

Form 3 Worker Safety Plan



Form 3 Details: Created for: All workers that directly work with student or other		School/Building:	
Parties Responsible for Plan Creation:			
P/VP or Supervisor:		Worker:	
Additional Worker:		Additional Worker:	
JOHS Worker Rep:		Additional Other:	
Date the plan was created:		Date of the incident:	
Created for:			
Student: Grade level:		Parent/ Guardian/ Caregiver: Phone number:	
Member of the Public: Phone Number:		Other not specified: Phone Number:	
Overview of Past Behaviours:			
Is this a first-time occurrence?		Is this a follow-up to a previous occurrence?	
Antecedents (Root Causes):			

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Form 3: Worker Safety Plan continued

Actions to Address Behaviour		
<i>Actions to take to avoid escalation:</i>	<i>Responsible Person</i>	<i>Implementation Date</i>
1.		
2.		
3.		
4.		
5.		
<i>(Additional steps can be added as needed.)</i>		

Actions to Address Behaviour		
<i>Actions to take in escalated situation</i>	<i>Responsible Person</i>	<i>Implementation Date</i>
1.		
2.		
3.		
4.		
5.		
<i>(Additional steps can be added as needed.)</i>		
Committee Member Sign-off:		Scheduled Review Date:
P/VP or Supervisor:		Worker:
Additional Worker:		Additional Worker:
JOHS Worker Representative:		Other:
Schedule Review Date:		
<i>To ensure that the review occurs, it should be evaluated within the first month after the incident and at the beginning of each school thereafter.</i>		

Completed by: <ul style="list-style-type: none"> • P/VP or Supervisor, and • Worker with knowledge and/or JOHS Worker Rep • If worker or JOHS Worker Representative is not available, they can review and sign the paperwork as they become available. 	Sent to: <ul style="list-style-type: none"> • Deputy/Associate Superintendent • Inclusive Learning VPP at InclusivelearningVPP@sd61.bc.ca • Redacted version to JOHS Committee
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Keep this form in the main office by student's name or other along with a sign-off sheet for all workers in Binder 2 – Worker Safety Plan.

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Form 3: Worker Safety Plan Review

To be completed following the review of the original Worker Safety Plan on previous pages

Committee Member Sign-off:	
P/VP or Supervisor:	Worker:
Additional Worker:	Additional Worker:
JOHS Worker Representative:	Other:
Review Date:	

Responsible Person Implementation Date

Actions to Address Behaviour to Review			
Steps #	Actions Implemented (Yes No)	Review notes regarding status of actions	Person Responsible
<i>Actions to take to avoid escalation:</i>			
1.			
2.			
3.			
4.			
5.			
<i>Actions to take in escalated situations:</i>			
1.			
2.			
3.			
4.			
5.			

Add additional steps as needed

Additional Actions to Address Behaviour	Person Responsible	Implementation Date
1.		
2.		
3.		
4.		
5.		
Additional Notes Relevant to the Review:		

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