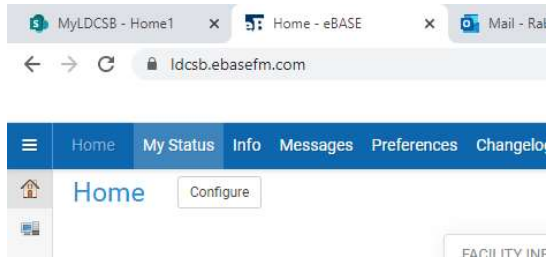
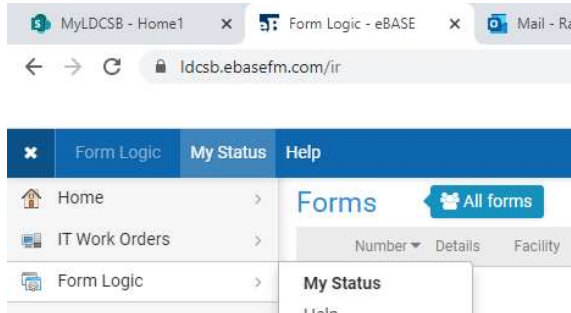


Go to Ebase

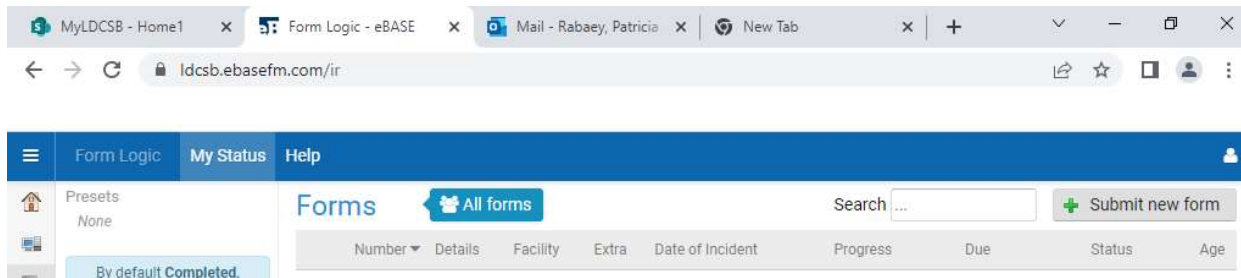
Username and Password are the same as your login



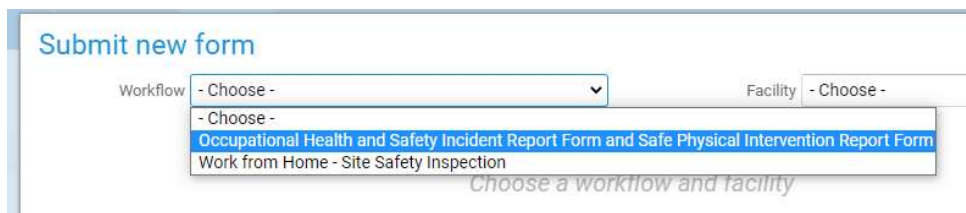
Go to 3 lines on the top left



Go to Form Logic



Go to Submit new form



Click on Occupational Health and Safety Incident....and then Choose our school/facility

Submit new form

Workflow Occupational Health and Safety Incident Report Fi

Facility Holy Cross SS (Strathroy)

London District Catholic School Board - Employee Incident/Illness/Hazard Report Form

Instructions to Employee

1. Please complete this form with your Principal/Vice-Principal/Manager/Supervisor. If your Principal/Vice-Principal/Manager/Supervisor is not available, complete as much of the form as possible and submit within 24 hours of the incident.

2. If seeking health care, please ensure that you send any documents/forms that your health care professional (physician, physiotherapist, chiropractor, etc.) provides to you. Please send as soon as possible either by confidential fax at (519) 663-9753 or via scan and email to haw@ldcsb.ca. This information will allow us to provide you with appropriate and safe modified work in a timely manner.

I understand that information may be shared with the aforementioned individuals.

Employee Information

LDCSB Employee ID 12056

* First Name Patricia

* Last Name Rabaey

* Job Title/Position: Educational Assistant

* Working Hours - Time Started 7:30 am

* Working Hours - Time Ended 3:00 pm

* Days Worked Per Week 5

* Home Address 12 any street

* City strathroy

* Postal Code n7g 1p1

* Telephone 519-???-????

What kind of an incident are you reporting?

* Are you reporting an incident in which you were injured? No

* Are you reporting an incident involving student discipline? Yes



action?

* Are you reporting a workplace violence incident under the Occupational Health and Safety Act?

Yes

The definition of **Workplace Violence** under the *Occupational Health and Safety Act* "workplace violence" means,

- (a) the exercise of physical force by a person against a worker, in a workplace or other place where the worker is present, whether or not the worker is at work;
- (b) an attempt to exercise physical force against a worker, in a workplace or other place where the worker is present, whether or not the worker is at work;
- (c) a statement or behaviour that it is reasonable for a worker to interpret as a threat to the worker's physical safety.

You have identified this incident as workplace violence under the Occupational Health and Safety Act.

Incident Information

Accident/Incident Dates and Details

* Date of the Incident

* Time of Incident

* Enter the name of the person(s) whom you reported the incident to

First Name	Last Name	Position
droog	paul	prin

* Date Reported

* Time Reported

* Time Reported

* Identify the type of workplace violence

* Classify the workplace violence

* Nature of the violence

- Bite
- Hit
- Kick
- Near Miss
- Pinch
- Pull
- Punch
- Push

Was a weapon involved?

* Incident Category

* Incident Location

* Was personal protective equipment used (for example long/protective sleeves, proper footwear, latex gloves etc.)?

* What happened 10-15 minutes prior to the incident?

* Precipitating factors that led to the Safe Physical Intervention: (check all that apply)

- Transition to a non-preferred activity;
- Transition between activities;
- Expectations placed upon student;
- Environmental effects (sound, temperature, light, smell);
- Interaction with another student;
- Interaction with adult.

* Describe the incident

Describe what you were doing and provide any details of equipment, if the incident.

* Student's Actions that led to safe physical intervention (Self-injury, Injury to Others. Please describe):

* Was there an object that contributed to the incident?

* Were there any witnesses to this incident?

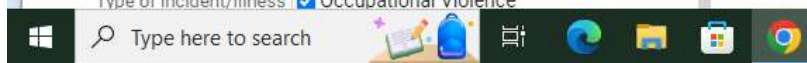
Click the **ADD** button to enter the information below!

* Please specify the witness(es) and their position

First Name	Last Name	Position
Vicki	Smith	EA

* Type of Incident/Illness Occupational Violence

To add a name you have to press add first



* Were any other organizations involved? **No**
(ie. Police)

Safe Physical Intervention

* Did the incident require the use of physical intervention (i.e. blocks, release, containment- incidents involving students)? **Yes**

- * If yes, check all that apply:
- Block from a punch or a strike with an object;
 - Block from a kick;
 - Releases: Educator gripped by one-hand;
 - Releases: Educator gripped by two-hands;
 - Releases: Front hair pull;
 - Releases: Rear hair pull;
 - Releases: Front choke release;

* Other employees involved **Yes**

Click the **ADD** button to enter information below!

Employee Name	Position
Vicki Smith	EA

Student information

Click the **ADD** button to enter the information below!

* Grade **10**
* Name of School **HCC**

NOTE TO STAFF:

You have indicated that you have NOT been injured and would like to report this incident change it. **It is your responsibility to inform your Administrator and/or immediate Manager and Safety at haw@ldcsb.ca if your health status has changed.**

I acknowledge that I am submitting an incident report for an injury. If my injury changes, it is my responsibility to contact my Administrator or Supervisor of Occupational Health and Safety.

* Where the Incident Occurred: At a Location in the School or on School Property

- At a School-Related Activity
- On a School Bus (Route #)
- Other (please specify)

* Specific Location at School-Related Activity **classroom**
(ie. Sportsplex dressing room)

* Did the Student show aggressive behaviour? **Yes**

Agencies Involved/Notified

- Police
- Children's Aid Society
- Union
- Other

Please check all that apply

* Specific Location at School-Related Activity:
(ie. Sportsplex dressing room)

* Did the Student show aggressive behaviour?

Agencies Involved/Notified

- Police
- Children's Aid Society
- Union
- Other

Please check all that apply

SUBMISSION OF REPORT

Entering my name verifies that the information provided is accurate to the best of my recollection.

* First Name:

* Last Name:

* Role in School Community:

* Telephone:

Click on Submit and you are done!

The principal will be automatically notified once you hit submit