

**Date of Issue:** May 17, 2011

**Original Date of Issue:** January 30, 2008

**Subject:** **AGGRESSIVE INCIDENT REPORTING**

**References:** Occupational Health and Safety Act (R.S.O. 1990)  
Workplace Safety and Insurance Act  
Occupational Health and Safety Procedures  
APM A1440 Physical Containment – Guidelines for Responding to Injurious and Self-Injurious Student Behaviour  
APM A4002 Reporting of Workplace Injury/Illness  
APM A7635 Student Discipline Procedures  
APM A7100 Violent Incidents – Response Procedures  
Board Policy 4200 Safe and Positive School Cultures  
Board Policy 4250 Student Discipline

**Links:** FORM A4071–1, FORM A1440–1, FORM A7100–1, FORM A7635-3, FORM A4002-1

**Contact:** Human Resource Services

---

**1. Purpose**

- 1.1 This Administrative Procedures Memorandum (APM) provides guidance to employees of the Simcoe County District School Board for reporting aggressive incidents that are not covered under the Workplace Safety and Insurance Act and ensures that the appropriate individuals are aware of the aggressive incident.
- 1.2 Personal information collected on the Aggressive Incident Form will be used to determine appropriate Board safety responses and shall not be disclosed for any other purpose, except in compliance with the Municipal Freedom of Information and Protection of Privacy Act and appropriate Board authorization.

**2. Definitions**

- 2.1 An aggressive incident is any physical, verbal or non-verbal incident or injury which results in an employee feeling threatened for his/her safety and security. Aggressive incidents could involve a student, parent, co-worker or visitor.

**3. General**

- 3.1 Under the Occupational Health and Safety Act, section 25(2)(h), employers are responsible to take every precaution reasonable in the circumstances for the protection of the worker and shall advise workers of the existence of any potential or actual danger to the health and safety of the worker of which the employer is aware.
- 3.2 Every worker has the responsibility to report to his/her supervisor any health and safety issue that endangers his/her safety and security.
- 3.3 In situations where the police are involved pursuant to APM A7100, the Aggressive Incident Report Form (FORM A4071-1) is completed in addition to the Violent Incident Form (FORM A7100-1 or FORM A7635-3).
- 3.4 In situations where there is an aggressive incident and a student is restrained, the Aggressive Incident Report Form (FORM A4071-1) is completed in addition to the Physical Containment Incident Report (FORM A1440-1).
- 3.5 If the employee is injured and requires medical attention or is off work due to the injury, APM A4002 - Reporting of Workplace Injury/Illness must be followed, and FORM A4002-1 must also be completed.

**4. Procedure**

- 4.1 As soon as possible after an aggressive incident occurs, the employee completes the first two sections of the Aggressive Incident Reporting Form (FORM A4071-1), Employee Information and Details of Incident. The form is submitted to the supervisor.
- 4.2 If the employee is unable to complete the form due to the severity of the incident or absence from the workplace, the employee may ask a co-worker or union representative to complete the form on his/her behalf using the known details of the incident.

- 4.3 The supervisor shall meet with the employee and complete the third section of the form. The supervisor checks all actions that will be initiated as a result of the aggressive incident and indicates when such actions will occur.
  - 4.3.1 The supervisor and employee must ensure that the aggressor is not named and any students involved are not identifiable on the Aggressive Incident Reporting Form.
- 4.4 The employee and the supervisor both sign and date the form. If someone other than the employee completed the form on the employee's behalf, that name is printed in the signature section and that individual signs and dates the form.
- 4.5 The supervisor maintains the original completed form in a designated Aggressive Incident file, provides a copy to the employee, and couriers a copy to Human Resource Services – Health and Wellness within three (3) days of the incident, who is responsible for tracking the aggressive incidents. Staff will have access through their supervisor to the Aggressive Incident file for their work location in order to assist them in making informed decisions regarding interactions in their work location.
- 4.6 If someone other than the employee completed the form on the employee's behalf, the employee must review the completed form upon their return to work and indicate their agreement to the contents by initialling the original form maintained at the school. If the employee is not in agreement with the information on the form, they may complete a new Aggressive Incident Reporting Form, indicating that it is a revision to an earlier report, and resubmit it in accordance with this APM.
- 4.7 Human Resource Services – Health and Wellness shall provide a copy of the completed Aggressive Incident Reporting Form to the Superintendent responsible for the affected employee, and the Instructional Services Department, if applicable, for the purpose of ensuring that appropriate action has been taken.
- 4.8 Information gathered from the Aggressive Incident Reporting Form will be entered into a tracking system. A summary report will be provided to the Joint Health and Safety Committee at each scheduled meeting for the purpose of making recommendations to the Board on safety matters under the Occupational Health and Safety Act.
- 4.9 Personal information on the Aggressive Incident Reporting Form shall not be used or disclosed by Joint Health and Safety Committee Members to external parties, including union representatives, except in compliance with the Municipal Freedom of Information and Protection Act and appropriate Board authorization.

<b>First Issued</b>	January 30, 2008
<b>Revised</b>	February 2010, May 2011
<b><i>Issued under the authority of the Director of Education</i></b>	



**AGGRESSIVE INCIDENT REPORTING FORM**

SECTION ONE: EMPLOYEE INFORMATION	
<b>Name:</b>	<b>Affiliation:</b>
<b>Employee ID:</b>	<input type="checkbox"/> ETFO <input type="checkbox"/> Elementary Occasional
<b>Position:</b>	<input type="checkbox"/> OSSTF <input type="checkbox"/> Secondary Occasional
<b>Work Location:</b>	<input type="checkbox"/> CUPE <input type="checkbox"/> AESP
<b>Supervisor's Name:</b>	<input type="checkbox"/> OPSEU <input type="checkbox"/> Principal/Vice Principal
	<input type="checkbox"/> Instructors
<b>Date Reported to Supervisor:</b>	
SECTION TWO: DETAILS OF INCIDENT (COMPLETE ONE FORM PER DAY IF SAME AGGRESSOR)	
<b>Repeat incident(s) involving same aggressor:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, number of incidents: _____	
<b>Date of Incident(s):</b>	<b>Site of Incident(s):</b>
<b>Time of Incident(s):</b> <input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m. _____ _____ _____ _____	<b>Nature of Incident(s):</b> (check all that apply and indicate number of occurrences) <b>Verbal/Non Verbal Aggression</b> <input type="checkbox"/> Shouting _____ <input type="checkbox"/> Swearing _____ <input type="checkbox"/> Threat _____ <input type="checkbox"/> Repeated Non-Compliance _____  <b>Physical Aggression</b> <input type="checkbox"/> Bite _____ <input type="checkbox"/> Punch _____ <input type="checkbox"/> Grab _____ <input type="checkbox"/> Scratch _____ <input type="checkbox"/> Intimidation _____ <input type="checkbox"/> Slap _____ <input type="checkbox"/> Kick _____ <input type="checkbox"/> Spit _____ <input type="checkbox"/> Pinch _____ <input type="checkbox"/> Threat _____ <input type="checkbox"/> Other: _____
<b>Location of Incident(s):</b> (check all that apply) <input type="checkbox"/> Hallway <input type="checkbox"/> Gym <input type="checkbox"/> Stairs <input type="checkbox"/> Classroom <input type="checkbox"/> Office <input type="checkbox"/> Washroom <input type="checkbox"/> Field Trip <input type="checkbox"/> Parking Lot <input type="checkbox"/> Yard <input type="checkbox"/> Other: _____	
<b>Aggressor:</b> <input type="checkbox"/> Co-Worker <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Visitor <input type="checkbox"/> Other: _____	
<b>Weapon(s) Involved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, indicate item: _____	
<b>Injuries Sustained:</b> (indicate body part(s)) _____	
<b>Details of Incident:</b> (please include what lead up to the incident / do not include names)	



**SECTION THREE: COMPLETED BY SUPERVISOR WITH EMPLOYEE**

Have the following forms been completed, if applicable?		<input type="checkbox"/> A7100-1 Violent Incident Form
		<input type="checkbox"/> A1440-1 Physical Restraint Incident Report
		<input type="checkbox"/> A4002-1 Reporting of Workplace Injury/Illness
Action Initiated: (check all that apply)	When or What	
<input type="checkbox"/> Review IEP and/or Behaviour Management Plan, if applicable		
<input type="checkbox"/> Develop/Review/Revise Safety Plan		
<input type="checkbox"/> Safety Plan Shared with Staff		
<input type="checkbox"/> Modification to Work Environment		
<input type="checkbox"/> Community Agency Support Referral		
<input type="checkbox"/> Police Involvement		
<input type="checkbox"/> Staff Training/In-Service		
<input type="checkbox"/> Personal Protective Equipment		
<input type="checkbox"/> Risk Assessment (in consultation with the Superintendent of Education)		
<input type="checkbox"/> Other		
Has the aggressor been involved in any previous incidents:		<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION FOUR: SIGNATURE & DISTRIBUTION**

Please print name if someone other than the employee completed this form: \_\_\_\_\_

<b>Signature:</b>	<b>Date:</b>
<b>Supervisor Signature:</b>	<b>Date:</b>
<p><b>Indicate Work Location Area:</b></p> <p>North &amp; East Region    <input type="checkbox"/> Area 1      <input type="checkbox"/> Area 2</p> <p>Central &amp; South Region    <input type="checkbox"/> Area 3A      <input type="checkbox"/> Area 3B      <input type="checkbox"/> Area 4</p> <p>South &amp; West Region    <input type="checkbox"/> Area 5      <input type="checkbox"/> Area 6</p>	
<p><b>Courier the completed form within three (3) working days of the incident to the Human Resource Services Department - Health &amp; Wellness at the Education Centre</b></p>	

*Information collected on this form is collected under the authority of the Occupational Health and Safety Act and the Workplace Safety and Insurance Act in accordance with the Municipal Freedom of Information And Protection of Privacy Act. Information will be used for the purpose of staff and student safety. Questions regarding information collected on this form should be referred to Human Resource Services – Health and Wellness at the Education Centre.*