GULF ISLANDS SCHOOL DISTRICT 64

Worker Statement of Incident (WSI) Non-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): _____

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.

Subsequent Steps

- Complete an Incident investigation (EIIR) and send a copy of EIIR to OHS@sd64.org
- Re-evaluate and implement new control measures if required to mitigate future occurrences
- Notify Police
- Provide details of EIIR to site based JOHS committee and advise staff of new control measures

Next Steps/Action Taken:

Completed Incident Investigation	☐ Yes

Worker's Signature: _____ Date: _____

Received/Reviewed by:
Supervisor Signature: _____ Date: _____

Filing:

- **Scan this document to OHS@sd64.org**
- **Maintain this record with the Site-based JOHS Committee**