1. **Individual’s Information**

|  |  |  |
| --- | --- | --- |
| **Date (yyyy-mm-dd)** | **School name** | **Student name** |
|  |  |  |
| **Grade** | **PEN** | **Designation** |
|  |  |  |
| **Snapshot (overview, ie: likes/ dislikes, ways to support them, language level, etc)** | | |
|  | | |

1. **Hazard identification, assessment and safe work instructions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hazard categories** | | **Specific hazards** | | | **Safe work instruction details and actions** | |
| **Physical Hazards exists?** | | Yes  No | | | **Could happen during:**  Baseline  Dysregulation | |
| A sign with a person with a pain in the back  Description automatically generated | |  | | Awkward Posture | Baseline | |
|  | | Mobility Transferring |  | |
|  | | Lifting |
|  | | Pushing or pulling equipment |
|  | | Floor work |
|  | | Stooping/bending | Dysregulation | |
|  | | Walking/pacing |  | |
|  | | Regulation support |
|  | | Climbing/ helping down |
|  | | Other: |
|  | |  |
| **Noise Hazards exists?** | | Yes  No | | | **Could happen during:**  Baseline  Dysregulation | |
|  | |  | | Shouting | Baseline | |
|  | | Screaming |  | |
|  | | Crying/Moaning |
|  | | Verbal Threats | Dysregulation | |
|  | | Other: |  | |
| **Biological hazards exist?** | | Yes  No | | | **Could happen during:**  Baseline  Dysregulation | |
| A yellow and black sign with a hand and a virus  Description automatically generated | |  | | Blood, saliva, mucus | Baseline | |
|  | | Sharps or sharp objects |  | |
|  | | Urination/Defecation |
| ☐ | | Spitting |
|  | | Other | Dysregulation | |
|  | |
| **Externalizing behaviour hazards exist?** | Yes  No | | | | | **Could happen during:**  Baseline  Dysregulation |
| A purple and white sign with a head and exclamation mark  Description automatically generated A sign with a hand and text  Description automatically generated A sign with a purple border and a black and white sign with a leg and text  Description automatically generated A sign with a person in the middle  Description automatically generated A sign with a person running  Description automatically generated | **Head** | | | | | Baseline |
|  | | Biting, Head butting | | | . |
| **Hand/Arms** | | | | |
|  | | Banging | | |
|  | | Clearing | | |
|  | | Grabbing | | |
|  | | Pinching | | |
|  | | Pulling | | |
|  | | Punching | | |
|  | | Pushing/Shoving | | |
|  | | Scratching | | |
|  | | Slapping | | |
|  | | Throwing | | | Dysregulation |
| **Legs/Feet** | | | | |  |
|  | | Kicking/Stomping | | |
| **Full Body** | | | | |
|  | | Bolting, Running | | |
|  | | Leaving area | | |
|  | | Dropping, Flailing | | |
|  | | Twisting/Rocking/Swaying | | |
|  | | Pursuing staff | | |
|  | | Pursuing/hurting students | | |
|  | | Other: | | |

1. **Environment Set Up and Tools Required for Safe Work**

| **Category** | **Item Required** | | **Safe work instructions and specific details regarding items** |
| --- | --- | --- | --- |
| **Room/Area** |  | Antiseptic Wash |  |
|  | Eye Wash Station |
|  | Hand Sanitizer |
|  | Sink, Waste Bin and Wipes |
|  | Clear means of Exit |
|  | Telephone |
|  | Silent emergency communication system (e.g. red card) |
|  | Walky-talky |
|  | Other: |
| **Personal Protective Equipment** |  | Arm Protectors |  |
|  | Face Mask/Shield |
|  | Glasses |
|  | Gloves |
|  | Hat, head covering |
|  | Hearing protection |
|  | Pants |
|  | Smock/Disposable gown |
|  | Footwear requirements |
|  | Vest |
|  | Other: |
| **Safe Preparation and Safe Work Practice** |  | Appear Calm |  |
|  | Graduated Introduction |
|  | Hair Tied Back/Hat |
|  | No Jewelry |
|  | Scent-Free |
|  | Specific Staffing for Off-Site |
|  | Other: |
|  |  |
|  |  |
|  |  |

1. **Crisis Response Plan**

|  |  |  |
| --- | --- | --- |
| **Phase Type** | **What do you see, where, what do you do?** | |
| **Trigger** | **What do you see?** | **What do you do?** |
|  |  |
| **Escalation** | **What do you see?** | **What do you do?** |
|  |  |
| **Crisis** | **What do you see?** | **What do you do?** |
|  |  |
| **Recovery** | **What do you see?** | **What do you do?** |
|  |  |
| **Depression** | **What do you see?** | **What do you do?** |
|  |  |

1. **Related plans that must be reviewed prior to starting safe work (select all that apply)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | Care Plan | |  | Individual Education Plan/ Student Support Plan |  | Positive Behaviour Support Plan |
|  | Individual Evacuation Plan | |  | Student Supervision Plan |  | Reintegration Plan (if necessary) |
|  | Other: |  | | | | |

1. **Safe work instruction acknowledgement**

|  |  |  |
| --- | --- | --- |
| **Print Name** | **Signature** | **Date** |
|  |  |  |
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| --- | --- | --- |
| **Date of Revisions** | **Revised By** | **Revisions** |
|  |  |  |
|  |  |  |
|  |  |  |

**For EHS Use Only – Template Updates Log**

|  |  |  |
| --- | --- | --- |
| **Date of Updates** | **Updated By** | **Updates** |
|  |  |  |
|  |  |  |