

## 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

**irConfidence**  
Employee & Family Assistance Program

**KEEP THIS CARD WITH YOU.**  
From simple questions to complex issues, we can help.  
It's confidential and available 24/7 at no cost to you.

**1-866-721-1738**  
TTY/TDD: 1-877-571-9978

**www.myinconfidence.ca**  
User ID: GNS  
Password: inconfidence

*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



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 DISEASE**  
**RAPPORT SUR L'ACCIDENT OU LA MALADIE PROFESSIONNELLE**

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

PLEASE PRINT OR TYPE CLEARLY IMMEDIATELY BY: 1 888 629-4722

Worker's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Telephone No. of residence: \_\_\_\_\_  
 City/Town: \_\_\_\_\_

Employer's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Telephone No. of workplace: \_\_\_\_\_  
 City/Town: \_\_\_\_\_

1. Date of incident: \_\_\_\_\_  
 2. Time reported to employer: \_\_\_\_\_  
 3. To whom reported: \_\_\_\_\_  
 4. Particulars of the accident or disease: \_\_\_\_\_  
 5. Address or location of workplace (if different from above): \_\_\_\_\_  
 6. Describe the accident in as much detail as possible. Use separate sheet if necessary.  
 7. Name of health care provider: \_\_\_\_\_  
 8. Name of hospital or clinic: \_\_\_\_\_  
 9. How the worker should care for the accident or disease: \_\_\_\_\_

## CUPE2745 Violent Incident Report

**Health and Safety**  
**Violent Incident Report**

PLEASE PRINT

**Identifying Information**

Member Name: \_\_\_\_\_  
 School District: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 School/Department: \_\_\_\_\_

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

**Individual Responsible**

Student  Teacher  
 Other: \_\_\_\_\_

**Other Information**

Was this incident reported to any other school or incident with staff?  Yes  No  
 Are there any measures in place to prevent a similar incident?  Yes  No  
 Please provide any other information you think is relevant: \_\_\_\_\_

**Incident Information**

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  AM  PM

Type of incident:  
 Verbal  Threat  Stalk  
 Touch  Sexual  Unwanted  
 Threat  Rape  Stalking  
 Intimidating  Sexual  Physical  
 Threatening  Other: \_\_\_\_\_

- 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

*Cherchez à apprendre. Nous sommes à l'apprentissage!*  
*Le personnel de soutien en éducation fait toute la différence!*

In the heart of Education  
 Au cœur de l'éducation  
 C.U.P.E. 2745  
 Seton Hall