

 Cowichan Valley School District

2557 Beverly Street, Duncan, BC V9L 2X3

**SAFETY PLAN**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | DOB: |  |
| SCHOOL: |  | 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)

# PLAN:

Staff working with will read and sign this safety plan.

# SETTING EVENTS:

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

|  |  |
| --- | --- |
| **Setting Event** | **Strategy** |
| • | • |
| • | • |
| • | • |
| • | • |

# ANTECEDENTS:

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

|  |  |
| --- | --- |
| **Antecedent** | **Strategy** |
| • | • |
| • | • |
| • | • |
| • | • |

1. **CRISIS RESPONSE PLAN:** (staff responses to student’s behaviour)

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-judgmental 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)• |
| **Tension Reduction:**(cues that this student is calm)• | **Therapeutic Rapport:**(re-establish rapport - **do not recriminate**)• |

**Response Progression Crisis Intervention Plan\*:**

* + Keep a safe distance
	+ Clear the area
	+ Assign one person to direct the actions of intervening adults
	+ Physical restraint strategies as a last resort when there is a danger to self/others

|  |  |
| --- | --- |
| **5.** | **POST INCIDENT DEBRIEFING:** (ensure all involved employee(s) are included) |
| **6.** | **OTHER MEANS TO MINIMIZE RISK:** (i.e., clothing, earrings, etc.) |
| **7.** | **CRITERIA FOR CALLING HOME:** |
| **8.** | **REINTEGRATION PLAN:** (if required) |
| **9.** | **THIS PLAN WILL BE REVIEWED:**1. regularly by the principal or designate
2. if any change in behaviour occurs such that the risk of violence is different and/or an incidence of violence occurs
 |
| **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. |
| **11.** | **TERMINATION DATE:**(To be completed ONLY if a new WVRA indicates there is no risk of violence toward staff) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Student’s name)

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