**BEHAVIOURS OBSERVED CHECKLIST**

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| Completed by (First and last name, and title): Click here to enter text. | | | Date Completed: Click here to enter text. | |
| Worksite (Department, location, room #): Click here to enter text. | | | Date of Incident: Click here to enter text. | |
| Relationship to Workplace: Staff  Occasional Staff  Other | | | Time of Incident: Click here to enter text. | |
| **BEHAVIOUR OBSERVED** | **YES/NO** | **DESCRIPTORS  *(exactly what you see, hear)*** | **TRIGGERS** | |
| VERBALLY THREATENING | Yes  No | Verbal outburst (raised voice, yelling/shouting, crying, screaming, using profanity, insults) as an attempt to intimidate or threaten another personis often a precursor to physical violence. | PHYSICAL TRIGGERS | Staff instruction  Eye contact  Told “No”  Unfulfilled request  Gesture(s)  Prompted  Being touched  Being tired  Having to wait  Hunger  Pain  Physical force  Personal space violated  Self-stimming  Other: Click here to enter text. |
| PHYSICALLY THREATENING | Yes  No | Physically intimidating behaviour causing the recipient to perceive a threat to their physical safety (raising of arm/leg, aggressiveposture, making or shaking a fist, carrying or brandishing a weapon). |
| ATTACKING PEOPLE | Yes  No | Exercise of physical force against another person including but not limited to hitting, kicking, pushing, lunging, bumping, shoving, hitting, slapping, punching, pinching, grabbing, biting, spitting, etc. May involve the use of an object to injure the person(s) being attacked**.** |
| ATTACKING OBJECTS | Yes  No | An attack directed onlyat an object and NOT at an individual e.g. the indiscriminate throwing/tossing of an object, banging or smashing windows, kicking, banging, head banging, smashing of furniture to taking others’ property. | ENVIRONMENTAL TRIGGERS | Being Isolated  Being restrained  Withdrawal from room  Lighting  Privacy  Layout  Male staff  Female staff  Loud noises/yelling  Alarming noise  Timer set/Beeped  Temperature  Time of day  Visitors/Contractors  Other: Click here to enter text. |
| CONFUSION | Yes  No | Disoriented – may be unaware of time, place, or person, altered cognitive state (change from normal behaviour caused by medical condition). |
| IRRITABILITY | Yes  No | Easily annoyed or angered. Unable to tolerate the presence of others. Unable to follow instruction(s) at these times. Strong reaction to instructions. |
| BOISTEROUS | Yes  No | Unaware of making overtly loud noise, e.g. raising of voice, slams doors, shouts out when talking, etc. |
| AGITATED/IMPULSIVE | Yes  No | Unable to remain composed. Very strong emotional reactionto real and imagined disappointments. Feels or appears troubled, nervous or upset. Is spontaneous, haste, emotions, dissatisfied with wait-times. |
| SUSPICIOUS/PARANOID | Yes  No | Exhibiting anxiousness, overly suspicious or mistrustful actions. | ACTIVITY TRIGGERS | Task demand by staff  Off task  Waiting/sitting or standing  Physical education  Visitors  Toileting  Resistance to care  Meal times/feeding  Other: Click here to enter text. |
| INAPPROPRIATE/ DISRUPTIVE BEHAVIOUR | Yes  No | Inappropriate touching of self or others, self-injurious, running out of building |
| WITHDRAWAL | Yes  No | Unpredictable, unstable, erratic and impulsive behaviours. Withdrawal could result in a heightened anxious state and strong urges to use resulting in unpredictable behaviours. |
| TRANSITION TRIGGERS | One activity to another  One room to another  One staff member to another staff member  One vehicle to set location, or reverse  Quiet sedentary to loud physical, or reverse  Pleasurable activity to non-pleasing required activity  Other: Click here to enter text. |

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| **DESCRIPTION OF BEHAVIOUR OBSERVED:** Click here to enter text. | **INTERVENTION/STUDENT SAFETY PLAN:** Click here to enter text. |

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| PERSON DEMONSTRATED RISKY BEHAVIOURS  AND/OR INVOLVED WITH PREVIOUS INCIDENTS:  Yes  No  Do Not Know | SCHOOL RESPONSE TO BEHAVIOUR:  Program review/Re-instruction (debriefing)  Student Safety Plan/Behaviour Plan  Contact Student Services  Training of staff (specify) Click here to enter text.  Personal Protective Equipment (PPE) worn  PPE required Click here to enter text.  Other: Click here to enter text. | LEVEL OF WORKPLACE VIOLENCE TRAINING RECEIVED:  None  Awareness  Behaviour Management Systems (BMS)  Nonviolent Crisis Intervention (NCI)  Applied Behavioural Analysis (ABA)  Intensive Behavioural Intervention (IBI)  Safe Management Group (SMG)  Other: Click here to enter text. |
| Staff member signature: Click here to enter text. | | Date: Click here to enter text. |
| Supervisor signature: Click here to enter text. | | Date: Click here to enter text. |

\*\**When paper copy completed, forward to Supervisor and retain a copy for the “IN THE OFFICE” folder*