



# RISK ASSESSMENT – WORKPLACE VIOLENCE

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

M D Y

The following chart is meant to assess behavioural incidents directed toward staff **ONLY**.

<i>Intensity</i>	<i>Frequency</i>
<p><b>If an incident has occurred, how severe was the injury?</b></p> <p><b>High</b> - a severe injury requiring hospitalization  <b>Medium</b> - moderate injury such as a sprain or fracture  <b>Low</b> - a minor injury such as a bruise or scratch  <b>None</b> - not applicable</p>	<p><b>How often are incidents likely to occur?</b></p> <p><b>High</b> - at least once a week up to once or more a day  <b>Medium</b> - at least once a month up to once a week  <b>Low</b> - at least once a year up to once a month  <b>None</b> - not applicable</p>
<p>The intensity of the incident(s) is:</p> <p><input type="checkbox"/> High  <input type="checkbox"/> Medium  <input type="checkbox"/> Low  <input type="checkbox"/> None</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <p><i>Please check (✓) the box that best describes the risk at school</i></p> </div>	<p>The frequency of the incidents is:</p> <p><input type="checkbox"/> High  <input type="checkbox"/> Medium  <input type="checkbox"/> Low  <input type="checkbox"/> None</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <p><i>Please check (✓) the box that best describes the risk at school</i></p> </div>

1.  A Safety Plan is presently in place for this student.
  - If a Safety Plan **is** in place for this student **DO NOT** proceed to Questions 2 or 3
  
2.  This student presents a risk of violence toward staff (see chart above).
  - A Safety Plan must be written when: a) the intensity indicator EXCEEDS “Low”; or b) the frequency indicator EXCEEDS “low” while the intensity indicator exceeds “none”.
  - The principal or designate signature is required on this form.
  - The principal or designate will contact the District Vice Principal of Student Support Services immediately to arrange for a Safety Plan meeting.
  
3.  This student does not present a risk of violence toward staff (see chart above).  
 (as per the threshold instructions - #2 above)

\_\_\_\_\_  
(Principal or designate Signature)

\_\_\_\_\_  
(School)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date - Form Completed)