GULF ISLANDS SCHOOL DISTRICT 64

Worker Statement of Incident (WSI) (Involving a Student)

Violence: The attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury (WorkSafeBC, 2014).

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

INSTRUCTIONS
Completed by worker ASAP.
Provide the completed report to your 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 6.

☐**Worker has been advised to seek medical attention**

School Site: Date & Time of Incident: ☐AM ☐PM	Specific Location: Date & Time Worker Reported Incident: ☐AM ☐PM	
Name of Worker Involved in Incident: Work Phone #		Position
Name of 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
☐emotional/psychological ☐ other: _____
Weapon involved ☐yes ☐no If yes, specify: _____

Interaction with (Name): _____
☐ Student Gr: ___ Safety Plan: Y/N Designation, if known___

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	☐ No
Were or will you be absent from work?	☐ Yes	☐ No

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

Assessed Risk Level

Intensity of Behaviour If an incident has occurred, how severe was the injury? (check all that apply)			
Physical		**Emotional/Psychological**	
☐	resulted in hospitalization	☐	felt imminent threat/risk of violence resulted in hospitalization
☐	lost time >5 days	☐	lost time >5 days
☐	resulted in moderate injury that required medical aid or time loss <5 days	☐	felt ongoing impact that required medical aid or time loss <5 days
☐	site first aid administered	☐	unsafe, site first aid administered
☐	resulted in a minor injury such as a bruise or scratch	☐	felt uncomfortable
☐	no physical injury	☐	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:

EIIR: Incident Investigation ☐ Yes

Send to: OHS@sd64.org and VP Inclusive Education

Worker's Signature: _____ Date: _____

Received/Reviewed by:
P/VP or Manager's Signature: _____ Date: _____

Received/Reviewed by:
VP of Inclusive Education Signature: _____ Date: _____

Received/Reviewed by:
District Principal of OHS Signature: _____ Date: _____

Risk Reduction Plan Required: ☐ Yes ☐No

Decision regarding Risk Reduction Plan sent to Supervisor: Date_____

Documentation:

- **If incident occurred on a bus forward copy of WSI to corresponding school.**
- **File this completed form, by student name, in a secure location in the School Office.**