

# Form 1



## Worker's Statement of Incident

**\*This form is NOT for worker to worker incidents**

### INSTRUCTIONS

Completed by worker ASAP.  
Provide the completed report to your P/VP or supervisor.  
If you have been injured, please seek first aid.  
If there is potential to seek medical aid or lose time from work, worker to complete a Form 6A.

School Site:		Specific Location:	
Date & Time of Incident:		Date & Time Worker Reported Incident:	
	AM PM		AM PM
Name of Worker Involved in Incident:		Work Phone #	Position
Name of P/VP or Supervisor:		Work Phone #	
Name of Witnesses:			
1.	2.	3.	

In your best professional judgment, this incident involving violence can be best categorized as:

Verbal abuse    Verbal threat    Written threat    Threatening Gestures    Physical assault

Weapon involved    yes    no   If yes, specify: \_\_\_\_\_

<b>Aggressor's Name (if known):</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Other _____
	<input type="checkbox"/> Student   Gr: _____

Nature of Injury: (Include body area/part affected; left, right; psychological, etc.)

Did you seek First Aid?    Yes    No

Did you or will you see a physician?    Yes (If potential for yes, complete Form 6A)    No

Were or will you be absent from work?    Yes (If potential for yes, complete Form 6A)    No

\*Worker must report to P/VP/Supervisor if absent from work or medical aid sought and contact WorkSafeBC (1-888-WORKERS).

Description of Violent Incident: (Attach supporting documents as required. Inc. sequence of events, sketch, equipment, etc.)

**Completion of Form 2 will depend on the following:**

- The worker’s perception of the incident, in the event the worker feels further action is needed to mitigate future incidents.
- If the behaviour displayed is beyond that of baseline (previously recorded) or is a new behaviour which requires further investigation (via Form 2) or revisions to the Worker Safety Plan (Form 3) to mitigate risk to workers.
- If the incident had the potential to result in a serious incident to a worker as per *WCA Part 3, Division 10 (172)* referenced in the appendix.
- Worker seeks medical aid or misses time from work due to the incident.

**Assessed Risk Level (Baseline)**

<b>Intensity of Behaviour</b>			
If an incident has occurred, how severe was the injury? (circle risk level)			
<b>Physical</b>		<b>Emotional/Psychological</b>	
High	resulted in hospitalization or lost time >5 days	High	felt imminent threat/risk of violence resulted in lost time
Moderate	resulted in moderate injury that required medical aid or time loss <5 days	Moderate	felt ongoing impact
Low	resulted in a minor injury such as a bruise or scratch, site first aid administered	Low	felt uncomfortable/unsafe
None	no physical injury	None	felt no impact

\*any new contributing factors can result in the above assessed risk level being updated or revised at a later day.

**Next Steps/Action Taken:**

Completed Form 2 <input type="checkbox"/> Yes	*No Further Action Required <input type="checkbox"/>
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\*If no further action, please provide rational: \_\_\_\_\_

P/VP or Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Worker’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**File this completed form, in a binder by student name, in a secure location in the administrator’s office.**

**Provide copies to:** -Associate Superintendent, -P/VP/Supervisor - HR (mpledger@sd61.bc.ca)  
 - District Behavioral Consultant (dmarchant@sd61.bc.ca) - Worker and JOHS (**redacted**)

Revised: January 2019  
 Reviewed: March 2020