



Safety/Risk Assessment Plan

Student: _____

School: _____

Grade: _____

Protective Equipment: _____

Date: _____ **PRN:** Yes No

Medication: Yes No (if yes, please see office in event 911 is called)

Allergies/Special Considerations:

Safety Plan listed on IEP

Triggers/Antecedents	Prevention Strategies
<p>Actions observed or noted by staff to increase the student's anxiety</p>	<p>Successful Intervention Strategies</p>
Stage One: Early Anxiety Phase Indicators	Staff Response
<p>Noticeable change or increase in behaviour</p>	<p>Acknowledge anxiety, active listening, show empathy, verbal support</p>

Stage Two: Defensive Phase Indicators	Staff Response
Stage Three: Physical Acting-Out Phase Indicators	Staff Response
Stage Four: Tension Reduction Phase Indicators	Staff Response: Establish Therapeutic Rapport

Plan developed on: _____

Plan Revised: _____

Plan developed by: _____

Name	Position	Signature
	Classroom Teacher	
	Learning Resource Teacher	
	Educational Assistant	
	Early Childhood Educator	
	Principal	
	Parent(s)	
	Special Education Department	
	Agency	

* Regardless of whether or not medical attention is required, every incident involving a physical injury must be followed up with:

1) **Supervisor's Report of Injury/Incident**

The original must be sent to the Human Resources Department, with a copy to the School Superintendent, the employee, and the school file.

** If there is physical injury requiring medical attention the following forms must be completed:

1) **Workplace Violence Incident Report**

Copy to be filed in student's OSR, School Superintendent, and Safe Schools Superintendent

2) **Safe Schools Incident Reporting Form, Parts 1 and 2** (PPM 144)

Part 1 filled in by employee and given to the principal

Part 2 signed by the principal and given to employee

3) **WSIB Forms 7**

Sent to the Human Resources Department

*** If student must be restrained, the **Physical Restraint Form** must be completed.