

SAFETY PLAN

Student

Date: _____

Name: _____

DOB: _____

School: _____

Grade: _____

Team Members

Case Manager: _____

Administrator: _____

Classroom Teacher: _____

Other: _____

Other: _____

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

Safety Issue: _____, on occasion, will _____

1. Planning Information:

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

Key Understandings about this Student (Provide a brief positive profile of this student)

SAFETY PLAN

2. Prior Events:

Problem behaviours are more likely in the presence of certain early warning signs:

Prior Events (prior situations/events that predict the student will have more difficulty in a day e.g. missing breakfast, morning routine off, feeling sick, constipation, allergies, medication effects, negative interactions with peers/siblings before school)	Strategies (Immediate actions to take when the student presents as anxious, unwell or upset - steps to prevent escalation e.g. monitor the student upon entry, Plan B day, offer breakfast)

3. Immediate Triggers:

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

Immediate Triggers (Actions or events that often occur immediately before problem behaviour e.g. verbal overload, non-preferred task demand, noisy environment, unstructured social situation, student perceives someone is upset with them, unpredicted change of routine, being corrected, hearing NO)	Strategy (<u>Immediate</u> actions to prevent escalation e.g. warning before transitions, allow processing time, break outside of room if too noisy, monitor tone of voice to use with student. Avoid strategies that need implementation time - these are for a behaviour plan. Focus on actions that anyone can use immediately.

SAFETY PLAN

4. **Crisis Response Plan:** (Staff responses to student's behaviour. Remove examples.)
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) eg: glassy eyed, tense, hunched over, repetitive language	Be Supportive: (empathetic, non-judgmental response)
Defensive: (cues that this student is beginning to lose the ability to think or process information) eg: stands up, flops down, argues...	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 <u>as a last resort</u> when there is a danger to self/others.
Tension Reduction: (cues that this student is calm)	Therapeutic Rapport: (re-establish rapport - do not recriminate)

SAFETY PLAN

* If there is contact with body fluids, refer to SD No. 8 District Health & Safety manual and the district Standard Precautions Procedures.

5. Other Means to Minimize Risk:

(It is essential to consider any environmental factors that may affect risk, such as the wearing of clothing or jewelry, the positioning of furniture and doorways/exits, the availability of loose objects, for example).

6. Post Incident Debriefing: (ensure all involved employee(s) are included)

7. Criteria for Calling Home:

8. Reintegration Plan: (if required)

9. This Plan will be Reviewed:

- regularly by the principal or designate;
- if any change in behaviour occurs such that the risk of violence is different and/or an incidence of violence occurs.
- At school health & safety meetings

10. 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.

Plan Termination Date:

____/____/____
Y M D

SAFETY PLAN

11. Next Steps:

A Behaviour Plan is in place

yes

☐

Action <small>(example: Behaviour plan meeting has been set, parent will take child to the doctor, school will arrange for art therapy...)</small>	Person Responsible

I have read this plan and am aware of safety procedures to be followed when working with _____.

(Student's name)

Signature:

Title:

Date (Y/M/D):
