

Completed by:

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

Form 3



Worker Safety Plan

<p>Form 3 Details: Created for: <u>All workers that directly work with student or other</u> Worksite: _____</p>	<p>Parties Responsible for Plan Creation: P/VP or Supervisor: _____ Worker: _____ JOHS Worker Rep: _____ Date: _____</p>
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Form 3 Created for:

Student: _____ Grade: _____

Parent/Guardian: _____ Phone #: _____

Other: _____ Phone #: _____

Overview of Past Behaviour: First-time occurrence Follow-up to previous occurrence(s)

Antecedents (Root Causes):

Actions to Address Behaviour		
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>		

Committee Member Sign-off: P/VP or Supervisor: _____ Worker: _____ JOHS Worker Rep: _____	Scheduled Review Date: _____ -Ensure first review is conducted, within, 1 month after incident and at the beginning of each school year thereafter. -Please note any review changes to plan on reverse side of this page.
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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:

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