

Instructions for Completing VTIH Form

The following report is to be completed by any staff member who believes that a student, parent or community member has committed an act or acts of violence, intimidation, and/or harassment towards them or have uttered a threat as defined below:

Threat: A threat is an expression of intent to do harm or act out violently against someone or something. Threats may be verbal, written, drawn, posted on the Internet or made by gesture.

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 behavior which gives a worker reasonable cause to believe that he or she is at risk of injury. (WorkSafe)

Intimidation: Intimidation is the act of instilling fear in someone as a means of controlling that person.

Harassment: Any unwelcome or unwanted act or comment that is hurtful, degrading, humiliating, or offensive to another person. Of particular concern is such behaviour that persists after the aggressor has been asked to stop.

SCHOOL LEVEL STEPS

STEP 1. [Reporting of incident details]

Staff member completes the top portion of the VTIH form as soon as possible following the incident but ***ideally* within 24 hours** of the incident **then** initiates contact with manager (Principal/Site Supervisor) to implement **Immediate Interim Corrective Action**.

STEP 2. [Immediate Interim Corrective Action]

As soon as possible but **within 2 hours** of receiving the incident details, staff member and manager will identify immediate actions to make the scene and worker safe.

Worker keeps a copy for their records.

STEP 3. [Site-based Solutions – Evaluation, Re-evaluation, and Follow-Up]

Part 1A - Evaluation

As soon as possible but **within five (5) working days** of the interim action, staff member and manager complete **Part 1 collaboratively** to identify a site-based solution, if possible. **[*If not possible, go immediately to Step 4 Part 2]** If a site-based solution has been identified and **mutually** agreed upon, a re-evaluation date must be established within 5 student contact days and both parties sign Part 1A.

Worker keeps a copy of Incident details, Interim Corrective Action and Part 1 for their records.

The VTIH form will be filed at the site:

- A. Original in the site's Joint Occupational Health & Safety Committee management co-chair's file
- B. Incident will be recorded in MyED as necessary.

Part 1 forms must be brought to the Joint Occupational Health & Safety Committee each time the parties involved sign the document. JOHSC will track each incident.

Instructions for Completing VTIH Form

Part 1B – Re-evaluation

A re-evaluation meeting **must** be held **within 5 student contact days** of the initial incident. If the site-based solution has been successful, both parties sign Part 1B. If the site-based solution has been unsuccessful the plan will be adjusted and trialled for up to an additional 5 student contact days.

Worker keeps a copy of Part 1 for their records.

The revised VTIH form will be filed at the site and brought to the Joint Occupational Health & Safety Committee for review and tracking as per Step 3 (above).

Part 1C – Follow Up

If necessary, a follow up meeting must be held **within 5 student contact days** of the re-evaluation meeting. If the site-based solution has been successful, both parties sign Part 1C. If the site-based solution has been unsuccessful Part 2 must be completed.

Worker keeps a copy of Part 1 for their records.

STEP 4. [Referral to District]

Part 2

***If a site-based solution cannot be identified or agreed upon at any point in Part 1 do not sign the applicable Part and proceed directly to Part 2.**

Staff member and supervisor complete Part 2 collaboratively.

Worker keeps a copy of Parts 1 and 2 for their records.

The revised VTIH form with Part 2 will be filed at the site and brought to the Joint Occupational Health & Safety Committee for review and tracking as per Step 2.

A copy of Part 1 and 2 are forwarded to the District Health & Safety Manager who will forward to the appropriate Assistant Superintendent, the Director of Student Support Services and appropriate DSAC.

DISTRICT LEVEL STEPS

Step 5. [Distribution to Appropriate District Staff]

Upon receipt of documentation the District Health and Safety Manager will assess and distribute documents to the appropriate district staff. Contact will be made with site.

Step 6. [Summary of Actions Taken]

To be completed by district personnel as determined by District Health and Safety Manager **within 5 working days**. This must include what is to be done, by whom, and by when.

Step 7. [Feedback to reporting staff, site manager, and site JOHSC]

To be completed by district personnel as determined by District Health and Safety Manager.

Final outcome/action will be reported back to the reporting staff member, site-based JOHSC and DSAC within time frame specified in Step 6 being implemented.

Violence/Threat/Intimidation/Harassment (VTIH) Form

Step 1. Reporting (to be completed *ideally* within 24 hours of incident)

Incident Details: Worker to Complete

General Information			
District Facility (School):		Date of Incident:	
Employee's Last Name:	First Name:	Employee #:	
Exact Location of Incident:		Time of Incident:	
Definition of Terms and Disclosure (check all boxes below that apply)			
Threat:	An expression of intent to do harm or act out violently against someone or something. Threats may be verbal, written, drawn, posted on the Internet or made by gesture.		
Violence: WorkSafeBC:	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 behavior which gives a worker reasonable cause to believe that he or she is at risk of injury.		
Intimidation:	The act of instilling fear in someone as a means of controlling that person.		
Harassment:	Any unwelcome or unwanted act or comment that is hurtful, degrading, humiliating, or offensive to another person. Of particular concern is such behavior that persists after the aggressor has been asked to stop.		
This is a report of:			
<input type="checkbox"/> Threat	<input type="checkbox"/> Violence	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Harassment
Person Committing Act (if known)			
Last Name:		First Name:	
If unknown provide description:			
Witnesses to Incident (if any)			
Describe the Incident: (attach additional pages if necessary)			
Description of Injury (if any):		<input type="checkbox"/> Injured Worker has Reported to First Aid	

Step 2. Immediate Interim Corrective Action

Worker to Complete with Manager, and Worker's representative if applicable:

Identify immediate, interim actions taken for making scene and worker safe (attach additional pages if necessary)	
Scheduled Date of Part 1A Evaluation (to be completed within (5) five working days)	Date:
By signing below, I acknowledge interim action(s) are in place and an evaluation by the site team will occur within (5) five working days.	
Employee's Signature:	Date Signed:
Management's Signature:	Date Signed:
*Review incident and interim actions with JOHSC at next meeting	

Violence/Threat/Intimidation/Harassment (VTIH) Form

PART 1

Step 3. Site-based Solutions (Evaluation, Re-evaluation, Follow-up)

Part 1A: Evaluation (identify interventions to be trialed). To be completed within **(5) five** working days.
 Worker to Complete with Manager, and Worker's representative if applicable, with input from appropriate site personnel:

Were you able to identify a site-based solution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, proceed to "Part 2" section)</i>	
Provide a summary of the agreed upon site-based solution generated by appropriate site-based personnel <i>(if no agreed upon site-based solution, proceed to Part 2)</i>	
Has a Staff Communication Plan Been Addressed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Scheduled Date of Part 1B Re-evaluation (to be completed within (5) five working days):	Date:
Names of Persons Involved: <i>(Administrator, Resource Teacher, Counsellor, CEA, SRO-RCMP, etc.)</i>	
<p style="text-align: center;">By signing below, I acknowledge a site-based solution has been agreed upon. Re-assess within (5) five student contact days and complete the Re-evaluation (Part 1B) section below at that time. (If no site-based solution can be agreed upon do not sign here and proceed to Part 2.)</p>	
Employee's Signature:	Date Signed:
Management's Signature:	Date Signed:
<i>*Review Part 1A with JOHSC at next meeting</i>	

Part 1B: Re-evaluation (identify what has worked, not worked, necessary revisions, etc.).
 To be completed within **(5) five** student contact days after Part 1A site-based solution date.
 Worker to Complete with Manager, and Worker's Representative if applicable, with input from appropriate site personnel:

Date of re-evaluation completion: <i>If re-evaluation identifies the situation remains unresolved, provide additional/alternate site-based solution(s) here. If no additional/alternate site-based solution(s) identified go to Part 2/Step 4.</i>	
<p style="text-align: center;">By signing below, I acknowledge a site-based solution has: <input type="checkbox"/> either been revised or <input type="checkbox"/> has been successful in resolving the issue (If no site-based solution can be agreed upon do not sign here and proceed to Part 2.)</p>	
Employee's Signature:	Date Signed:
Management's Signature:	Date Signed:
<i>*Review Part 1B with JOHSC at next meeting</i>	

Violence/Threat/Intimidation/Harassment (VTIH) Form

Part 1C: Final Follow-up, if necessary (identify what has worked, not worked, necessary revisions, etc.).
 To be completed within **(5) five** student contact days after Part 1B Re-evaluation date.

Worker to Complete with Manager, and Worker's representative if applicable, with input from appropriate site personnel:

Date of completion:	Comments:	
<i>By signing below, I acknowledge a site-based solution has been successful in resolving the issue (If site-based solution is unsuccessful do not sign here and proceed to Part 2)</i>		
Employee's Signature:	Date Signed:	
Management's Signature:	Date Signed:	
*Review Part 1C with JOHSC at next meeting		

PART 2

Step 4. Referral to District via the Health and Safety Department

(to be completed when no site-based solution is possible or has not been successful)

To Be Completed by Worker, Manager, and Worker's representative if applicable, with input from appropriate site personnel:

<i>Summary of Case/Comments/Requests (provide example of requests: risk assessment, training, supports, etc.)</i>	
<i>By signing below, I acknowledge the incident occurred as stated in the incident details section, and I acknowledge the comments/request in Part 2.</i>	
<i>NOTE: You are required to forward a copy of Incident Details, Interim Corrective Action and Part 1 and Part 2 to the District Health and Safety Manager for distribution accordingly.</i>	
Employee's Signature:	Date Signed:
Management's Signature:	Date Signed:
*Review with site JOHSC at next meeting	

Violence/Threat/Intimidation/Harassment (VTIH) Form

Step 5. Distribution of PART 2 to Appropriate District Staff

To Be Completed by Health and Safety Manager, or designate: (Action to be initiated upon receipt of documentation.)

Date received:	
Summary of Action Taken	
District Personnel Notified (List Names Below):	
Contact Made with Site (List Names Below):	
Note/Comments Section:	
Manager of Health and Safety Signature:	Date Signed:

Step 6. Summary of Action(s) Taken

To Be Completed by District Personnel, as identified by the District Health and Safety Manager:
 (To be completed within **(5) five** working days.)

Indicate Below What is to be Done, by Whom, and by When

Step 7. Feedback to Reporting Staff, Site Manager and Site JOHSC

To Be Completed by District Personnel, as identified by the District Health and Safety Manager:
 (This section must include providing feedback to the reporting person, the site manager and the site-based JOHSC within the time frame specified in Step 6 being implemented.)

<input type="checkbox"/>	Contact Made With Site (List Names Below):	
<input type="checkbox"/>	Notification Date:	
<input type="checkbox"/>	cc: Health and Safety Manager	Date:
District Personnel Signature:	Date Signed:	

Cc: Superintendent of Schools