS) Committee:** The district committee responsible for overseeing health and safety issues in the district and recommending to the employer policies and procedures to address issues arising; sometimes referred to as the DOHS Committee.

**Duty to Report:** To keep school communities safe and caring, staff, parents, students and community members must report all threat related behaviours to the school and the police (when required). No action will be taken against a person who makes a report unless the report is made maliciously and/or without reasonable grounds.

**Incident:** Includes an accident or other occurrence which resulted in or had the potential for causing an injury or occupational disease. All incidents that cause injury, or that did not but could have caused a serious injury, must be investigated.

**Injury:** Any hurt, damage, or loss sustained as a result of an incident. An injury may include the physical as well as the psychological aspects of harm.

**Joint Occupational Health & Safety (JOHS) Committee:** The committee is composed of Principal or Vice Principal and worker representatives responsible for monitoring health and safety on the worksite and making recommendations to the employer to address hazards in the worksite. It is sometimes referred to as the JOHS Committee.

**Investigation:** The process used, following an incident, to observe or study by close examination and systematic inquiry, all factors related to an incident. The goal of the investigation is to identify the root cause or causes and to establish corrective measures to prevent a reoccurrence of an illness or injury. Investigations must be carried out by persons knowledgeable about the type of work involved and must include representation from the employer and worker group impacted by an incident.

**Right to Refuse Unsafe Work:** Every worker has the right to refuse unsafe work if they believe that to continue to work would create an undue risk to oneself or to others. An employee who refuses to work is not subject to reprimand from the employer.

**Risk:** A thing or a condition which poses an actual or possible threat of violence or injury to a worker.

**Root cause(s):** A factor(s) that directly leads to the cause of an accident. If it was removed from the scenario the incident would not have occurred.

**Threat Synopsis:** A document specific to each worksite designed to inform all workers of a known risk at that site.

**Violence:** The attempted or actual exercise by a person, other than a worker, of any action so as to cause injury to a worker. This includes any threatening statement or behavior which gives a worker reasonable cause to believe that he or she is at risk of injury.
**Violence Risk Assessment (VRA):** Used when a violent incident (uttering, writing, gesturing, attempted or actual physical force to cause injury or other act(s) the victim believes to be violent in nature) occurs against a staff member. The VRA is an analysis of the incident to determine the likelihood of the incident re-occurring or escalating and to ensure effective corrective actions are taken to prevent further incidents. This assessment will involve Principal/Vice Principal or Supervisor, the victim of the violent incident, the JOHS Worker Rep and in some cases the health and safety advisor and behavioral consultant.

**Worker:** An individual in the employ of the district. This includes, but is not limited to, Support Staff, Teachers, and Teachers on-call, Allied Specialists, spare-board Educational Assistants, Educational Assistants, Custodians and any other part-time staff.

**Worker Safety Plan:** A plan created in consultation with the Principal/Vice Principal or Supervisor, JOHS Committee representative, and the involved worker that outlines the corrective measures to be taken by the employer to minimize or eliminate the risk of violence to the worker.

**Worker's Statement of Incident:** A report written by the Principal/Vice Principal or Supervisor, the worker and the worker representative which documents the report and the investigation of an incident of violence.
Supplementation

WorkSafeBC Occupational Health and Safety Regulation

4.27 Definition
In sections 4.28 to 4.31

"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.

4.28 Risk assessment
(1) A risk assessment must be performed in any workplace in which a risk of injury to workers from violence arising out of their employment may be present.

(2) The risk assessment must include the consideration of
(a) Previous experience in that workplace,
(b) Occupational experience in similar workplaces, and
(c) The location and circumstances in which work will take place.

4.29 Procedures and policies
If a risk of injury to workers from violence is identified by an assessment performed under section 4.28 the employer must
(a) Establish procedures, policies and work environment arrangements to eliminate the risk to workers from violence, and
(b) If elimination of the risk to workers is not possible, establish procedures, policies and work environment arrangements to minimize the risk to workers.

(c) Repealed. [B.C. Reg. 312/2003, effective October 29, 2003.]

4.30 Instruction of workers
(1) An employer must inform workers who may be exposed to the risk of violence of the nature and extent of the risk.

(2) The duty to inform workers in subsection (1) includes a duty to provide information related to the risk of violence from persons who have a history of violent behaviour and whom workers are likely to encounter in the course of their work.

(3) The employer must instruct workers who may be exposed to the risk of violence in
(a) The means for recognition of the potential for violence,
(b) The procedures, policies and work environment arrangements which have been developed to minimize or effectively control the risk to workers from violence,
(c) The appropriate response to incidents of violence, including how to obtain assistance, and
(d) Procedures for reporting, investigating and documenting incidents of violence.

References