	<b>Administrative Procedure</b>	
	Subject	Violence
	AP Code	171

**Background**

All members of the education community have a right to work and learn in a respectful environment that is free from violence.

The school is committed to taking every reasonably practical measure to create and maintain work environments where employees, students and volunteers are treated with respect and dignity. The school director recognizes the responsibility to provide education regarding workplace violence, and to provide the opportunity for training to resolve situations that occur. The school director is committed to taking corrective action respecting any person under the school director’s direction who subjects any person to violence.

**Procedures**

1. Administration of violence prevention
  - 1.1. Employees, students, and volunteers are to use AP 171.1 Incident Reporting and Investigation Form 101 for the investigation of an incident of violence.
  
2. Violence prevention procedures
  - 2.1. The school defines violence in accordance with *The Occupational Health and Safety Regulations, 2020* as, “...the attempted, threatened, or actual conduct of a person that causes or is likely to cause injury and includes any threatening statement or behavior that gives a worker reasonable cause to believe that the worker is at risk of injury”.
  - 2.2. The school shall make every reasonably practical measure to minimize the potential for violence including:
    - 2.2.1. Adopting preventive measures such as training for employees, students, and volunteers;
    - 2.2.2. Developing ways and means of recognizing potentially violent situations;
    - 2.2.3. Establishing anticipatory approaches to prevent or minimize violence;
    - 2.2.4. Providing violence prevention training to existing and new employees;
    - 2.2.5. Developing procedures for dealing with incidents of violence and how to obtain assistance; and
    - 2.2.6. Establishing procedures for reporting, investigating, and documenting violent incidents.
  - 2.3. The school will intervene and take supportive and appropriate action when any acts of violence, threats, or intimidation occur.
  - 2.4. Employee, student, and volunteer responsibilities shall include:
    - 2.4.1. Attending training sessions as required;
    - 2.4.2. Utilizing skills as trained and/or learned; and

- 2.4.3. Using AP 171.1 Incident Reporting and Investigation Form for reporting an incident of violence.
  - 2.5. Employees shall be informed, within the context of legal protocols, of potential risks of violence by some or all the following means:
    - 2.5.1. Review of relevant reports and documents in consultation with the principal, supervisor, or other appropriate personnel;
    - 2.5.2. Briefing by the principal or supervisor with respect to background, procedures, and strategies; and
    - 2.5.3. Consultation with a school social worker or other appropriate personnel with respect to background, procedures, and strategies.
  - 2.6. Workshops and information for employees in the area of violence will be provided with a focus on:
    - 2.6.1. Ways and means of recognizing potentially violent situations;
    - 2.6.2. Proactive approaches to preventing or minimizing violence;
    - 2.6.3. Procedures for dealing with incidents of violence and how to obtain assistance; and,
    - 2.6.4. Reporting, investigation, and documentation of violent incidents.
  - 2.7. An employee who has been exposed to an incident of violence will be given the opportunity to consult with a physician for treatment or referral for post-incident counselling without loss of pay or benefits. If an employee seeks medical assistance or misses work as a result of a violent incident in the workplace, the employee and the school director must file a report of injury with The Workers' Compensation Board as required. Compensation for medical expenses, time loss, or disability to which any employee may be entitled pursuant to *The Workers' Compensation Act, 2013* will not be duplicated.
  - 2.8. Nothing in this policy shall discourage or prevent an employee from referring a violent incident to the Occupational Health and Safety Division pursuant to the most current *The Saskatchewan Employment Act* and *The Occupational Health and Safety Regulations, 2020*, initiating a complaint under the Saskatchewan Human Rights Code, or exercising any other legal rights available under any other law, including filing a complaint with the police.
3. Violence reporting – employees
  - 3.1. Employees who work in settings where they could be at a higher risk of violence may include:
    - 3.1.1. Employees who work with students who have a history of violence;
    - 3.1.2. Employees who work with students who suffer from specific medical conditions, which can increase the probability of those students being perpetrators of violent acts; and,
    - 3.1.3. Employees who provide services to a student whose parent or guardian has a history of violence or who has threatened school staff.
  - 3.2. Primary areas of potential risk of violence centre on classrooms, hallways, playgrounds, and personnel assigned to these locations.
  - 3.3. All employees have a responsibility to ensure a safe workplace. To that end, employees are to promptly communicate issues relating to violence as follows:

- 3.3.1. Employees who believe they have been subjected to a violent act will report the incident to the principal or supervisor immediately;
  - 3.3.2. Employees who have been the victim of a violent incident must complete the AP 171.1 Incident Reporting and Investigation Form 101 and forward it to the principal or supervisor; and,
  - 3.3.3. Employees who believe a student, colleague, or visitor to the workplace represents a danger to the safety of the workplace are to notify the principal or supervisor immediately.
- 3.4. All violent incidents are to be investigated as soon as possible following receipt of a complaint. Principals and supervisors are to investigate all reports of violent incidents as follows:
  - 3.4.1. Review the complaint and interview the complainant, alleged perpetrator(s), if possible, and any witnesses;
  - 3.4.2. Summarize the information and review the AP 171.1 Incident Reporting and Investigation Form 101;
  - 3.4.3. Permit the alleged perpetrator to provide a statement;
  - 3.4.4. Advise the complainant of his or her right to report the complaint to the police; and,
  - 3.4.5. Complete a written report of the results of the investigation and forward it to the school director and the Director of Independent Schools, Ministry of Education.
- 3.5. The complainant and alleged perpetrator may choose to be accompanied by an employee representative or other person of choice at any stage in the investigation.
- 3.6. Following an investigation that confirms the occurrence of a violent incident:
  - 3.6.1. Where the alleged perpetrator is an employee of the school, the school will take appropriate supportive and disciplinary action;
  - 3.6.2. Where the alleged perpetrator is a student, the school will take appropriate supportive and disciplinary action; and
  - 3.6.3. Where the alleged perpetrator is a parent or another member of the public, the school director will take the appropriate action necessary to minimize the risk of another incident.
- 3.7. Employees affected by a violent incident are to be informed of the results of the investigation.

---

## **References**

The Saskatchewan Employment Act  
The Saskatchewan Human Rights Code, 2018  
The Occupational Health and Safety Regulations, 2020  
The Education Act - sections 85, 87, 175  
Criminal Code  
Canada Labour Code  
Canadian Charter of Rights and Freedoms  
The Child and Family Services Act

---


## **Date Adopted**

October 31, 2023

---

## **Revised**

---

	<b>Administrative Procedure</b>	
	Subject	Violence
	AP Code	171.1

**APPENDIX A: Incident Reporting and Investigation Form 101**

(<https://taskroom.saskatchewan.ca/-/media/project/taskroom/documents/form/818-c-ohs-incident-reporting-and-investigation-form-101.pdf>)

**Page 1 - INCIDENT INFORMATION**  
*Completed by Employee/Supervisor*

IRI App Incident #: \_\_\_\_\_

Last revised: Dec 19, 2019

**A. IDENTIFICATION INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Employee Contact #: (home) \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Contact #: (work) \_\_\_\_\_ (call) \_\_\_\_\_

MINISTRY: \_\_\_\_\_ Division/ Branch/Program: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Employee Occupation: (Job Title) \_\_\_\_\_ Employee #: \_\_\_\_\_

**B. INCIDENT INFORMATION:**

Date of Incident: (dd/mm/yy) \_\_\_\_\_ Time of Incident: (am/pm) \_\_\_\_\_ Specific Location of Incident: \_\_\_\_\_ Reported by: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Other parties involved: (e.g. contractor, public, client, etc.) \_\_\_\_\_

Others notified: (e.g. 911, police/RCMP, OHS Division) \_\_\_\_\_

**C. TYPE OF INCIDENT: (Check the applicable box)**

Near Miss (no injury; no property damage)       Injury/Illness       Injury/Illness and Property/Equipment Damage

Property/Equipment Damage

**D. INCIDENT CATEGORY: (Check one)**

<p><b>VIOLENCE</b></p> <p><input type="checkbox"/> Assault</p> <p><input type="checkbox"/> Aggression</p> <p><b>PHYSICAL EXERTIONS/STRAINS</b></p> <p><input type="checkbox"/> Lifting</p> <p><input type="checkbox"/> Overexertion/bodily motion</p> <p><input type="checkbox"/> Pushing/Pulling</p> <p><input type="checkbox"/> Repetitive Motion</p> <p><b>CONTACT WITH OBJECT/EQUIPMENT</b></p> <p><input type="checkbox"/> Caught In/On/Between</p> <p><input type="checkbox"/> Struck/Hit</p> <p><b>PSYCHO-SOCIAL</b></p> <p><input type="checkbox"/> Work-related Stress</p> <p><input type="checkbox"/> Post-incident Distress</p>	<p><b>EXPOSURE TO HARMFUL SUBSTANCES AND/OR ENVIRONMENTS</b></p> <p><input type="checkbox"/> Animal/Insect</p> <p><input type="checkbox"/> Asbestos</p> <p><input type="checkbox"/> Biological/Infectious</p> <p><input type="checkbox"/> Chemical/Fumes</p> <p><input type="checkbox"/> Electric Shock/Electricity/Arc</p> <p><input type="checkbox"/> Hot/Cold</p> <p><input type="checkbox"/> Noise</p> <p><input type="checkbox"/> Light/glare</p> <p><input type="checkbox"/> Radiation</p> <p><input type="checkbox"/> Water</p> <p><b>SLIPS, TRIPS, FALLS</b></p> <p><input type="checkbox"/> On Same level</p> <p><input type="checkbox"/> From Elevation</p> <p><input type="checkbox"/> On Ice/Slippery Surface</p>	<p><b>PROPERTY/EQUIPMENT</b></p> <p><input type="checkbox"/> Building</p> <p><input type="checkbox"/> Tools/Equipment</p> <p><input type="checkbox"/> Fire/Explosion</p> <p><input type="checkbox"/> Environment</p> <p><input type="checkbox"/> Theft</p> <p><input type="checkbox"/> Security</p> <p><b>TRANSPORTATION</b></p> <p><input type="checkbox"/> Aviation/Aircraft</p> <p><input type="checkbox"/> Licensed Motor Vehicle</p> <p style="padding-left: 20px;">Vehicle Type: _____</p> <p style="padding-left: 20px;">CVA Unit #: _____</p> <p style="padding-left: 20px;">License Plate #: _____</p> <p><input type="checkbox"/> Powered Mobile Equipment</p> <p style="padding-left: 20px;">Unit Type: _____</p> <p><b>OTHER (describe)</b></p>
--	---	---

Nature of Injury/Area Affected: (be specific such as sprained left shoulder; scraped right knee, etc.) \_\_\_\_\_

Treatment Administered:

None       First-aid

Medical Clinic/Emergency Visit

First Aid provided by: \_\_\_\_\_

Name of medical facility: \_\_\_\_\_

Lost Time:     No     Yes     Unsure

First scheduled shift missed **after** incident: (dd/mm/yyyy) \_\_\_\_\_

Yes, worker submitted a WCB W1 to WCB.

Yes, worker received a Stay At or Return to Work Form 111

**E. EMPLOYEE'S DESCRIPTION OF INCIDENT:** (Include details of the activity at the time of the incident. Add attachments if necessary).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yy)

**IMMEDIATE DISTRIBUTION OF PAGE 1 ONLY:**

Central Incident Resource       Permanent Head (as per Ministry direction)

Supervisor/manager       Other:

*NOTE: If Dangerous Occurrence/Serious Bodily Injury as per OHS Regulations, immediately contact LRWS OHS Division at 1-800-367-7233 or 1-800-667-3023 Appendix "D" required for all Dangerous Occurrence/Serious Bodily Injury incidents*

The Government of Saskatchewan is committed to the protection of personal information and personal health information you provide through the Incident Reporting and Investigation Form 101. We have procedures and security features in place to keep your data as secure as possible once received. In most cases, personal information and personal health information collected through the Form 101 will only be accessible by government employees whose responsibility is to assist with processing your case. Personal information includes employee ID and home phone number. Examples of personal health information are: treatment administered; first aid provided; and name of medical facility. For reporting purposes, data you provide will be de-identified. By signing above, you are stating that you have read this information and are giving your consent to collect, use and disclose your data according to The Freedom of Information and Protection of Privacy Act, The Health Information Protection Act and The Occupational Health and Safety Regulations, 2020. You are also confirming that the information provided is correct and true to the best of your knowledge.

IRI App Incident #: \_\_\_\_\_

**F. INCIDENT INVESTIGATION: Add additional attachments as needed**

Check if Applicable:  Serious Bodily Injury/Hospitalization/Fatality (OHS Reg., Section 8)  Dangerous Occurrence (OHS Reg., Section 9)

\*\*\*Follow Appendix "F" for guidance

1. Employee Name: \_\_\_\_\_
2. Years/months in position: \_\_\_\_\_ Related Orientation/Training for task \_\_\_\_\_

<b>Investigation Findings:</b> Consider all factors such as Task, Procedure, Materials, Equipment, Environment, People, Administrative processes that were involved or impact the incident. ADD ATTACHMENTS IF NEEDED.				
<b>Direct Causes:</b> What event occurred immediately before the incident? What created or had the potential to cause the injury/illness or damage?				
<b>Indirect Causes:</b> What were the sub-standard acts and/or conditions that contributed to this incident?				
<b>Root Causes:</b> What were the broader, more systemic underlying causes that were not addressed through the employer's safety management system?				
<b>G. CORRECTIVE ACTION PLAN: (Actions to correct causes)</b> <span style="float: right;"><i>If there are additional actions that are long term, refer to Appendix E</i></span>				
Corrective Actions to be Taken (to prevent future occurrences)	Responsible Person	Target Date	Status Update	Completed Date
1.				
2.				
3.				
<b>Supervisor Comments:</b>  Signature: _____ Date: _____		<b>Yes/No</b> _____ Worker submitted WCB W1 form to WCB? _____ A WCB E1 form was submitted to WCB by employer? _____ A Stay At or Return to Work Form 111 was received from worker? _____ Other documentation was completed (describe): _____		
<b>Director/Manager Comments:</b> <input type="checkbox"/> Yes, I have spoken with the affected employee(s) to discuss this incident  Signature: _____ Date: _____		<b>Other Comments:</b>  _____		

DISTRIBUTE COPIES OF BOTH PAGE 1 & 2:

- Central Incident Resource  
  Employee  
  Supervisor  
  Manager  
  Director  
  OHC Co-chairs (if exist)  
  Other (list): \_\_\_\_\_  
 Within 7 days as per Ministry Direction

