

Date of Issue	January 30, 2008
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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 Restraint – Guidelines for Responding to Injurious and Self-Injurious Student Behaviour APM A2320 Reporting of Workplace Injury/Illness APM A7100 Violent Incidents – Response Procedures Board Policy 4260 Safe Schools
Links	FORM A4071–1, FORM A1440–1, FORM A7100–1, FORM A2320-1
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).
- 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 Restraint 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 A2320 - Reporting of Workplace Injury/Illness must be followed, and FORM A2320-1 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 Safety 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 Safety 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.

First Issued	January 30, 2008
Revised	
<i>Issued under the authority of the Director of Education</i>	

AGGRESSIVE INCIDENT REPORTING FORM

SECTION ONE: EMPLOYEE INFORMATION	
Name:	Affiliation:
Employee ID:	<input type="checkbox"/> ETFO <input type="checkbox"/> Elementary Occasional
Position:	<input type="checkbox"/> OSSTF <input type="checkbox"/> Secondary Occasional
Work Location:	<input type="checkbox"/> CUPE <input type="checkbox"/> AESP
Supervisor's Name:	<input type="checkbox"/> OPSEU <input type="checkbox"/> Principal/Vice Principal
	<input type="checkbox"/> Instructors
	Date Reported to Supervisor:
SECTION TWO: DETAILS OF INCIDENT	
Date of Incident:	Time of Incident: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Site of Incident:	
Location of Incident:	Nature of Incident: (check all that apply)
<input type="checkbox"/> Hallway <input type="checkbox"/> Gym <input type="checkbox"/> Stairs	Verbal/Non Verbal <input type="checkbox"/> Swearing <input type="checkbox"/> Shouting
<input type="checkbox"/> Classroom <input type="checkbox"/> Office <input type="checkbox"/> Washroom	Aggression <input type="checkbox"/> Repeated Non-Compliance <input type="checkbox"/> Threat
<input type="checkbox"/> Field Trip <input type="checkbox"/> Parking Lot <input type="checkbox"/> Yard	Physical Aggression <input type="checkbox"/> Bite <input type="checkbox"/> Punch
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Kick <input type="checkbox"/> Scratch
Aggressor:	<input type="checkbox"/> Grab <input type="checkbox"/> Slap
<input type="checkbox"/> Co-Worker <input type="checkbox"/> Student	<input type="checkbox"/> Intimidation <input type="checkbox"/> Spit
<input type="checkbox"/> Parent <input type="checkbox"/> Visitor	<input type="checkbox"/> Pinch <input type="checkbox"/> Threat
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Repeat incident involving same aggressor:	Weapon(s) Involved:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____
Injuries Sustained:	
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"/> A2320-1 Reporting of Workplace Injury/Illness	
Details of Incident (please include what lead up to the incident / do not include names):	

AGGRESSIVE INCIDENT REPORTING FORM

SECTION THREE: COMPLETED BY SUPERVISOR WITH EMPLOYEE

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: _____

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Courier the completed form within three (3) working days of the incident to the Human Resource Services Department - Health & Safety at the Education Centre

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 Safety at the Education Centre.