

Check-In Checklist Debriefing Guidelines

Informal

Formal

EXAMPLES may include	Check in " Are you OK?"	5 Minute Breather	15 minute Walk-Away	Small group Discussion	Professional Sessions	All Staff - Professional Therapy
Personal Struggles	Dark	Light	Light	Light	Light	Light
Student refuses to comply with directions	Dark	Dark	Light	Light	Light	Light
Student engages in a fight	Dark	Dark	Dark	Light	Light	Light
Student strikes support staff	Dark	Dark	Dark	Dark	Light	Light
Death of a student due to illness	Dark	Dark	Dark	Dark	Dark	Dark
Death of a student due to accident	Dark	Dark	Dark	Dark	Dark	Dark
Death of a staff member	Dark	Dark	Dark	Dark	Light	Light

Homewood Health
Employee and Family Assistance Program
Counselling · Coaching · Support

1-800-663-1142

International (Call collect) : 604-689-1717

TTY: 1-888-384-1152

homeweb.ca

 Homewood Health

Wellness Resources:

Occupational Health and
Wellness Coordinator

[Located at Office of the
Superintendent 856-3222]

- Case Management Support
Services

Employee and Family Assistance
Program (see card above)

Building Processes for Student Success

Debriefing Check-in Checklist

Immediately after a serious,
violent or traumatic event, a
debriefing procedure is
followed

In the  of Education
Au  de l'éducation
CUPE-SCFP
local 2745
Section locale



Anglophone East School District

A Better Future... Through Quality Education

ASDE 2020

NB Occupational Health and Safety Act
Policy Statement:

“Internal responsibility system which requires all individual in the workplace to take primary responsibility for the health and safety of themselves and others.”

In the event of serious, violent traumatic event:

- Check in with the staff member
Ed Act 28.2 and debriefing guidelines
- Ensure the incident is documented
Policy 703 6.7
- Safe work process is in place
Work Safe NB
- Supports available
Wellness Resources

WorkSafe Form 67

REPORT OF ACCIDENT OR OCCUPATIONAL INJURIES
RAPPORT SUR L'ACCIDENT OU LA MALADIE PROFESSIONNELLE

THIS REPORT MUST BE SUBMITTED WITHIN THREE (3) DAYS AFTER THE ACCIDENT.
CE RAPPORT DOIT ÊTRE DÉPOSÉ À L'INTERIEUR DE TROIS (3) JOURS APRÈS UN ACCIDENT.

PLEASE FILL THIS FORM IMMEDIATELY BY TELEPHONE 1 888 629-4722

1. Date of incident
Date de l'accident: [] Day, [] Month, [] Year

2. Date reported to employer
Date de l'accident signalé à l'employeur: [] Day, [] Month, [] Year

3. To whom reported
Nom de la personne à qui l'accident a été signalé: []

4. Location of work
Adresse ou lieu de travail (y compris l'étage, le bâtiment, le site, le poste de travail): []

5. Describe the accident or injury
Description de l'accident ou de la blessure (y compris le type de blessure): []

CUPE2745 Violent Incident Report

Health and Safety
Violent Incident Report

READ POINT

Identifying Information

Worker Name: _____
School District: _____
Job Title: _____
School / Workplace: _____

Was attention or time lost? No Yes
Was the Worker Injured? No Yes
Reported to Supervisor? No Yes
Reported to CUPE 2745 Health & Safety Rep? No Yes
Police Called? No Yes

Individual Responsible

Student Teacher
 Other: _____

Other Information

Was this incident related to any previous violence incidents with staff? No Yes

Do you have any resources in place to prevent a similar incident? No Yes

Incident Information

Date: _____
Time: _____ AM PM

Type of incident:

Verbal Threat Stalk
 Touch Sexual Unwanted
 Threats Stare Intimidation
 Intimidation Stare Threats
 Threatening Remarks

Other (specify): _____

- Emailed each new school year by HR and located at <https://www.worksafenb.ca/#forms>
- Return to Human Resources
- Completed when an injury or incident occurs regardless of severity

- Located at [cupe2745.net](https://www.cupe2745.net)
- Return to CUPE 2745 Union Regional Vice-President
- To be completed along with Form 67 when a violent incident occurs

Choisissons d'être différents! Nous voulons être différents!
Le personnel de l'éducation en action a fait toute la différence!

In the heart of Education
Au cœur de l'éducation
CUPE 2745
Seton Hall