APPENDIX B

Insert

Picture of Person



HR #32

NOTIFICATION OF POTENTIAL RISK OF INJURY

IDENTIFYING INFORMATION

Name:

Classroom:

Location:

School:

Location:

BRIEF DESCRIPTION OF BEHAVIOUR THAT PRESENTS A RISK

SAFETY STRATEGIES AND TRIGGERS

| DO | DO NOT |
|----|--------|
| • | • |
| • | • |
| • | • |
| • | • |
| | |

EMERGENCY AND INTERVENTION STRATEGIES

| SCHOOL STAF | ONSULTED IN DEVELO F ninistrator(s) Counsellor(s) | BOARD OFF | ICE STAFF | | | | |
|--|--|--------------------|--------------------|---------------------|--|--|--|
| NOTIFICATION OF POTENTIAL RISK OF INJURY RECORD | | | | | | | |
| FORM: | GNATURE INDICATES THA | AT THE EMPLOYEE HA | | | | | |
| the risk of injury with respect to the above person; the nature of the behaviour that may present a risk of injury; safety strategies and triggers of behaviour; a safety plan is on file in the OSR emergency and intervention strategies; incident reporting procedures; incident reporting procedures; procedures to ascertain immediate assistance if necessary; a safety plan is on file in the OSR | | | | | | | |
| DATE | EMPLOYEE NAME | POSITION | EMPLOYEE SIGNATURE | PRINCIPAL SIGNATURE | | | |
| | | | | | | | |

□ Additional list of names attached.

INFORMATION COLLECTION AUTHORIZATION:

The personal information contained on this form has been collected under the authority of the Occupational Health and Safety Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Privacy Act, and will be used to prevent and investigate incidents of workplace violence. This form will be used by the Supervisor of the department, Legal Counsel and the Ministry of Labour staff. The form will be handled with the strictest confidence, stored in a locked and secure file cabinet in the School Administrator's Office and retained for a three year period. Questions pertaining to the collection of this information should be directed to the Superintendent of Human Resources.

COPIES:

1. School Administrator 2. Superintendent of School

NOTIFICATION OF POTENTIAL RISK OF INJURY RECORD

EMPLOYEE SIGNATURE INDICATES THAT THE EMPLOYEE HAS REVIEWED THIS FORM:

(Principal/designate has checked all that apply):

- $\hfill\square$ the risk of injury with respect to the above person;
- □ the nature of the behaviour that may present a risk of injury;
- □ safety strategies and triggers of behaviour;
- □ emergency and intervention strategies;

- □ incident reporting procedures;
- procedures to ascertain immediate assistance if necessary;
- □ a safety plan is on file in the OSR

| DATE | EMPLOYEE NAME | POSITION | EMPLOYEE SIGNATURE | PRINCIPAL SIGNATURE |
|------|---------------|----------|--------------------|---------------------|
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