**Safety Plan**

**(for Staff and Student Safety)**

Name of Student: D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate if in a Specialized Program Class (yes/no):\_\_\_\_\_\_\_\_

If yes, specify: (i.e. ASD, BIP, DSP, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date created:\_\_\_\_\_\_\_\_\_\_\_\_\_ Revision date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This plan should be used to develop strategies to ensure a safe environment for staff and students and should be used to respond to risks of student aggression/violence.

**Part I**

**A. Staff who work directly with this student (i.e. educational assistant, early childhood educator, classroom teacher, French teacher):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Involved with the development of this Safety Plan? (yes/no)** | **Crisis Intervention Training (CIT)**  **(yes/no)? If Yes, indicate if BMS or NVCI.** | **Date CIT last completed: (mm/yy) Indicate if this was a recertification course.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**B. Additional staff available to support student when student presents with acting out behaviour (i.e. principal, vice-principal, other staff members):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Involved with the development of this Safety Plan? (yes/no)** | **Crisis Intervention Training (CIT)**  **(yes/no)? If Yes, indicate if BMS or NVCI.** | **Date CIT last completed: (mm/yy) Indicate if this was a recertification course.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**C. Additional staff involved in the development of this plan (i.e. LSS staff):**

|  |  |
| --- | --- |
| **Name** | **Position** |
|  |  |
|  |  |
|  |  |

**Part II**

**Student Strengths (social/behavioural)**

|  |
| --- |
|  |
|  |
|  |
|  |

**Safety Concern(s) (Specific Description of Behaviours):**

|  |
| --- |
| e.g. student has attempted to bite |
|  |
|  |
|  |

**What Interventions have been tried and their results?**

|  |  |
| --- | --- |
| Intervention | What was the result |
|  |  |
|  |  |
|  |  |

**Does the student have a current Behaviour Management Plan (BMP)?**

**No \_\_\_ Yes\_\_\_ Date of Plan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Known or suspected triggers for acting out behaviour**

|  |
| --- |
|  |
|  |
|  |

**Times of day behaviours typically do not occur?**

|  |
| --- |
|  |
|  |
|  |
|  |

**Times of day behaviours typically do occur?**

|  |
| --- |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Prevention Strategies**: | |
| **Level 1 indicators** (e.g. non-compliance, pacing) | **Staff Response**: *(clear and specific)* |
|  |  |
|  |  |
|  |  |
|  |  |
| **Level 2 indicators*:(escalated)*** Imminent risk of serious harm to self or others (e.g., hitting, spitting kicking) | **Staff Response***: (clear and specific)* |
|  |  |
|  |  |
|  |  |
|  |  |
| **Personal Protective Equipment (PPE) required**: Yes\_\_\_\_\_ No\_\_\_\_ (Consult with Occupational Health & Safety)  (If yes, staff using PPE must be trained in proper use and maintenance) | |
| **Means to Summon Emergency Assistance**  Number to dial main office from classroom phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Additional communication devices (e.g. Sonim, walkie talkies, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Staff who have access to communication devices:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Additional information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Contingency Plan for staff absences: (To ensure casual staff are protected)**

|  |
| --- |
|  |

**Part III Notification**

Parent/Guardian informed: Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date :\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety Plan** - All staff listed in boxes A, B, and (C if applicable) in Part I have been provided with a copy of the Safety Plan.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If revised, date(s) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notification of Potential Risk of Injury -** *As outlined in section 4.17 of PR.680.HR, where a supervisor is aware or has reason to believe that workers may be exposed to a risk of workplace violence from a person with a history of violent behaviour, the supervisor has an obligation to provide information to workers at the site using a Notification of Potential Risk of Injury Form (Appendix E to PR.680.HR).*

In addition to staff listed in Part I of this Safety Plan, the staff members listed below have received the Notification of Potential Risk of Injury Form i.e. yard/Nutrition Break duty staff, lunch monitors, Extended Day Program (EDP).

|  |  |  |
| --- | --- | --- |
| **Staff Member** | **Position** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |