### School District 10

### (Arrow Lakes)

#### 98 6th Avenue NW, Nakusp, BC V0G 1R0

SAFETY PLAN

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | D.O.B. |  |
| 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. | | | | |

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| **RATIONALE:** |  | , on occasion, will |
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| KEY UNDERSTANDINGS ABOUT THIS STUDENT (Provide a brief positive profile of this student) |
|  |

**1. PLAN:**

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

**2. SETTING EVENTS:**

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

|  |  |
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| **Setting Event** | **Strategy** |
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1. **ANTECEDENTS:**

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

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| **Antecedent** | **Strategy** |
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# 4. CRISIS RESPONSE PLAN: (staff responses to student’s behaviour)

# Designated staff will implement the following crisis management plan when necessary.

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| **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

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

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| 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):**