**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 BEHAVIOURSAND/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*