**GENERAL SAFETY PLAN**

*For use when there is a significant risk of injury to staff or students from an individual where the student Safety Plan (for Staff and Student Safety) Form 734 or*

*Domestic Violence Employee Safety Plan Form 738 does not apply.*

**(CONFIDENTIAL – NOT TO BE POSTED)**

School/Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date created:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) revised:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **IDENTIFYING INFORMATION OF INDIVIDUAL(S) PRESENTING RISK** |
| Name(s) if known: |
| Additional information (description): |

|  |
| --- |
| **BRIEF DESCRIPTION OF REPORTED CONCERNS** |
|  |

|  |
| --- |
| **PREVENTATIVE MEASURES PUT INTO PLACE** |
|  |

|  |  |
| --- | --- |
| **SAFETY STRATEGIES IF ENCOUNTER THE INDIVIDUAL(S)** | |
| **DO** | **DO NOT** |

|  |
| --- |
| **HOW TO GET IMMEDIATE ASSISTANCE** |
|  |

**Part I**

**General Safety Plan** - Individuals consulted in the development of this plan include:

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Date provided with**  **completed copy of this**  **Safety Plan** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

All site staff listed above in Part I are to be provided with a completed copy of this Safety Plan.

**Part II**

**Notification of Potential Risk of Injury (Abridged Safety Plan) Form 737**– 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.

In addition to staff listed in Part I of this General Safety Plan, the staff members listed below have received relevant information from this General Safety Plan:

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