



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.

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

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.

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

Name	Position

Part II

Student Strengths (social/behavioural)

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

e.g. student has attempted to bite

What Interventions have been tried and their results?

Intervention	What was the result

Does the student have a current Behaviour Management Plan (BMP)?

No ___ Yes ___ Date of Plan _____

Known or suspected triggers for acting out behaviour

Times of day behaviours typically do not occur?

Times of day behaviours typically do occur?

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

