

YORK CATHOLIC DISTRICT SCHOOL BOARD



BOARD POLICY	
<i>Policy Section</i> Human Resources	<i>Policy Number</i> 504
<i>Former Policy #</i> 412	<i>Page</i> 1 of 20
<i>Original Approved Date:</i> September 25, 1990	<i>Last Approval Date:</i> July 2, 1991 July 6, 2010

POLICY TITLE: WORKPLACE VIOLENCE POLICY

SECTION A

1. PURPOSE

The York Catholic District School Board recognizes its obligation to establish procedures to minimize and/or prevent violence and unacceptable behaviour in the workplace to foster the safety and security of Board employees.

The purpose of this policy is to outline the parameters and procedures that shall be followed with respect to workplace violence.

2. POLICY STATEMENT

The York Catholic District School Board does not tolerate violence or unacceptable behaviour in the workplace perpetrated by or against employees. In the event of a violent incident or unacceptable behaviour perpetrated by an employee, the York Catholic District School Board will act to severely discipline the employee, up to and including discharge for cause.

3. PARAMETERS

The York Catholic District School Board shall establish procedures to reduce the risk of violence and unacceptable behaviour in the workplace. All employees are expected to be aware of and participate in such programs and procedures, as required.

The violence prevention program shall include:

- Risk assessment process
- Policies and procedures
- Control measures in place / evaluation and implementation of corrective action
- Communication process / instruction to employees
- Training and education
- Reporting and investigation process.

A workplace violence prevention checklist, shown in Appendix B to this policy, is used to ensure that every step possible has been taken to control the risk of violence in the York Catholic District School Board and to meet the legal requirements.

4. RESPONSIBILITIES

4.1 Director of Education

- To ensure compliance with this policy throughout the Board.

4.2 Senior Administrators

- Responsible for ensuring that all staff are aware of the policy.
- Responsible for providing leadership in the implementation of this policy.

4.3 Manager of Health and Safety

- Responsible for providing the management of the implementation of this policy.
- Responsible for ensuring employees are provided training to:
 - Recognize the potential for violence;
 - Follow the procedures and policies developed to minimize risk;
 - Respond to incidents appropriately; and
 - Report and document such incidents

4.4 School Administrators / Department Managers / Supervisors

- Responsible for assessing the risk of violence to employees in their jurisdiction, minimizing those risks where necessary or reasonably possible and for informing any affected employee of such risk or potential risk.
- Responsible for reporting risks of violence, incidents of violence, and close calls to the Manager of Health and Safety and Senior Administration according to the time lines set out in the procedures. The Violent Incident Report form (Appendix A) is used for this purpose.
- Responsible for ensuring proper medical care is provided for anyone involved in an incident and for securing the safety of employees, before investigating the incident or taking statements.
- Responsible for co-operating with police, or other authorities, as required during any investigation related to workplace violence.

4.5 Employees

- Responsible for informing their School Administrator/Department Manager/Supervisors of any violence, potential risk of violence, or unacceptable behaviour they may experience or witness. This includes issues in the employee's non-work life that may impact on the employee's or his or her co-worker's safety.
- Responsible for reporting to their School Administrator/Department Manager/Supervisor any incidents of violence or close calls according to the procedures set out in this policy.
- Responsible for attending any training or information sessions provided by the employer to reduce violence or risks of violence.
- Expected to co-operate with the police or other authorities, as required during any investigation related to workplace violence.
- To follow the spirit and mandate of the policy and related procedures.

5. DEFINITIONS

5.1 **Workplace Violence**

Workplace violence is the attempted or actual exercise of any intentional physical force that causes or may cause physical injury to a YCDSB employee. It would include any threats that would give an individual reasonable grounds to believe he or she is at risk of physical injury.

5.2 **Workplace** means in or on the property of the York Catholic District School Board or away from York Catholic District School Board property if the employee is engaged in work-related activities.

5.3 **Unacceptable Behaviour** means physically or psychologically aggressive behaviours including but not limited to:

- Hitting, kicking, punching, pushing, shoving, slapping, pinching, grabbing, biting
- Carrying or brandishing weapons of any sort
- Throwing objects at an individual with a view to cause physical injury or fear
- Destruction of workplace, co-worker's or others' property
- Threats of violence,
- Intimidating behaviour or gesture that causes the recipient to have a fear of physical violence
- Obscene or threatening communication e.g. telephone, emails, instant messaging

5.4 **Close Calls / Near Miss** means incidents which did not result in actual physical harm but, except for circumstance, had the potential to result in physical harm.

5.5 **Minor Incident** means an incident in which no one is physically harmed in any way and which was resolved through employee or supervisory mediation.

5.6 **Serious Incident** means an incident in which someone was physically harmed (whether requiring medical attention or not), or which continued or escalated after supervisory mediation.

6. CROSS REFERENCES

<i>Occupational Health and Safety Act and Regulations</i>	
YCDSB Policy 409	Occupational Health and Safety
YCDSB Policy 501	Respectful Workplace
YCDSB Policy 202	Safe Schools

POLICY TITLE: WORKPLACE VIOLENCE POLICY

SECTION B

GUIDELINES

The York Catholic District School Board shall adhere to the following guidelines:

1. POLICY

- 1.1 The policy and procedures shall be posted so that they are available to all employees.
- 1.2 The policy and procedures shall be posted electronically on the YCDSB website.
- 1.3 The policy will be reviewed at least annually to ensure its effectiveness.

2. RISK ASSESSMENT

- 2.1 The Superintendent of Human Resources shall initiate a survey to involve employees and the Joint Health and Safety committee in assessing the risk of violence in the work environment on a periodic basis.
- 2.2 A written report on the results will be provided to all parties to the risk assessment process as well as employees.
- 2.3 Once the results have been analysed by the parties, recommendations as well as actions must be taken to remove as many risks as can be reasonably removed and to instruct employees how to recognize any remaining risk.
- 2.4 Specific written policies and procedures must be developed to respond to any identified risks. It will cover everything from work arrangements and the work environment to employee training and education.
- 2.5 The workplace violence risk assessment questionnaire (Appendix C to this policy) is used for this purpose.
- 2.6 The risk of workplace violence shall be re-assessed as often as necessary to ensure the policy and related program continues to protect the workers from workplace violence.

3. INFORMATION TO EMPLOYEES

- 3.1 The Manager of Human Resources shall ensure a copy of the policy and any other related policy is provided to and reviewed with each new employee during that employee's orientation process.
- 3.2 The policy and procedures shall be posted so that they are available to all employees.
- 3.3 The policy will be revisited annually at least to ensure its effectiveness.
- 3.4 Employees will be provided with newly acquired information, including personal information, related to a risk of workplace violence to them in a timely manner as needed.

4. TRAINING AND EDUCATION

- 4.1 All employees are required to be educated and trained on the contents of this policy. These training and education sessions will be scheduled by Human Resources.
- 4.2 Training programs for employees shall include:
 - 4.2.1 The means to recognize potentially violent situations;
 - 4.2.2 Procedures, practices, administrative arrangements and controls that have been developed to minimize or eliminate the risk to workers;
 - 4.2.3 The appropriate responses of workers to incidents of violence, including how to obtain assistance;
 - 4.2.4 Procedures for reporting violent incidents

- 4.3 School Administrators / Department Managers / Supervisors will receive the necessary additional training to ensure that they can carry out their responsibilities effectively.

5. REPORTING

- 5.1 Each and every incident of violence in the workplace shall be reported immediately to the School Administrator / Department Manager / Supervisor.
- 5.2 The Violent Incident Report Form (Appendix A) will be used to record and report any incident of workplace violence to the Superintendent of Human Resources or designate.
- 5.3 Dependant upon the nature of the violent incident, other forms, as stipulated on the Violent Incident Report Form, may require completion and submission.

6. INVESTIGATION

- 6.1 Under the direction of the Superintendent of Human Resources, all violent incidents shall be investigated immediately by the appropriate School Administrator/ Department Manager / Supervisor. The Violent Incident Investigation Checklist (Appendix B) may be used to ensure proper investigation of any reported violent incident.
- 6.2 Incidents involving students as the assailant shall be investigated in accordance with the procedures established by the Student Services Department and Safe and Caring Schools program.
- 6.3 The School Administrator / Department Manager / Supervisor shall immediately make the appropriate inquiries of the victim and/or witnesses to determine if the incident is minor or serious.

If the incident is minor:

- 6.3.1 The Superintendent of Human Resources will determine if mediation is appropriate and if so, arrange for mediation of the situation;
- 6.3.2 The School Administrator / Department Manager / Supervisor will conduct the appropriate investigation immediately; and
- 6.3.3 Within twenty-four (24) hours, write a report outlining the details, facts and witnesses of the incident and submit the report to the Superintendent of Human Resources and a copy will be submitted to the Joint Health and Safety committee.
- 6.3.4 If the assailant is an employee, the Superintendent of Human Resources shall take appropriate disciplinary measures based on the facts of the incident and the assailant's employment record.

If the incident is serious:

- 6.3.5 The School Administrator / Department Manager / Supervisor must first ensure the safety of employees and him/herself;
- 6.3.6 Ensure proper medical treatment is provided or sent for;
- 6.3.7 Contact the Superintendent of Human Resources and the Manager of Health and Safety, as soon as possible, to assess which authorities should be contacted (police or Ministry of Labour, where appropriate) and who should be involved in the investigation;
- 6.3.8 Conduct a thorough investigation, keeping detailed notes of facts, times, witnesses, and witness accounts;
- 6.3.9 Within twenty-four (24) hours after the completion of the investigation write and submit a detailed report of the incident and submit the report to the Superintendent of Human Resources and a copy will be submitted to the Joint Health and Safety committee, and any other parties required by law;
- 6.3.10 The Superintendent of Human Resources shall take appropriate disciplinary measures if required.

Attachments

- Appendix A – Violent Incident Report Form
- Appendix B – Violent Incident Investigation Checklist
- Appendix C – Risk Assessment Workplace Violence Employee Questionnaire
- Appendix D – Risk Assessment Workplace Violence Principal Questionnaire
- Appendix E - Risk Assessment Workplace Violence CEC Questionnaire
- Appendix F – Violent Incident Investigation Report Form

Approval by Board	_____
	<i>Date</i>
Effective Date	_____
	<i>Date</i>
Revision Dates	_____
	<i>Date</i>
Review Date	_____
	June 2011
	<i>Date</i>

VIOLENT INCIDENT REPORT FORM

Victim / Complainant Information	
Name of person making report:	
Signature:	
Date:	
School / CEC Department:	
Position:	
Name of victim:	
School / CEC Department:	
Position:	
Nature of the Incident	
Physical: (shove, grab, pull, kick, bite, spit, slap, struck with object)	<input type="checkbox"/> []
Verbal Abuse:	<input type="checkbox"/> []
Verbal Threat:	<input type="checkbox"/> []
Threatening Gesture:	<input type="checkbox"/> []
Violent Action: (close call or near-miss but with a view to cause physical injury or fear)	<input type="checkbox"/> []
Other:	<input type="checkbox"/> []
Was medical attention provided?	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
Has an Admin 10 Report be completed?	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
Determination of Course of Reporting of the Incident	
Assailant Information	
Was the assailant a student with Special Needs?	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
If yes and an Admin 10 will be filed, complete a SE 50 Form and submit this page to HR If yes and no Admin 10 will be filed, complete entry into Student's Log and submit this page to HR	
Was the assailant a student in YCDSB?	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
If yes, complete a Student Conduct Report	
How many assailants were involved in the incident?	_____
Was the assailant an employee of YCDSB?	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
Was the assailant a spouse/partner of an employee of YCDSB?	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
Was the assailant a contractor of YCDSB?	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
Was the assailant a parent/guardian/relative of a student in YCDSB?	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
Was the assailant a volunteer/guest of YCDSB?	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
Was the assailant a member of the general public?	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
If yes to any of the above, continue to complete this form in its entirety and submit it to Human Resources	
Notification of Incident	
Incident was reported to:	
Position:	
School / CEC Department	
Date of Notification:	
Time of Notification:	

Send copy to Superintendent of Human Resources

VIOLENT INCIDENT REPORT FORM

Location of the Incident	
Name of Site:	
Address of Site:	
Location within the site:	
Date of the incident:	
Time of the Incident:	
Assailant Information	
Name: (if known)	<input type="checkbox"/> Unknown
Male <input type="checkbox"/> Female <input type="checkbox"/>	
If unknown Age: Weight: Height: Complexion:	
Other distinguishing marks:	
Are aware if the assailant has been involved in any previous incidents with employees or students? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe relationship with victim:	
Vehicle (if applicable)	
If this was a Verbal Threat or Abuse, how was the threat or abuse issued? Direct Face to Face <input type="checkbox"/> Intermediary <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail <input type="checkbox"/> Letter/ Note <input type="checkbox"/> Text message <input type="checkbox"/> Other <input type="checkbox"/>	
Were weapons involved? <input type="checkbox"/> Yes <input type="checkbox"/> No Types:	
Was the Police called? <input type="checkbox"/> Yes <input type="checkbox"/> No Give details: Officer's Name:	Officer's Badge No.:
Was an inspector from the Ministry of Labour involved or contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No Give details: Inspector's Name:	
What was happening just prior to the incident: Explain events in sequence of occurrence.	
Description of the incident: Explain events in sequence of occurrence.	
Name of witnesses:	
Are the statements of the witnesses attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were any photographs related to the incident taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they included in the Investigation Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	



VIOLENT INCIDENT INVESTIGATION CHECKLIST

Use this checklist for violent incident investigations to ensure all aspects of the incident have been reviewed. Prepare an Incident Report based on your findings.

Names, addresses, telephone numbers of complainants, assailants and witnesses	<input type="checkbox"/>
Occupation of complainants, assailants and witnesses	<input type="checkbox"/>
Date and time of Incident	<input type="checkbox"/>
Date and time incident reported to employer	<input type="checkbox"/>
Exact location of incident	<input type="checkbox"/>
Exact location of complainants, assailants and witnesses	<input type="checkbox"/>
Activities of complainants, assailants and witnesses before, during & after incident	<input type="checkbox"/>
Statements of witnesses and their locations	<input type="checkbox"/>
Detailed explanation of events in order of sequence of occurrence	<input type="checkbox"/>
Complainant's account of events	<input type="checkbox"/>
Description of assailant(s)	<input type="checkbox"/>
Description of any vehicles involved in incident	<input type="checkbox"/>
Assailant's account of events	<input type="checkbox"/>
What participants said and did immediately before and after incident	<input type="checkbox"/>
Physical conditions of work environment at time of incident	<input type="checkbox"/>
Assailant's physical and mental state prior to and at the time of incident	<input type="checkbox"/>
Unusual activity that may have contributed to incident	<input type="checkbox"/>
Substance use or abuse	<input type="checkbox"/>
Relationship between complainant and assailant, if any	<input type="checkbox"/>
Investigator's relationship to complainant and assailant, if any	<input type="checkbox"/>
Photographs of incident site	<input type="checkbox"/>
Diagram of incident site, location of injured worker and witnesses	<input type="checkbox"/>



**RISK ASSESSMENT - WORKPLACE VIOLENCE
EMPLOYEE QUESTIONNAIRE**

The York Catholic District School Board recognizes that workplace violence represents a real risk. The Board also recognizes the risk can be minimized or avoided by assessing the risks, putting preventive measures in place to control them, as well as by implementing processes to obtain immediate assistance in case of violence or to report incidences of violence and by keeping staff members abreast of potential dangers in the workplace.

Workplace Violence:

The exercise of physical force by a person against a worker in the workplace that causes or could cause physical injury to the worker; an attempt to exercise physical force against a worker in a workplace that could cause physical injury to the worker; or a statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker in a workplace or that could cause physical injury to the worker.

In order to identify these risks, the Board asks that all employees complete the following survey.

The Board assures all employees that information provided in this survey will be kept strictly confidential.

Position:	
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Questions	Yes	No	Comments
1. Is Workplace Violence a concern to you?			
2. Do you generally feel safe where you work?			
3. Do you work alone?			
• Frequently			
• Seldom			
• Do you work on weekends or holidays?			
4. Indicate if you feel safe from physical harm in the following places:			If No, please explain
• School parking lot			
• School playing fields			
• School grounds			
• School entrances			
• Portables / Porta-paks			
• Halls and corridors			
• Office / Meeting rooms			
• Main Offices			
• Classrooms			
• Stairwells, if applicable			
• Elevator, if applicable			

• Gymnasium			
Questions	Yes	No	Comments
• Cafeteria / Auditorium / Stage			
• Change rooms / Washrooms			
• Staff Room			
• Work Room			
• Library			
5. Have you ever witnessed a violent incident in your current workplace, between:			Please provide number of incidents
• Students			
• Staff member and Student(s)			
• Staff members and parents / guardians			
• Staff members and members of the public			
• Staff members of the same worker group			
• Staff members of different worker groups			
6. Have you ever been a victim or target of a physical violent incident in your current workplace?			
7. Have you, while at your current workplace, ever been the target of verbal threats, menacing gestures, insults, bullying or cyber-bullying by:			Please provide number of incidents in the last three years
• Student			
• Parent / Guardian			
• Staff member of the same worker group			
• Staff member of a different worker group			
• Member of the general public?			
8. Does your principal / supervisor keep you informed of potential risks of violence in your workplace?			
9. Do you handle or transport money or valuables?			
• Frequently			
• Seldom			
• Never			
• Off site			
10. Do you work late at night or early in the morning?			
11. Do you work in a community-based setting?			
12. Does your work bring you into contact with persons who may be influenced by alcohol or drugs?			
13. When faced with a situation do you feel the communication with help occurs in a timely manner? (i.e. walkie-talkies, PA system)			



**RISK ASSESSMENT - WORKPLACE VIOLENCE
PRINCIPAL/VICE PRINCIPAL QUESTIONNAIRE**

The York Catholic District School Board recognizes that workplace violence represents a real risk. The Board also recognizes the risk can be minimized or avoided by assessing the risks, putting preventive measures in place to control them, as well as by implementing processes to obtain immediate assistance in case of violence or to report incidences of violence and by keeping staff members abreast of potential dangers in the workplace.

Workplace Violence:

The exercise of physical force by a person against a worker in the workplace that causes or could cause physical injury to the worker; an attempt to exercise physical force against a worker in a workplace that could cause physical injury to the worker; or a statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker in a workplace or that could cause physical injury to the worker.

In order to identify these risks, the Board asks that all Principals complete the following survey.

The Board assures all employees that information provided in this survey will be kept strictly confidential. Furthermore, it is left to the discretion of the employee to provide his or her name.

Principal Name: (Optional)	
Location:	

Questions	Yes	No	Comments
LEGISLATION			
Are you familiar with your responsibilities relating to workplace violence/threat under the Occupational Health and Safety Act?			
LOCATION			
Location of School			
• Urban setting			
• Rural setting			
• High crime area			
• Close to emergency services			
ACCESS			
Are there guidelines concerning school hours?			
Are all exterior doors kept locked at all times?			
Is there a system for tracking staff keys?			
Is the Main Office clearly marked?			
Do main office staff have a clear view of the main entrance and hallways outside of the Main Office?			

Questions	Yes	No	Comments
Are there notices posted at the entrances asking visitors to report to the Main Office when they arrive at the school?			
Is there a sign-in book for visitors/volunteers/contractors in the main office?			
Is there a school identification card / badge system for visitors and contractors?			
If so, is it enforced?			
Is there a daycare attached to the school building?			
Does the daycare have its own entrance?			
Does the daycare staff control access to the school for parents who come to pick up their children after school hours?			
Is there a before-and-after program at your school?			
Is the before-and-after room accessed directly from the outside?			
SURVEILLANCE AND SECURITY			
Do staff members work alone or in small groups?			
Do staff members come in contact with persons who may be under the influence of alcohol or drugs?			
Are all interior doors kept locked at all times when rooms are unoccupied?			
Are meeting rooms visible from the adjoining offices?			
Are there fund raising activities?			
Are monies from fund raising activities and fees kept at the school?			
Is the playground and field enclosed with a fence?			
Are there areas around the property line where someone may hide?			
Is lighting around entrances adequate?			
Is lighting of parking lot and driveways adequate?			
Is lighting of walkways adequate?			
Is lighting around portables and porta-paks adequate?			
Is there a security / surveillance camera system inside the school?			

Questions	Yes	No	Comments
Are there any dead areas in the school? Alcoves, stairwells, recessed doorway entrances.			
Is there a security / surveillance camera system outside the school?			
Are there any dead areas around the school building perimeter? Alcoves, recessed entrances, outbuildings.			
Are security guards utilized routinely or on special occasions only?			
Do you or another member of the school's administration accompany the Certified Worker Members during their Health & Safety Inspection of the school buildings and grounds?			
SPECIAL EDUCATION			
Do any of the Special Needs students have a Safety Plan?			
Is there a protocol to allow all staff members who may work in the area of the Special Needs Student with a Safety Plan to review the Safety Plan before they work with or near the student?			
Is there a protocol to allow all supply staff who may work in the area of the Special Needs Student with a Safety Plan to review the Safety Plan before they work with or near the student?			
Is there a safe location for students in crisis to be relocated?			
Is there a means of communication between staff who work with Special Needs students and the main office?			
Is there a means of communication among staff members who work with Special Needs students?			
EMERGENCY RESPONSE			
Are there emergency procedure measures in place?			
Are all staff members aware of these measures and their responsibilities in each type of emergency?			
Is supply staff aware of these measures and their responsibilities in each type of emergency?			

Questions	Yes	No	Comments
Is there a communication procedure for emergencies?			
Does the PA system reach all areas of the school?			
Is the PA system checked routinely?			
Are repairs to malfunctioning parts of the PA system made in a timely manner?			
Are areas not serviced by the PA system accommodated by other means?			Explain
Are drills for all types of emergencies practiced on an annual basis?			
Is every drill critiqued and is the critique reviewed with all staff?			
Is the daycare staff aware of the school's emergency procedures?			
Is the before-and-after staff aware of the school's emergency procedures?			
GENERAL			
In your opinion, do school personnel feel safe at work?			



York Catholic District School Board

RISK ASSESSMENT - WORKPLACE VIOLENCE CEC EMPLOYEE QUESTIONNAIRE

The York Catholic District School Board recognizes that workplace violence represents a real risk. The Board also recognizes the risk can be minimized or avoided by assessing the risks, putting preventive measures in place to control them, as well as by implementing processes to obtain immediate assistance in case of violence or to report incidences of violence and by keeping staff members abreast of potential dangers in the workplace.

Workplace Violence:

The exercise of physical force by a person against a worker in the workplace that causes or could cause physical injury to the worker; an attempt to exercise physical force against a worker in a workplace that could cause physical injury to the worker; or a statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker in a workplace or that could cause physical injury to the worker.

In order to identify these risks, the Board asks that all employees complete the following survey.

The Board assures all employees that information provided in this survey will be kept strictly confidential. Furthermore, it is left to the discretion of the employee to provide his or her name.

Employee Name: (Optional)	
Department:	
Position:	

Questions	Yes	No	Comments
1. Is Workplace Violence a concern to you?			
2. Do you generally feel safe where you work at the CEC?			
3. Do you work alone?			
• Frequently			
• Seldom			
• Never			
• Do you work on weekends or holidays?			
4. What is the average number of hours per day spent at the CEC?			
• Less than 1 hour			
• 1 to 2 hours			
• 2 to 4 hours			
• 4 to 8 hours			
5. Indicate if you feel safe in the following common places			If No, please explain
• Parking lot			
• CEC grounds			
• Entrances			
• Halls and corridors			
• Boardroom			

Questions	Yes	No	Comments
• Stairwells			
• Elevators			
• Washrooms			
• Meeting rooms			
• Training rooms			
• Exercise room			
• Cafeteria			
6. Indicate if you feel safe in the following places within your department			
• Your workstation			
• Offices			
• Meeting rooms			
• Kitchenette			
• Work rooms / Photocopy rooms			
• Storage / File room			
7. Have you ever witnessed a violent incident at the CEC, between:			Please provide number of incidents
• Staff members of the same worker group			
• Staff members of different worker groups			
• Staff members and members of the public			
• Staff members and parents / guardians			
• Staff member and student(s)			
• Students			
8. Have you ever been a victim or target of a physical violent incident at the CEC by:			Please provide number of incidents in the last three years
• Staff member of the same worker group			
• Staff member of a different worker group			
• Member of the general public			
• Parent / Guardian			
• Student			
9. Have you, while at the CEC, ever been the target of verbal threats, menacing gestures, insults, bullying or cyber-bullying by:			
• Staff member of the same worker group			
• Staff member of a different worker group			
• Member of the general public			
• Parent / Guardian			
• Student			
10. Does your supervisor keep you informed of potential risks of violence in your workplace?			
11. Do you handle or transport money or valuables?			
• Frequently			
• Seldom			
• Never			
• Off site			
12. Do you work past 6:00 p.m. or early in the morning?			

Questions	Yes	No	Comments
13. Does your work at the CEC bring you into contact with persons who may be influenced by alcohol or drugs?			
14. When faced with a situation do you feel the communication with help occurs in a timely manner?			
The following questions are to be answered by those who frequently visit schools			
What family of schools do you routinely visit?			
• Elementary: North Area 1			
• Elementary: East Area 2			
• Elementary: West Area 3			
• Elementary: Central Area 4			
• Elementary: South Area 5			
• Secondary: North / East			
• Secondary: South / West			
Do you generally feel safe at the schools?			
Do you generally feel safe in the particular areas where you work at the schools?			
Do you work alone at the schools?			
• Frequently			
• Seldom			
• Never			
• Do you work on weekends or holidays			
Do you know how to summons immediate assistance?			
Do you know the procedures to follow at the schools in			
• Lockdown			
• Hold and Secure			
• Bomb Threat			
Does the school staff inform you of recent incidents at the school or in the community that may be of concern			



VIOLENT INCIDENT INVESTIGATION REPORT

To be completed by Principal/Department Manager/Supervisor
(Attach additional pages if more space is required.)

General Information	
School / CEC Department:	
Location of Incident:	
Date of Incident:	Time of Incident:
Type of Incident: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Unacceptable Behaviour <input type="checkbox"/> Close Call	
Complainant Information	
Name of complainant:	
School / CEC Department:	
Position:	
Complainant's Account of Incident: Explain events in sequence of occurrence including those just prior.	
If this was a Verbal Threat or Abuse, how was the threat or abuse issued? Direct <input type="checkbox"/> Intermediary <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail <input type="checkbox"/> Letter/ Note <input type="checkbox"/> Text message <input type="checkbox"/> Other <input type="checkbox"/>	
Outside Agencies	
Police called? <input type="checkbox"/> Yes <input type="checkbox"/> No	Investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details:	
Ministry of Labour called? <input type="checkbox"/> Yes <input type="checkbox"/> No	Investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details	
Were weapons involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Types
Vehicle (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were any photographs related to the incident taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they included in the Investigation Report?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assailant Information
Name: (if known) <input type="checkbox"/> Unknown
Male <input type="checkbox"/> Female <input type="checkbox"/>
If unknown Age: Weight: Height:
Other distinguishing marks
Describe relationship with victim:
Fellow employee <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Parent, etc <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> General Public <input type="checkbox"/>
Are aware if the assailant has been involved in any previous incidents with employees or students? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:
Assailant's Account of Incident: Explain events in sequence of occurrence including those just prior.
Witnesses
Names of Witness (1):
Witness(1) Account of Incident: Explain events in sequence of occurrence including those just prior.
Names of Witness (2):
Witness(2) Account of Incident: Explain events in sequence of occurrence including those just prior.
Investigator
Name of Investigator:
Signature of Investigator:
Date: