

Completed by:

- P/VP or Supervisor,
- Worker with knowledge and/or JOHS Worker Rep

Form 3



Worker Safety Plan

<p>Form 3 Details:</p> <p>Created for: <u>All workers that directly work with student or other</u></p> <p>Worksite: _____</p>	<p>Parties Responsible for Plan Creation:</p> <p>P/VP or Supervisor: _____</p> <p>Worker: _____</p> <p>JOHS Worker Rep: _____</p> <p>Date: _____</p>																																	
<p>Form 3 Created for:</p> <p><input type="checkbox"/> Student: _____ Grade: _____</p> <p><input type="checkbox"/> Parent/Guardian: _____ Phone #: _____</p> <p><input type="checkbox"/> Other: _____ Phone #: _____</p>																																		
<p>Overview of Past Behaviour: <input type="checkbox"/> First-time occurrence <input type="checkbox"/> Follow-up to previous occurrence(s)</p>																																		
<p>Antecedents (Root Causes):</p>																																		
<p>Actions to Address Behaviour</p>																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Actions to take to avoid escalation:</th> <th style="width: 20%;">Person Responsible</th> <th style="width: 20%;">Implementation Date</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr> <th>Actions to take in escalated situations:</th> <td></td> <td></td> </tr> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr> <td><i>(add additional steps as needed)</i></td> <td></td> <td></td> </tr> </tbody> </table>		Actions to take to avoid escalation:	Person Responsible	Implementation Date	1.			2.			3.			4.			Actions to take in escalated situations:			1.			2.			3.			4.			<i>(add additional steps as needed)</i>		
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<p>Committee Member Sign-off:</p> <p>P/VP or Supervisor: _____</p> <p>Worker: _____</p> <p>JOHS Worker Rep: _____</p>	<p>Scheduled Review Date: _____</p> <p><i>-Ensure first review is conducted, within, 1 month after incident and at the beginning of each school year thereafter.</i></p> <p><i>-Please note any review changes to plan on reverse side of this page.</i></p>																																	

Form 3 (cont'd)

Worker Safety Plan Review



(to be completed following the review of the original Worker Safety Plan on reverse of this page)

Committee Members Reviewing Safety Plan:	
P/VP or Supervisor: _____	Worker: _____
JOHS Worker Rep: _____	Review Date: _____

Actions to Address Behaviour to Review: *(see reverse of this page for steps)*

Steps #	Actions Implemented <i>(Yes or No)</i>	Review notes regarding status of Actions	Person Responsible
Actions to take to avoid escalation:			
1.			
2.			
3.			
4.			
Actions to take in escalated situations:			
1.			
2.			
3.			
4.			

Additional Actions to Address Behaviour	Person Responsible	Implementation Date
1.		
2.		
3.		
4.		
<i>(add additional steps as needed)</i>		

Additional Notes Relevant to Review:

<p>Committee Member Sign-off:</p> <p>P/VP or Supervisor: _____</p> <p>Worker: _____</p> <p>JOHS Worker Rep: _____</p>	<p><input type="checkbox"/> Plan does not need further revision</p> <p><input type="checkbox"/> Plan requires ongoing monitoring</p> <p><input type="checkbox"/> Plan was revised, further Review Date scheduled for: _____</p> <p><input type="checkbox"/> Plan no longer required, as of date: _____</p>
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Provide copies to: - Associate Superintendent (via email) - P/VP or Supervisor (to be shared with JOHS Committee)
 -HR (cmerner@sd61.bc.ca) - District Behavioral Consultant (dmarchant@sd61.bc.ca) - Worker (**redacted**)

File this completed form, in a binder, in a secure location in the administrator's office.