



York Catholic District School Board

PROCEDURE: WORKPLACE VIOLENCE

Addendum to Policy 427: Workplace Violence

Effective: March 2017

PURPOSE

These procedures are designed in conjunction with Policy 427: Workplace Violence and outline the process for the reporting and the investigation of a violent incident in the workplace.

1. Workplace Violence Procedures

1.1. Reporting

- 1.1.1 Each and every incident of violence in the workplace shall be reported immediately to the School Administrator/Department Manager/Supervisor (see Appendix A).
- 1.1.2 If the situation presents an emergency, the School Administrator/Department Manager/Supervisor will contact York Region Emergency Services (911).
- 1.1.3 The School Administrator/Department Manager/Supervisor will use the Admin 10 – Employer’s Report of Accident/Violent Incident to report any incident of workplace violence to the Health & Safety Officer.
- 1.1.4 Dependent upon the nature of the violent incident, other forms, as stipulated on the Admin 10 may be required.
- 1.1.5 The Health & Safety Officer will notify the JHSC Certified Worker Member.
- 1.1.6 The Ministry of Labour shall be contacted by the Health & Safety Officer under any of the following circumstances:
 - i) In the event of a critical injury or death related to workplace violence. Within 48 hours, a written report will be provided to the MOL describing the circumstances of the critical injury or death.
 - ii) In the event of a work refusal related to workplace violence when the refusal continues to be an issue after investigation by a Certified Worker Member and the School Administrator/Department Manager/Supervisor.

1.2. Investigation

- 1.2.1 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.
- 1.2.2 The School Administrator/Department Manager/Supervisor along with the Health & Safety Officer and Certified Worker Member shall immediately begin the investigation process by using the Violent Incident Investigation Report (see Appendix B).
- 1.2.3 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.
- 1.2.4 All investigations will have associated action plans, timelines for completion and assigned responsibilities to specific workplace parties.
- 1.2.5 Once investigation has been completed, feedback will be provided to the affected employee on any identified corrective actions.
- 1.2.6 Investigations of all workplace violence incidents will be kept confidential and the individual’s right to privacy will be respected.

- 1.2.7 If an employee of YCDSB is the assailant, the Superintendent of Human Resources shall take appropriate disciplinary measures based on the facts of the incident and the outcome of the investigation.
- 1.2.8 Employees affected by workplace violence will be referred to the Employee and Family Assistance Program to ensure they receive the appropriate medical and psychological treatment as required.

2. Appendices

- Appendix A – Workplace Violence – Incident Reporting Flow Chart
- Appendix B – Violent Incident Investigation Report Form

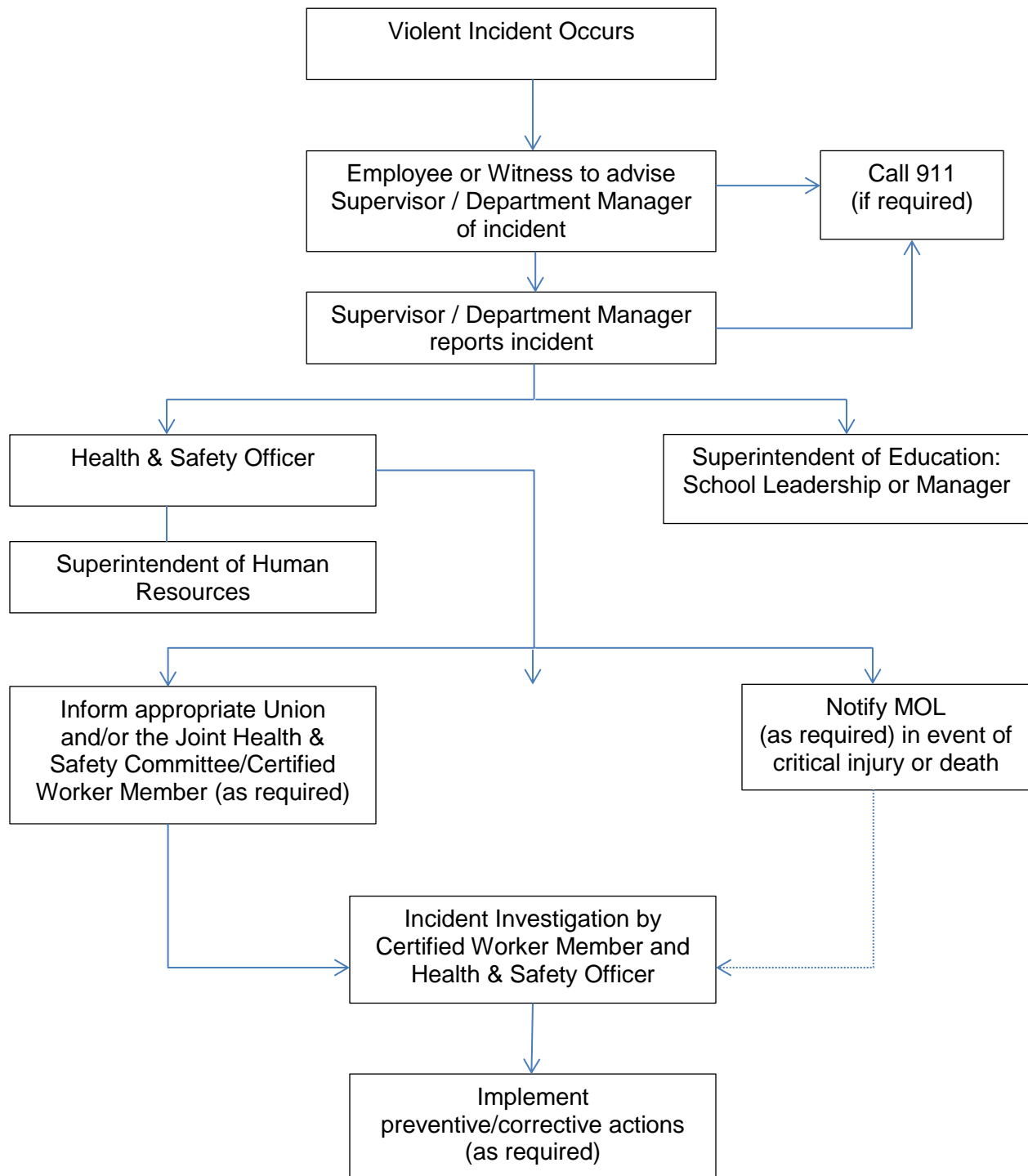
3. Related Documents

- YCDSB Policy 425 Workplace Harassment*
- YCDSB Policy 427 Workplace Violence*
- Admin 10 – Employer's Report of Accident/Violent Incident*



Workplace Violence – Incident Reporting Flow Chart

Appendix A





Violent Incident INVESTIGATION REPORT

At the beginning of the interview:

- Make the person being interviewed feel as comfortable as possible
- Ask the person to describe what happened
- Listen carefully
- Ask clarifying questions, interrupting as little as possible
- Repeat the information back to the person being interviewed

Worker Information	
Victim's Name:	
Position:	
School/CEC Department:	
Supervisor/Principal's Name:	

Incident Location	
Date of incident:	Date reported to Supervisor:
Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Incident Location (school name, facility, etc.):	
Area (check all that apply):	
<input type="checkbox"/> Hallway	<input type="checkbox"/> Classroom
<input type="checkbox"/> Stairs	<input type="checkbox"/> Library
<input type="checkbox"/> Work Room	<input type="checkbox"/> School Grounds
<input type="checkbox"/> Gym	<input type="checkbox"/> Washroom
<input type="checkbox"/> Office	<input type="checkbox"/> Staff Room
<input type="checkbox"/> Other (please specify):	

Incident Details	
Alleged Aggressor (check all that apply):	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Supervisor
<input type="checkbox"/> Contractor	<input type="checkbox"/> Student*
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Parent <input type="checkbox"/> Visitor/Public
<input type="checkbox"/> Special Needs Student**	
* If alleged aggressor was a student, please complete Student Conduct Report	
** If Special Needs Student, complete SE50 Form and submit to Student Services and document in Student Log	
Nature of Incident (check all that apply):	
Physical:	<input type="checkbox"/> Punch <input type="checkbox"/> Push/Pull <input type="checkbox"/> Kick <input type="checkbox"/> Grab
	<input type="checkbox"/> Scratch <input type="checkbox"/> Bite <input type="checkbox"/> Slap <input type="checkbox"/> Pinch
	<input type="checkbox"/> Spit <input type="checkbox"/> Struck by object <input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Verbal threat <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Threatening Gesture <input type="checkbox"/> Other:	



Violent Incident INVESTIGATION REPORT

Witnesses	
Name of Witnesses:	Contact Information (if available):
1.	
2.	
3.	
Are witness statements attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any photographs related to the incident attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Description
Description of Incident: <i>Explain sequence of event, circumstances that may have led to violent behaviour, weapons used, etc.</i>
Agencies involved (check all that apply): <input type="checkbox"/> Ambulance <input type="checkbox"/> Police Officer's Name: _____ Officer's Badge #: _____ <input type="checkbox"/> Ministry of Labour MOL Inspector's Name: _____

Interview Questions
Where were you during the incident?
What were you doing at the time?
What did you see or hear?
Who was present?
What was the victim doing when the incident occurred?
Do you know what might have provoked this act of violence or was the incident unprovoked?
In your opinion, was the incident preventable?

Preventive and/or Corrective Actions
List any potential preventive and/or corrective actions,

Signatures and Distribution	
Names of Investigators:	
Date of Investigation:	
Signatures:	