

* Workplace Violence Incident Report*

The WVIR report is to be completed by any staff member who believes that a student, parent or community member has committed an act or acts of violence, intimidation, and/or harassment towards them or have uttered a threat as defined below.

Violence: 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 they are at risk of injury ([WorkSafeBC Policy R4.27.1](#)).

Threat: A threat is an expression of intent to act out violently against someone or something. Threats may be verbal, written, drawn, posted on the Internet or made by gesture. As per above, violence includes threats which gives a worker reasonable cause to believe that they are at risk of injury.

Intimidation: Intimidation is the act of instilling fear in someone as a means of controlling that person.

Harassment: Unwelcome or unwanted act or comment that is hurtful, degrading, humiliating, or offensive. Of particular concern is such behaviour that persists after the aggressor has been asked to stop.

Note: This form is not used for Respectful Workplace Complaints (i.e., Bullying and Harassment) pertaining to fellow district personnel. See [Policy 4.385 Bullying and Harassment](#).

PART A – SCHOOL/SITE LEVEL

SECTION 1: Worker's Report (to be completed by worker)

Worker Name:	Date of Report:	Date of Incident:	Time of Incident:
Location of Incident (site name/school name/rm or area):		Supervisor Name:	Witnesses:
Name of person/s committing the act/s (referred to as "source" in this form). If unknown provide a description.		Note relationship of the worker to the source. (e.g. student, family member of student, member of the public).	
<p>Describe the incident. Include apparent triggers/antecedents, duration, etc. Note if any weapons and/or RCMP involvement. <i>*weapon – an item intended for causing death or injury. (E.g., firearm/knife/baseball bat) *</i></p> <p style="background-color: yellow;">If injured report the injury to first aid. Note date reported to first aid here if applicable:</p>			
<p>If the source is a NOT a student – Skip this box.</p> <p>If the source is a student – Was the worker aware of any additional instructions (re violence) and/or is there a support plan in place (e.g., IEP, student safety plan, Individual Safe Work Instruction, district response plan, etc.)? A plan in this context is one which contains a description of potential violent behaviour based on the student's history – and related directions/instructions to staff.</p> <p><input type="checkbox"/> Yes, <input type="checkbox"/> No</p>			
If applicable - What type of support plan/s is in place?		Were all applicable directions within the plan/s followed? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the plan include the behaviour? <input type="checkbox"/> Yes <input type="checkbox"/> No If <i>No</i> to either question then provide details here:	
Was the worker involved with multiple incidents (violence/threats) during the same day by the same person? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes use the Multiple Daily Incident Log to document <i>subsequent</i> incidents – versus completing separate WVIRs (see Appendix). The worker may use Part A to capture the first incident on that day, OR the most significant in the sequence of incidents on that day.			
Note worker suggestions (if any) to reduce/eliminate such incidents in the future. Also note any related worker requests.			

SECTION 2: Assessment (to be completed by School Admin/Manager)

<p>NOTE: Involve any persons and documentation as needed. Such persons may include the worker who submitted this report, the Learner Support Teacher. Such documentation may include previous WVIR reports for that student, support plans, IEPs, charting, etc.</p>	
School Admin/Manager Who Received Section 1 Above: Date Received:	School Admin/Manager Completing This Report: Date Sections 2 and 3 completed:
Did the worker miss time from work (i.e., starting the day after incident) and/or receive medical care beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes – a 6A and EIIR are required within 48hrs of the incident.	
If the alleged source is NOT a student , then note any details as to history of violence/threats/harassment by this person, and any previous actions taken to address.	
Did the student have a Ministry designation prior to incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Type of Designation:	Did the student have a support plan in place prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Type Of Plan in Place:
Was the RCMP contacted re this incident? <input type="checkbox"/> Yes; <input type="checkbox"/> No	RCMP file # if applicable:
Is the student's baseline (i.e. behaviour which is steady in form, intensity, duration, and frequency) behaviour documented in a plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, where is it documented? (e.g., in the support plan)	If the baseline is documented – is this incident consistent with baseline or does this represent a significant change or escalation? <input type="checkbox"/> Baseline <input type="checkbox"/> Significant Change/Escalation <input type="checkbox"/> Known/Unknown Public (i.e., alleged source is not a student)
<p>NOTE: If the assessment determination is that the behaviour is consistent with <u>baseline</u>, that does NOT mean that it is acceptable or that no further action is needed. Whether at baseline or dysregulation, you still need to evaluate whether any changes are needed as to support plans, training/worker support, awareness, the student's schedule, etc.</p> <p>Examples of a significant change or escalation,</p> <ul style="list-style-type: none"> ➤ History of verbal aggression - however this time the actions were physical. ➤ History of making threats - however this time the threats were more specific and/or dire. ➤ History of throwing objects - however this time objects were larger/heavier, thrown with greater force, etc. ➤ History of physical contact – however this time the duration, force, type is increased and/or different. 	
Have previous WVIR(s) been submitted re this student this school year? <input type="checkbox"/> Yes <input type="checkbox"/> No – If so consider that history in this assessment.	
Has there been an apparent increase in the frequency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear at this time	
Has there been an apparent increase in the intensity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear at this time	
Has there been an apparent increase in the duration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear at this time	
If applicable - explain how this incident/s represents a change and/or escalation:	
If there is already a support plan in place - skip ahead to next row and leave this row blank.	
Is a support plan now needed given this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If <i>No</i> - What is the rationale?	
If Yes – Who will complete the plan?	What is the target date for completion (complete in timely manner)?
Existing support plan already in place.	
Were applicable directions within the support plan followed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If No then provide details	Was the worker informed of the support plan prior to incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any changes to the support plan required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes provide details	If <i>No</i> then explain why that information was not provided:

REMINDER: Check appendix at the bottom of form. If applicable review worker entries in the Multiple Entry Log

SECTION 3: Results of Assessment (to be completed by School Admin/Manager)

Were any gaps identified? <input type="checkbox"/> Yes <input type="checkbox"/> No		If applicable list gaps below and note what was done or planned to address:	
Is this WVIR form being considered as addressed at the school/site level OR referred on to request district support?			
<input type="checkbox"/> Addressed at the School/Site Level		<input type="checkbox"/> District Referral	
Inform worker/s asap of the assessment findings, any gaps identified, and any plans to address gaps where applicable – as per above. A meeting with the worker is mandatory IF: <ul style="list-style-type: none">• EIR involved (aka. WSBC claim)• a significant change or escalation (see above)• no documented baseline. Date of Meeting (if applicable): Note Any Remaining Concerns and/or Requests by Worker: Copy of Report Provided to Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No Date provided: Review a redacted copy of this form at site JOHSC. LEAVE PART B BLANK There is no requirement to send form to District OH&S Manager.		Meet with worker/s asap. Inform worker/s of the assessment findings, any gaps identified, and any plans to address gaps where applicable – as per above. A meeting with the worker is mandatory for all district referrals. Date of Meeting: Note Any Remaining Concerns and/or Requests by Worker: Copy of Report Provided to Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No Date provided: Review a redacted copy of this form at site JOHSC. COMPLETE PART B (DISTRICT REFERRAL) BELOW	

PART B – DISTRICT REFERRAL

SECTION 1: Referral Details (to be completed by School Admin/Manager)

NOTE: District referrals must be sent to the District OH&S Manager in a timely manner!

Date sent to District OH&S Manager:	What is the intended goal/s of this district referral?
Have other district supports been provided since this incident/s? <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable note the name/s of any involved persons at the district level)	
If Yes, note actions already taken or planned by other district personnel (e.g., update of support plan; training).	

SECTION 2: Follow-Up By OH&S (to be completed by District OH&S Manager)

Date Reviewed (by District OH&S Manager):	Actions Taken (by District OH&S Manager):
Recommendations (by District OH&S Manager):	
Form sent by District OH&S Manager back to School Administrator/Management: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	
Once this form is sent back to the school admin/mgr. by the District OH&S mgr. - this report must be shared with the worker and site JOHSC. Redact student and worker names before sharing or otherwise reviewing this report in the JOHSC.	

Appendix – Multiple Daily Incident Log

Worker: This log may be used to document other WVIR related incidents on the **same day** of the initial incident/by the **same source**. A completely separate form must be used if the incidents fall on different days.

Administrator/Manager: Add date to confirm when the log below was reviewed (if applicable):

Time of Incident	Incident description <small>(trigger/antecedent, incident/behaviour, and response)</small>	Duration <small>(minutes)</small>	Location