



School District 84 Vancouver Island West

SAFETY PLAN

Name: _____	Date of Birth: / /
School: _____	Y M D
Date: _____	

OBJECTIVE: To ensure that staff working with _____ are aware of responses and safety procedures in place to maintain a safe, productive learning environment for _____, other students and staff.

RATIONALE: _____, on occasion, will _____

KEY UNDERSTANDINGS ABOUT THIS STUDENT
(Provide a brief positive profile of this student)

1. PLAN:

Staff working with _____ will read and sign this safety plan.

2. SETTING EVENTS:

Problem behaviours are more likely in the presence of certain setting events:

Setting Event	Strategy

3. ANTECEDENTS:

Be aware of situations and events that are immediate triggers for the escalation of behavior:

Antecedent	Strategy

4. CRISIS RESPONSE PLAN: (Staff responses to student's behavior)

Designated staff will implement the following crisis management plan when necessary.

Precursor Behaviours (What you see)	Staff Responses (What you do)
Anxiety: (noticeable increase or change in)	Be Supportive: (empathetic, non-judgemental response)
Defensive: (cues that this student is beginning to lose the ability to think or process information)	Be Directive: (set simple, clear, enforceable limits)
Acting Out: (risk to self or others*)	Crisis Intervention Plan*: (injury prevention) a) keep a safe distance; b) clear the area; c) assign one person to direct the actions of intervening adults; d) physical restraint strategies as a last resort only when there is a danger to self/others.
Tension Reduction: (cues that this student is calm)	Therapeutic Rapport: (re-establish rapport – do not recriminate)

***If there is contact with body fluids, refer the Biohazardous Control Program in the District OH&S Manual.**

5. **POST INCIDENT DEBRIEFING:** (ensure all involved employee(s) are included)

6. **OTHER MEANS TO MINIMIZE RISK:** (ie: clothing, earrings, etc.)

7. **CRITERIA FOR CALLING HOME:**

8. **REINTEGRATION PLAN:** (if required)

9. **THIS PLAN WILL BE REVIEWED:**

- a) regularly by the Principal or designate;
- b) if any change in behavior occurs such that the risk of violence is different and/or an incidence of violence occurs.

A SAFETY PLAN MEETING WILL BE CONVENED.

The Principal or designate will call a safety plan review meeting if new information indicates that the safety plan needs to be reviewed or modified.

TERMINATION DATE:

____ / ____ / ____
Y M D

