



# School District 84 Vancouver Island West

## SAFETY PLAN

<b>Name:</b> _____	<b>Date of Birth:</b> ____/____/____ Y      M      D
<b>School:</b> _____	
<b>Date:</b> _____	

**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)

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

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**7. CRITERIA FOR CALLING HOME:**

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

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**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

I have read this plan and am aware of safety procedures to be followed when working  
with \_\_\_\_\_.  
(Student's Name)

**Signature:**  
**(Y/M/D):**

**Title:**

**Date:**

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Principal

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Parent/Guardian