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:  |  |
|  |  |  |  |
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1. **Crisis Response Plan**

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| --- | --- |
| **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** |
|  |  |  |
|  |  |  |