

## Safety Plan

Where applicable, school staff should seek clarification of information contained within this document

### Student Information

Student Name:	Student
Preferred Name:	Number:
Grade:	OEN:
School:	Date of Birth:
Date:	Current School
SERT:	Year:
	Review Date:
	Date of
	Completion:

### Risk of Injury

- Yes  No At risk to injure others
- Yes  No At risk to injure self/Self-injurious behavior
- Yes  No Personal Protective Equipment (PPE Stealthwear) is required as part of 's Safety Plan

**The Confirmation of PPE Orientation is mandatory and must be completed and can be found in the Safety Plan Required PPE flyout.**

### Staff Information

#### Developed By

Staff Name	Role

#### Shared With

Staff Name	Role

#### Staff Available to Support

Staff Name	Role

#### Sources Consulted

- |  |  |
|--|--|
| <input type="checkbox"/> OSR                       | <input type="checkbox"/> IEP/Relevant Program Pages      |
| <input type="checkbox"/> Behaviour Tracking        | <input type="checkbox"/> Functional Behaviour Assessment |
| <input type="checkbox"/> Behaviour Management Plan | <input type="checkbox"/> Human Resources:                |
| <input type="checkbox"/> Other:                    |  |

### PPE Information

Staff Name:  
Principal Name:

Required PPE	Notes

**Signatures**

Reviewed By:

\_\_\_\_\_  
Principal\_\_\_\_\_  
Signature\_\_\_\_\_  
Student (as appropriate)\_\_\_\_\_  
Signature\_\_\_\_\_  
Parent/Guardian\_\_\_\_\_  
Signature

\_\_\_\_\_

\_\_\_\_\_

Signature

**Precipitating Factors****Student Name:****Triggers****Student Behaviour / Staff Response**

Anxiety		Supportive	
Behaviour:	Prevention:	Intervention:	
Defensive		Directive	
Behaviour:	Prevention:	Intervention:	
Risk Behaviours		Physical Interventions/Safety Interventions	
Behaviour:	Prevention:	Intervention:	
Tension Reduction		Therapeutic Rapport	
Behaviour:	Prevention:	Intervention:	

The information gathered on this form is gathered pursuant to the Education Act. The information will be used for the purpose of program planning for the student. Any general questions about the information gathered on this form may be discussed with the principal of your child's school or the service provider. School phone numbers are listed alphabetically in the phone book under York Region District School Board or through the Board's website: [www.yrdsb.ca](http://www.yrdsb.ca)

Truncated Safety Plan

This form is intended to facilitate the school board’s duty under s.32.0.5 (3) of the Occupational Health and Safety Act to provide information to workers related to a risk of workplace violence from a person with a history of violent behaviour. This form must be completed by a principal or vice principal and provided to a worker at school if: a) the worker can be expected to encounter that person in the course of his or her work; and b) the risk of workplace violence is likely to expose the worker to physical injury.  
[Click Here to download the Memo](#)

**Student Information**

Preferred Name:	School:
Grade:	Current School Year:

**How to summon immediate assistance**

**Description of behaviours that present a risk of injury and strategies for avoiding a risk of physical injury**

**Precipitating Factors**

**Triggers**

Anxiety Behaviours	Supportive Prevention
Behaviour:	Prevention:

Defensive Behaviours	Directive Prevention
Behaviour:	Prevention:

Acting out/Risk Behaviours	Non Violent Physical Crisis Intervention Prevention
Behaviour:	Prevention:

**Do take the following action**

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**Retain in a central and secure location**

## Required PPE

### Student Profile Information

Student Name:

Student Number:

Preferred Name:

OEN:

### PPE Information

Advanced Physicals:

Staff Name:

Principal Name:

Required PPE	Size	Delivery Date	Confirmation of PPE Orientation	Orientation Completed By	Confirmation of Orientation Date

### Safety Plan Review Meeting Log

#### Student Information

Student Name:

Student Number:

Preferred Name:

OEN:

Teacher:

Grade:

SERT:

#### Safety Plan Reviews/Updates/Outcomes

After updates or changes, it is the Principal's responsibility to share the changes with relevant staff and record on the Notification of Risk of Injury Form.

Date of Review Meeting	Participants	Outcomes	Recommended Changes are Complete	Date of Completion	Date of Sharing with Staff
			<input type="checkbox"/> Yes <input type="checkbox"/> No		