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| **Algonquin and Lakeshore catholic district school board** **STAFF VIOLENT INCIDENT REPORT FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employee Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | | | | | |
| **Affiliation:** | | * CUPE * School Administration | | | | | | | | | | | | | | | | | * Support Staff * OECTA | | | | | | | | | | | | | | | | | | | | | | | | | * OECTA Occasional * Other | | | | | | | | | | | | |
| **Site Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Site Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Site Phone:** | | | | | | | | | | | | | | | | | | | | | |
| **Date of Incident:** | | | | | | | | | | **Time of Incident:** | | | | | | | | | | | | | | | | | | | | | | | | | **Date Reported** (If different from above): | | | | | | | | | | | | | | | | | | | | | |
| **Use of site at the time:** (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Regular | | * Extra-Curricular | | | | | | | | | | | * Con-Ed | | | | | | | | * Other | | | | | | | | | | | | | * Permit issued to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| **Location of incident:** (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Washroom | | | | | * Stairs | | | | | | * Yard | | | | | | * Classroom | | | | | | | | | | | | | | * Hallway | | | | | | | | | | | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
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| **Aggressor(s):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Student | | * Parent/Guardian | | | | | | | | | | | * Visitor | | | | | | | | * Co-worker | | | | | | | | | | | | | | | | | | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| Repeat incident involving the same aggressor(s): | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | | | | | (Use Pg 3 for repeat incidents occurring on the same day) | | | | | | | | | | | | | | | | | | | |
| **Nature of incident:** (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VERBAL** | | | * Abuse | | | | | | | | | | | | * Threat | | | | | | | | | | **HARASSMENT** | | | | | | | | | | | | | | | | | | | | | * Verbal | | | | | | | * Physical | | | |
| **EMOTIONAL** | | | * Traumatic Stress | | | | | | | | | | | | * Sexual | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  |  | | | | | |  | | |
| **PHYSICAL** | | | * Bite | | | | | * Kick | | | | | | | * Scratch | | | | | | | | * Pinch | | | | | | | | | | | | | * Spit | | | | | | | | | * Slap | | | | | | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Injury sustained:** (Check all that apply) | | | | | | | | | | | | | | | | | | * Arm | | | | | | * Hand | | | | | | | | | | | | | | * Face | | | | | * Head | | | | | | * Shoulder | | | | | | * Neck | |
| * Chest | * Back | | | | | * Leg | | | | | | * Foot | | | | | | * Other (if other specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Weapon(s) Involved:** | | | | | | * No | | | | | | * Yes (If yes specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agencies Involved:** | | | | | | * Ambulance | | | | | | | | | | | | | | | | | | | | | | | | | | **Notification of Central JHSC Co-Chairs:** | | | | | | | | | | | | | | | | | | | | | | | | |
| * Police Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | Badge # \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | **Date Faxed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | |
| * Doctor | | | | * CAS | | | | | | | | | | * Union | | | | | | | | | | | | | | | | | |
| Details of the Incident – to be completed by the Staff Member | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Relevant events that preceded the incident:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To be completed by the Site Supervisor/Principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Was prescribed protective equipment used?** | | | | | | | | | | | | | | | | | | | | * Yes | | | | | | | * No | | | | | | | | | | | | | * Not Prescribed | | | | | | | | | | * Student doesn’t have IEP | | | | | | |
| **Proactive measures taken:**   * Verbal redirection/prompts * Encourage calming/self-regulation strategies (take a walk etc.) * Acknowledge frustrations and emotions * Follow safety/behaviour plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Remove to quiet location * Evacuated classroom * Call for assistance * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Possible contributing factors:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other relevant information:** (to be completed as appropriate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outcome:** (aggressor apprehended, police called, fatal injury, medical assistance required, first aid treatment required, time lost, emotional shock or distress, legal action initiated) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Supervisor’s Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | | | | | | | | | | | | | | | | |
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| distribution | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Human Resources   Fax #: 613-354-5615 | | | | | | | * (WSIB Forms) Finance Officer   Payroll/HR Systems  **Fax #: 613-354-0107** | | | | | | | | | | | | | | | | | | | | | | | **For HR Use Only** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Student Services   (If Student with Special Education needs is involved)  Fax#: 613-354-9822 | | | | | | | | | | | | | | | | | | | | | | * School Superintendent   Fax#: 613-354-0549 | | | | |
| **NOTE:** If any injury or lost time results from this incident, please ensure that you have completed the required WSIB Forms and submit them to the **Finance Officer – Payroll/HR Systems** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Time** | | | | | | | | | **Location** | | | | | | | | | | | | | | | | | **Details of Repeat Incident** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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