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

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

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| **Name**  | **Position** |
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**Part II**

**Student Strengths (social/behavioural)**

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

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| e.g. student has attempted to bite  |
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**What Interventions have been tried and their results?**

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| --- | --- |
| Intervention | What was the result |
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**Does the student have a current Behaviour Management Plan (BMP)?**

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

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

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

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

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| **Prevention Strategies**:  |
| **Level 1 indicators** (e.g. non-compliance, pacing) | **Staff Response**: *(clear and specific)* |
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| **Level 2 indicators*:(escalated)*** Imminent risk of serious harm to self or others (e.g., hitting, spitting kicking) | **Staff Response***: (clear and specific)* |
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| **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)**

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**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).

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