RISK ASSESSMENT SURVEY OF VIOLENCE IN THE WORKPLACE

(For Internal Use Only)

The purpose of this survey is to assess violence in the workplace and to provide direction for its prevention. It is required as per the Occupational Health and Safety Regulation 4.27.

All responses are **CONFIDENTIAL,** and no attempt will be made to identify any respondent.

Violence in the workplace, as defined by WorkSafeBC is as follows:

> *". . . 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."*

DEMOGRAPHICS

1. How long have you been an employee in our school district?

☐ 0 - 5 years ☐ 6 - 10 years ☐ 11 - 15 years
☐ 16 - 20 years ☐ 21 - 25 years ☐ 25 years plus

2. Your gender ☐ Female ☐ Male

NATURE OF WORK ENVIRONMENT

3. Work location

☐ Elementary School ☐ Middle ☐ Secondary
☐ District Program ☐ Portable Classroom ☐ Office
☐ Other (specify)_____

4. Workplace layout

☐ Classroom ☐ Portable ☐ Office
☐ Other (specify)_____

5. Your occupational group

☐ Administrator ☐ Caretaker ☐ Education Assistant
☐ Classroom teacher ☐ Clerical ☐ District Itinerant teacher
☐ Excluded ☐ Maintenance/Grounds ☐ Noon-hour supervisor
☐ Non-enrolling teacher ☐ Youth Workers ☐ Other (specify)

PAST HISTORY OF YOUR EXPERIENCE WITHIN THE WORKPLACE/SD43 DISTRICT

6. Since September 2018, have you experienced a threatening situation (physical/verbal) by someone other than a School District 43 employee? ☐ Yes ☐ No

7. If yes, what type of incident was it?

☐ Threat ☐ Assault ☐ Possession of Weapon
☐ Use of Weapon ☐ Other (specify) _____

8. Who was the individual that threatened you?

☐ Public ☐ Student ☐ Ex-student
☐ Parent ☐ Stranger ☐ Other (specify)_____

9. Where did the incident occur?

☐ Classroom ☐ Office ☐ Portable classroom
☐ Entrance ☐ Hallway ☐ Stairwell
☐ Parking lot ☐ Playground ☐ Washroom
☐ Other (specify)_____

10. Was the incident reported to a supervisor? ☐ Yes ☐ No
If yes, was there an action to follow? ☐ Yes ☐ No

11. Please describe briefly, the incident(s) **without specific names.**

_____
_____
_____

12. Do you feel this situation could occur again? ☐ Yes ☐ No

_____
_____
_____

13. Do you have any suggestions which would lessen the likelihood of a threatening situation occurring?

_____
_____
_____

14. Add any comments you feel are pertinent to this survey.

_____
_____
_____

Thank you for your assistance with this survey.

Please email the completed risk assessment to healthandwellness@sd43.bc.ca (using site scanner to retain confidentiality)

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