

 CAPILANO UNIVERSITY		PROCEDURE	
Procedure No.		Officer Responsible	
OP.418.1		VP Finance and Administration	
Procedure Name			
At-Risk Behaviour and Violence Response and Prevention Procedure			
Policy This Procedure is Under		Date of Next Policy Review	
At-Risk Behaviour and Violence Response and Prevention Policy		May, 2023	
Date Issued	Date Revised	Related Policies, Reference	
May, 2022	NEW	<i>BC Workers' Compensation Act</i> <i>BC Occupational Health and Safety Regulation</i> <i>BC Freedom of Information and Protection of Privacy Act</i> OP.402 Health and Safety Policy B.310 Protected Disclosure (Whistleblower) Policy B.506 Standards of Conduct B.511 Discrimination, Bullying and Harassment Policy B.701 Student Code of Conduct E.404 Crisis/Emergency Management E.412 Emergency University Closure Policy OP.304 Public and Media Relations	

1. PURPOSE

This Procedure describes how the University will manage reports of at-risk behaviour and violence.

2. PROCEDURE STATEMENTS

- 2.1. Members of the University community who are faced with an urgent situation involving disruptive, threatening or violent conduct -- where there is reasonable cause to believe that the safety of persons may be threatened --should immediately contact Campus Security Services. If there is an imminent threat to safety, call 911.
- 2.2. Any University community member who observes at-risk and/or violent behaviour should immediately report that behaviour to the Duty of Care Committee (DOCC). This can be done through the following offices:
 1. Campus Security
 2. Student Affairs
 3. Human Resources

4. Health & Safety

- 2.3. The DOCC will engage and coordinate with key internal and external individuals and organizations as needed, to manage reports of at-risk and violent behaviour.
- 2.4. The DOCC will assess, investigate, make recommendations to the Executive and act on decisions that are within the committee's operational purview and report on incidents that fall within the scope of the *At-Risk Behaviour and Violence Program*. The DOCC will respond proportionately to the degree of threat or perceived threat.
- 2.5. In cases where the disruptive, threatening or violent behaviour of a member of the University community occurs outside University property (e.g., a school, hospital), the DOCC may inform and consult with the appropriate authorities and/or external resources.
- 2.6. The DOCC may receive reports of disruptive, threatening or violent behaviour directly from the person(s) involved in the incident, from Campus Security, or via members of the University community.
- 2.7. The DOCC will obtain as much information as necessary to undertake a preliminary assessment of the situation. If this assessment clearly indicates that a DOCC action is not required, the DOCC may refer the matter elsewhere as appropriate.

3. CASE FILES

- 3.1. The DOCC will maintain a case file containing the facts of the case and a record of all decisions and actions taken. All case files are confidential. In accordance with *the Freedom of Information and Protection of Privacy Act*, files pertaining to members of the University community, and in particular students and employees, are accessible to that individual.
- 3.2. The DOCC will also keep copies of relevant documents associated with the case. These documents will constitute the case files, to be maintained electronically and in accordance with the *BC Government Archiving and Retention Guidelines*.

4. FOLLOW-UP & DE-BRIEFING

- 4.1. The DOCC will plan any further meetings and assign responsibility among DOCC members to follow-up on decisions as required.
- 4.2. The DOCC will hold a final meeting at the conclusion of a case to review procedural steps taken and ensure individuals involved were provided appropriate and available support to handle the stress or emotional impact of the case.

5. REPORTING TO EXECUTIVE

- 5.1. The DOCC will prepare a report summarizing the case and submit it to the appropriate Executive's Office/designate as required.
- 5.2. If the case is high-risk/complex or takes more than thirty (30) days to resolve, interim reports should be submitted weekly to the appropriate Executive's office/designate.

5.3. Reports should include any observations emanating from the debriefing session and any recommendations for review or changes to policy or practice. These reports will be the key to ensuring accountability in decision-making, consistency of response across different sectors of the University, and the timely review of all policies and procedures regarding conduct.