

# Form 3 Worker Safety Plan



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

# Form 3 Worker Safety Plan



## 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>		
<b>Committee Member Sign-off:</b>		<b>Scheduled Review Date:</b>
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>		

<b>Completed by:</b> <ul style="list-style-type: none"> <li>• P/VP or Supervisor, and</li> <li>• Worker with knowledge and/or JOHS Worker Rep</li> <li>• If worker or JOHS Worker Representative is not available, they can review and sign the paperwork as they become available.</li> </ul>	<b>Sent to:</b> <ul style="list-style-type: none"> <li>• Deputy/Associate Superintendent</li> <li>• Inclusive Learning VPP at <a href="mailto:InclusivelearningVPP@sd61.bc.ca">InclusivelearningVPP@sd61.bc.ca</a></li> <li>• Redacted version to JOHS Committee</li> </ul>
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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.**

# Form 3 Worker Safety Plan



## 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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