

Form 2

Violence Risk Assessment/Incident Investigation



Date of Review:(YY-MM-DD):	Worker Name:	Worker's Title:
Supervisor/ Principal/ Vice Principal:	School/ Site:	Time(s) of incident exposure(s):
Aggressor's Type:	Aggressor's name:	If a student, what grade :
Does the aggressor have an existing Worker's Safety Plan? No <input type="checkbox"/> Yes <input type="checkbox"/>	Date(s) of incident exposure	

Assessed Risk Level (Baseline)

The following risk analysis matrix and definitions were used to determine both the probability and impact of various forms of violence and aggression. The analysis is qualitative in nature and recognizes that individual incidents may occur that are higher or lower than determined risk level.

Step 1: Assessment of Hazard Severity The hazard severity (harm) is the extent of the injuries, illness, or damage that may be sustained if the hazard happens or injury potential.						
I	Injury such as a scratch, small cut, slight burn, slight bruise or abrasion, threats that are unrealistic, vague, indirect and implausible or lacks detail.					
ii	Injury such as a laceration, require stitches, moderate bruising, moderate burn, direct and concrete threats, lacks indicators that the threatening individual has taken steps to prepare, although there may be a degree of veiled reference or ambiguous or inconclusive evidence					
iii	Serious injury such as broken bones, severe burns or bleeding eye injury concussion, threat is direct, specific and plausible					
iv	Major injury to one or more persons/resulting in amputation, permanent disability					
Step 2: Hazard Probability Probability is split into five categories ascending in scale of likelihood. Determine the probability of the occurrence.						
A	Very unlikely to occur					
B	Unlikely to occur					
C	May happen					
D	Likely to occur					
E	Highly likely to occur					
Step 3: Determination of Risk Rating by plotting the severity versus the probability						
Severity from Step 1	I	1	1	1	1	1
	ii	1	2	2	3	3
	iii	1	2	4	5	5
	iv	1	2	4	5	5
	Hazard Probability	A	B	C	D	E
Step 4: Determination of Timeline for Actions for the Risk Rating and Risk Reduction						
<ul style="list-style-type: none"> ➤ Notification of Occupational Health & Safety Advisor and the District Behavioural Consultant along with the documentation is required. ➤ If physical and/or emotional risk level is moderate or higher, this form is required to be complete to evaluate control measures to protect the worker and the Violent Threat Risk Assessment (VTRA) that is used for student. ➤ The severity will be bumped up one level if this is a repeat occurrence that has not triggered a review. 						
5. Extremely High	Implement immediate short-term control measures with school administration Begin long-term control measures with 2 business/school days (Worker Safety Plan) Review education and training for involved personnel					
4. High	Implement immediate short-term control measures with school administration Begin long-term control measures with 4 business/school days (Worker Safety Plan) Review education and training for involved personnel					
3. Moderate	Implement immediate short-term control measures with school administration Begin long-term control measures with 2 business/school weeks (Worker Safety Plan) Review education and training for involved personnel					
2. Low	Review incident and control measures within 3 months if there has not been another violent incident					
1. As Low As Achievable	Review incident and control measures within 4 months if there has not been another violent incident					

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Documentation – Sequence of Events (including preceding incident)

Preliminary Incident Description (complete within 2 working days):	
Full Incident Description (complete within 20 calendar days):	Same as preliminary description <input type="checkbox"/>

Preliminary Contributing Factors/History/ Background	Full Contributing Factors Same as preliminary <input type="checkbox"/>
Preliminary Root Cause(s) / Antecedents to the Incident	Full Root Cause(s)/ Antecedent Same as preliminary <input type="checkbox"/>

Preliminary Corrective Actions (complete within 2 working days)	Person Responsible	Action Date	Status
1.			
2.			
3.			
4.			
Full Corrective Actions same as preliminary <input type="checkbox"/>			
1.			
2.			
3.			
4.			

Recommendations to be completed by: _____ (YYYY-MM-DD)

Parties involved in investigation:

P/VP or Supervisor: _____
Name / Signature Date

JOHS Worker Rep: _____
Name / Signature Date

Worker: _____
Name / Signature Date

Other: _____
Name / Signature Date

<p>Completed by:</p> <ul style="list-style-type: none"> P/VP or Supervisor, and Worker with knowledge and/or JOHS Worker Rep If worker or JOHS Worker Representative is not available, they can review and sign the paperwork as they become available. 	<p>Sent to:</p> <ul style="list-style-type: none"> Deputy/Associate Superintendent Inclusive Learning VPP at InclusivelearningVPP@sd61.bc.ca
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Keep together in Binder 1 – Worker’s Statement & Violence Risk Assessment/Incident Investigation by student’s name or other, in a secure location in the P/VP/Manager’s office.