|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |
| **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) |
|  |  |
|  |  |
| **Supervisor’s Signature** | **Date** |
|  |
| 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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |